

Essex Lodge

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?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires improvement

overall. (Previous inspection 1 May 2018 –Where there was not sufficient evidence to rate.)

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

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

We carried out an announced comprehensive inspection at Essex Lodge on 28 August 2018 as part of our inspection programme to follow up on breaches of regulations identified during an unannounced focused inspection carried out on 1 May 2018, in response to concerns that were reported to us, and to check whether the practice had carried out their plan to address requirements relating to breaches of regulations identified a prior inspection on 24 April 2017.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.

- The practice 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.
- Systems for receiving and dealing with complaints and whistleblowing were ineffective.
- Leadership and governance arrangements were generally effective, except for some aspects of HR
- There was a need to continue to improve and embed leadership and team cohesion.

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

- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.
- 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:

- Review and improve rates for females, aged 50-70, screened for breast cancer in last 36 months.
- Review and improve systems to ensure clear and appropriate arrangements for emergency medicines and Patient Specific Directions (PSDs).
- Continue to improve and embed a cohesive working culture at all levels of staff.
- Continue to embed and ensure NHS contracted resources such as appointments are not used for private patient's appointments.

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	Requires improvement 
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 Care Quality Commission (CQC) lead CQC inspector. The team included a GP specialist adviser, a practice manager adviser, a second CQC inspector, and a CQC engagement team member.

Background to Essex Lodge

The Essex Lodge practice is a GP practice situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 12,250 patients under a Personal Medical Services (PMS) contract. The practice had recently inherited approximately 3,000 patients and a staff team from a nearby practice that closed. The practice provides a full range of enhanced services including childhood immunisations, avoiding unplanned admissions, IUCD (also known as the “coil”) fitting, extended hours, and minor surgery including excisions and joint injections. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures.

The staff team at the practice includes two male GP partners, five salaried GPs, a GP Registrar, four practice nurses, two health care assistants, a counsellor, two practice managers, a business manager, and a team of reception, secretarial and administrative staff. The practice teaches medical students and trains GP Registrars. Extension works to the premises were recently

completed to provide space for additional resources such as consulting rooms, a larger waiting room and a quiet room for patients. The building has two floors with lift access to the first floor.

The practice is open weekdays from 8.00am to 7.00pm (except on Thursday when it closes at 6.00pm), and on Saturday from 8.00am to 12.00pm. Core appointments times are from 8.30am to 1.30pm and 4.00pm to 6.00pm every weekday except Thursday when afternoon surgery runs from 2.30pm to 5.00pm. Extended hours appointments are offered every weekday from 8.00am to 8.30am and on Saturday from 8.00am to 10.30am. The practice does not close its doors or telephone lines for lunch and provides home visits and telephone consultations for patients. Pre-bookable appointments are available including online appointments that are bookable in advance. Urgent appointments are also available for people that need them. Patients telephoning for an out of hour’s appointment are transferred to the Newham cooperative deputising service.

The Information published by Public Health England rates the level of deprivation within the practice

population area as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. 66% of people in the practice area are from Black and Minority Ethnic (BME) groups.

Are services safe?

We rated the practice as good for providing safe services.

At our previous unannounced focused inspection on 1 May 2018 we did not inspect all elements of safety but found arrangements to identify and respond to significant events were ineffective.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 28 August 2018. The practice is now rated as good for providing safe services.

Safety systems and processes

The practice had clear systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies except for not having any injectable or rectal diazepam for seizures, but staff obtained this on the day of our inspection.
- Staff were suitably trained in emergency procedures and 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

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 generally had reliable systems for appropriate and safe handling of medicines, but there were weaknesses in systems for Patient Specific Directions (PSDs) and prescription monitoring. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- PSDs were unclear and did not contain relevant information to ensure they were appropriately implemented and authorised.
- Prescriptions were stored securely but monitoring prescriptions use was limited.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.

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 reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- 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.
- Data for the number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was significantly better than average.

Track record on safety

The practice had a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources.

Lessons learned and improvements made

Processes to identify significant events had weaknesses, but when safety incidents were identified the practice took action to learn and make improvements.

- Staff understood their duty to raise concerns and report incidents and near misses, including significant events. However, actions to improve significant events management were delayed or compromised because arrangements for significant events were not discussed at a staff meeting until 15 August 2018 which was two and a half months after our previous inspection, and any significant events that may have arisen from complaints would not automatically be identified because the complaints process was not sufficiently accessible.
- There were adequate systems for reviewing and investigating when things were identified as going wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Are services effective?

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

At our previous unannounced focused inspection on 1 May 2018 we did not inspect all elements of effectiveness, we found arrangements were in place to ensure staff training; but “Do not attempt resuscitation” arrangements (DNAR) for patients in a nursing and care home were not provided with their consent or consent of the relevant person.

We issued a warning notice in respect of DNAR arrangements that had improved when we undertook a follow up inspection of the service on 28 August 2018. The practice is now rated as good for providing effective services.

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, including a partner GP diabetes lead and a practice nurse with a special interest in diabetes.
- 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:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements for following up failed attendance of children’s appointments following an appointment in secondary care or for immunisation.
- There was a practice nurse with a special interest in contraception, and a GP led in-house IUCD (coils) clinic for assessment and insertion and removal of IUCDs .

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

- The practices’ uptake for breast and bowel cancer screening was generally in line the national average. However, females, 50-70, screened for breast cancer in last 36 months was 56% compared to 70% nationally.
- 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.

Are services effective?

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice undertook annual health checks for patients with a learning disability, and 31 of 40 of these patients (78%) had received an annual health check.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice provided primary care services to patients at a local refuge, where families have been subjected to domestic abuse.

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 experiencing poor mental health, and 119 of 164 of these patients (73%) had received an annual health check.
- The practice's clinical exception QOF reporting data for depression was above average at 37%, compared to 27% within the CCG and 23% nationally. Staff told us this was due to provision of GP services to a local residential home where a proportion of residents had declined these elements of care.

Monitoring care and treatment

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

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, clinical supervision and revalidation.
- Two of the practice nurses were undertaking training and development to become advanced nurse practitioners (ANP) and one of the health care assistants (HCA) had been trained up from a receptionist's role.
- There was a clear approach for supporting and managing staff when their performance was poor or variable, and for managing sickness absence.

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.

Are services effective?

- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may need 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, stopping smoking and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance, including "Do not attempt resuscitation" arrangements (DNAR).

- 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.

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.

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.

- 3% of patients were identified as carers including children which was inaccurate. The practice arrangement was to ask carers to identify themselves at the patient auto check in screen with no explanation of what being a carer means. This resulted in patients wrongly identifying themselves and being logged on the practice system as carers. No action had been taken to cleanse the data and correctly identify carers or to review systems for identifying carers. However, appropriate support for carers was evidenced and the practice had nominated clinical and management leads for carers and had recently started a carers meeting to make improvements.
- 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.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

We rated the practice, and all the population groups, as requires improvement for providing responsive services.

At our previous unannounced focused inspection on 1 May 2018 we did not inspect the responsive key question, but concerns and complaints some staff were aware of and in some cases had escalated formally were ignored.

At this inspection the practice systems for receiving and dealing with complaints needed improving.

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; for example, by offering patients in house minor surgery and phlebotomy services.
- 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:

- The practice provided primary care services, including twice weekly visits to a local care and nursing home for 120 older people. 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. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice.
- There was a medicines delivery service via local pharmacists for housebound patients.

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. Records we looked at confirmed this.
- 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):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- The practice had a website and offered online appointment booking and prescription requests through the online national patient access system.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people 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.
- The practice held GP led dedicated mental health clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Are services responsive to people's needs?

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.

Listening and learning from concerns and complaints

At our previous inspection 1 May 2018 concerns and complaints some staff were aware of and in some cases had escalated formally had not been recorded or managed.

At this inspection, the practice systems for receiving complaints needed improving but complaints that were recorded were managed appropriately.

- The practice had a documented complaints policy and process but there was evidence complaints patients raised were not always recorded or responded to.
- Complaints processes were in line with recognised guidance, except details of the Parliamentary Health Services Ombudsman (PHSO) were not included on the practices responses to complaints for patients should they remain dissatisfied.
- The practice treated complaints and concerns that were taken on board by the practice seriously and responded to them appropriately to improve the quality of care.
- The practice learned lessons from individual concerns and complaints and from analysis of trends.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice and all the population groups as requires improvement for providing a well-led service.

At our previous unannounced focused inspection on 1 May 2018 we did not inspect all elements of well-led but found multiple concerns regarding managing risks, issues and performance, leadership capacity and capability, governance, a GP partners' private business arrangements with indications that NHS patients were not the providers first priority, and a concerning working culture.

At this inspection 28 August 2018 we sought to interview a broad range of staff throughout the inspection process, including staff that were not available on the day of our inspection and via email to protect staff confidentiality. Leadership and governance arrangements had not sufficiently improved and the practice is rated as requires improvement for providing well-led services.

Leadership capacity and capability

At our previous inspection on 1 May 2018, some significant events and complaints were ignored, there were divides in the leadership team and staff at all levels told us only one GP partner made the decisions. There was a pattern of high staff turnover with legal processes entailed for HR and other issues, and there were routine gaps in leadership and management rota cover after 3 to 4pm in the afternoon.

At this inspection 28 August 2018:

- At our previous inspection 1 May 2018 several staff at all levels withheld or were worried about sharing information and there were concerns of bullying including relating to a GP partner. At this inspection 28 August 2018 the practice had reviewed its whistleblowing policy, but this policy was ineffective because all internal stages directed staff to raise and escalate concerns to one GP partner. This means the whistleblowing policy had not sufficiently considered or adapted to the circumstances of staff and the organisation.
- The practice was not adhering its revised HR arrangements that were unclear and ineffective. The HR lead had no previous HR experience or training and had not been involved in a significant staffing HR decision.
- Leaders and managers described a potential new arrangement for practice staff to raise concerns to a PPG (Patient Participation Group) member as an external independent person. However, this idea was

inappropriate. After our inspection the practice told us it had not and would not be implementing this arrangement and was in the process of reviewing its policy.

- Some staff said they felt one GP partner was more proactive and able to take responsibility for decisions than the other.
- Leaders and managers were visible and there was suitable management cover.
- The practice had improved arrangements for significant events and the "DNAR" (do not attempt to resuscitate) process and documentation for older people at a local care home.
- The practice had effective processes for planning for the future leadership of the practice.

Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care but there were no business plans.

- There was a clear vision and set of values which staff understood and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice had successfully managed a large-scale premises extension and refurbishment program to meet current and future demands.
- There were no business plans to clarify business direction and objectives, track progress and manage risks which are needed in a GP practice of this scale and scope. Leaders told us their intention was to become a hub in the local area and they would develop a business plan now the premises works were completed. After our inspection the practice told us it has produced a strategic plan (with the business plan incorporated) on an annual basis, and a draft version is being developed for the current year.

Culture

At our previous inspection on 1 May 2018, there was an unsatisfactory and unhelpful working culture with evidence of inappropriate priorities and divided teams at all levels. The practice NHS resources were being used for one of the GP partner's private businesses, including NHS patient's appointments slots that some leaders and managers denied which indicated NHS patients may not have been the providers' priority. There was evidence of staff withholding, changing or being worried about providing us

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with information and some staff expressed forms of ignoring, bullying or threatening behaviour relating to one of the GP partners and a manager. There was no evidence of a plan for managing team changes or to consider equalities and teamwork.

At this inspection 28 August 2018:

- There was a pattern of people not sharing concerns openly or directly with the practice, such as patients and staff. However, most staff said they felt respected, supported and valued.
- The practice was planning a future Investors In People Program and to invite external support to facilitate team working. Staff also told us the practice had signed up for the local CCG resilience program.
- One of the GP partners had applied to register a separate private clinic business and regulated activity under a different provider for patients receiving a non-NHS service. Staff told us that in the meantime, those services had been suspended and we found no evidence of NHS GP patients slots being inappropriately utilised for private patients.
- Staff feedback indicated there were improved relationships between recently merged teams and felt treated equally.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- Staff received regular annual appraisals in the last year and arrangements for protected time had been formalised and equalised for staff. Staff were supported to meet the requirements of professional revalidation where necessary.
- New weekly non-clinical staff meetings had been set up and were facilitated by a member of the practice management team which several staff said had been helpful.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values. However, leadership responsibilities for HR were not undertaken effectively.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour when applicable incidents were identified. Staff we spoke with told us they were able to raise concerns and had confidence that these would be addressed.

Governance arrangements

At our previous inspection on 1 May 2018, staff were not able to access policies via the practice IT system, and staff, ex-staff and patient's information was shared on a WhatsApp group. (WhatsApp is a free to download messenger app for smartphones that uses the internet to send messages, images, audio or video). Staff at all levels told us only one GP partner made the decisions and they knew they should only report to that GP partner.

At this inspection 28 August 2018:

- There were formalised organisational charts with clear delegated responsibilities, roles and systems of accountability to support good governance and management, but written arrangements did not consistently reflect actual arrangements. Job descriptions and person specifications for practice nursing and health care assistant's roles needed clarification to reflect working arrangements and the HR lead did not lead HR decisions.
- Most policies, procedures and activities to ensure safety operated as intended and staff were clear on their roles and accountabilities in respect of safeguarding and infection prevention and control.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.
- Staff were able to access policies via both hard copy and the practice IT shared drive system and the WhatsApp group where staff, ex-staff and patient's information was previously shared had ceased.
- There were no whole team staff meetings, but regular non-clinical and clinical team meetings took place. Staff meeting notes were made and distributed but were not sufficiently clear and did not include a method to ensure actions agreed were time scaled, reviewed or follow up.

Managing risks, issues and performance

At our previous inspection on 1 May 2018, we found patient health checks were undertaken inappropriately or marked as undertaken but not done, and significant event issues that threatened the delivery of safe and effective care were not identified or adequately managed.

At this inspection 28 August 2018:

- There was a process to identify, understand, monitor and address current and future risks including risks to

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patient safety. However, significant events that may have emerged from complaints could not reliably be identified because the complaints process was not sufficiently accessible.

- On the day of our inspection a lead GP partner said they would enlist external support and expertise into the practice to address some of the more complex working culture issues.
- The practice had processes to manage current and future clinical performance and patient's satisfaction through surveys and practice leaders had oversight of safety alerts and incidents.
- Health checks were undertaken and recorded appropriately.
- 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 and had trained staff for major incidents.

Appropriate and accurate information

The practice generally acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored.

- The practice submitted data or notifications to external organisations as required.
- There were suitable arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice involved patients to support high-quality sustainable services through patient surveys and staff through regular meetings

- Patients', staff and external partners' views and concerns were considered to shape services.
- There had been no patient participation group (PPG) meeting for a year but the group had recently restarted.
- The service was open with staff about performance.

Continuous improvement and innovation

There were systems and processes for learning and continuous improvement.

- The most recent focus had been on finalising the building and responding to findings of the practice most recent inspection.
- Staff knew about improvement methods and had the skills to use them.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>The registered person had failed to ensure complaints were received and investigated and that necessary and proportionate action was taken in response to any failure identified by the complaint or investigation. In particular:</p> <ul style="list-style-type: none">• How the regulation was not being met: A patient told us they had repeatedly asked to make a complaint but were not given the opportunity.• The complaints policy and procedures were in line with recognised guidance, except details of the Parliamentary Health Services Ombudsman (PHSO) were not included on the practices responses to complaints for patients should they may remain dissatisfied.• None of the members of the Patient Participation Group (PPG) were aware of the complaints system. <p>This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided or mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p>

Requirement notices

- Insufficient engagement with the PPG that had mixed feedback about the practice that was not consistently heard and responded to.
- HR arrangements.
- Prescriptions usage monitoring.
- No business plans.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- To accurately identify carers.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process. In particular:

- To identify and improve weaknesses in whistleblowing and complaints processes.
- Staff job descriptions.
- Staff meeting minutes actions agreed and review of follow up.

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