Dr Mark Webster

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 27 January 2016. Overall the practice is rated as Inadequate. Specifically, we found the practice to be inadequate for providing safe, effective and well-led services and requires improvement for providing responsive and caring services.

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

- There was no system in place to effectively manage and mitigate risks to patients and staff. There were no policies or risk assessments in place in regards to the environment or how to manage medical emergencies.
- Significant events or incidents were not effectively recorded to demonstrate appropriate and timely action had been undertaken. Staff did not have written guidance on how to manage significant events.
- The practice manager attended some external multi-disciplinary meetings. However the minutes of these meetings did not record any detail of the discussions held. The practice did not hold regular practice or governance meetings and issues were discussed with staff on an ad hoc basis only.
- Systems used to monitor the quality of the care and treatment were inconsistent and not being used effectively to improve the service. Clinical audit information reflected a data collection process with no evidence that audits were used to improve the quality of care.
- Data showed patient outcome results were low compared to national outcomes.
- There was a practice nurse vacancy covered by a locum nurse practitioner who spent only five hours per week, two or three times a month in the surgery. This significantly reduced the access for patients to the services of a practice nurse.

Summary of findings

- Staff understood and fulfilled their responsibilities to raise safety concerns. However, there was no evidence to show that learning identified as a result of investigations was being recorded or cascaded to staff.

- The practice had a number of policies and procedures to govern activity, but some were overdue a review. Some policy guidance was not in place; this included a consent to treatment policy and guidance in relation to the Mental Capacity Act 2005.
- We were informed by staff that when a patient's first language was not English, they had used family members, including children to interpret during consultations.
- The practice had a current complaint policy however; responses to complaints were insufficient to demonstrate the action taken or learning to prevent further incidents.
- There was not an effective system in place to ensure patients received appropriate and timely medication reviews.
- Patients were at risk of harm because systems and processes for managing repeat prescriptions were not in place.
- The practice did not have an automated external defibrillator (AED). The decision not to have an AED had not been risk assessed.
- Staff files were inconsistently maintained and had shortfalls in information to demonstrate staff had been safely and effectively recruited and employed.
- Staff appraisals were mainly self-evaluation and did not identify appropriate performance management, learning needs, personal or professional development.
- There was no patient participation group in place. The practice manager explained the practice had tried a variety of ways to encourage patients to participate but had stopped the meetings due to poor attendance.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity. Comment cards were also positive about the standard of care received.
- Staff were aware of their responsibilities in regards to safeguarding patients, with appropriate policy guidance in place. Staff said they had updated training but this could not be verified during the inspection

The areas where the provider must make improvements are:

- Ensure that safety incidents and significant events are investigated and recorded thoroughly and learning disseminated to staff effectively.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that quality improvement activity, including clinical audits are implemented effectively to improve patient care and treatment.
- Ensure the practice has sufficient numbers of suitably qualified, competent, skilled and experienced clinical staff.
- Implement appropriate policy guidance to ensure safe care and treatment for patients, including Consent and Mental Capacity assessment.
- Ensure that staff training needs are effectively identified and when undertaken, are recorded.
- Ensure staff appraisals are carried out by staff who are competent to do so.
- Ensure an automated external defibrillator (AED) for medical emergencies is available or undertake a risk assessment if a decision is made not to have an AED on the premises.
- Reinstate Patient Participation Group (PPG) meetings, in order to identify and act on patients' feedback and suggestions about the service.

The areas where the provider should make improvement are:

- Carry out a risk assessment for legionella to demonstrate risks are effectively managed
- Implement infection control audits to demonstrate effective monitoring of infection control

I am placing this practice in special measures

Summary of findings

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

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- There were insufficient clinical staff to ensure adequate care and treatment. For example a practice nurse had left in October 2015 and temporary nursing support was only being provided for five hours, two or three days a month.
- The practice did not hold regular practice or governance meetings and issues were discussed on an ad hoc basis. These meetings were not recorded.
- Risks to patients were not always assessed appropriately and significant events or incidents were not effectively recorded to demonstrate appropriate and timely action had been undertaken. Staff did not have written guidance on how to manage significant events.
- Appropriate arrangements were not in place to respond to medical emergencies. For example the emergency medicines and oxygen were stored in separate rooms which had the potential to cause delay in responding to an emergency. The practice did not have an automated external defibrillator (AED) on site or any risk assessment to demonstrate the rationale behind this decision.
- There was not an effective system in place to ensure patients received appropriate and timely medication reviews.
- Staff files were inconsistently maintained and did not demonstrate how staff had been effectively recruited and employed. There was no evidence of references, interview notes or identification checks.
- Safeguarding policies were in place to protect the safety of patients. Staff had an appropriate understanding of their responsibilities to safeguard patients.
- Emergency medicines and vaccines were stored appropriately. Fridge temperatures were monitored and recorded to ensure vaccines were safe to use.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services, as there are areas where improvements must be made.

- Data showed patient outcomes were low compared to the local Clinical Commissioning Group (CCG) and nationally. The

Summary of findings

practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had only achieved 64.6% of the total points available. This was below the national average of 94.2%.

- There was little evidence of completed clinical audit cycles or that audit was driving improvements in performance to improve patient outcomes.
- Multidisciplinary working with community nurses was taking place but record keeping was limited.
- An appraisal process was in place for staff however appraisals were not carried out by an appropriately skilled and experienced person. Discussions were not recorded and there was no evidence that performance or learning and development was discussed.

Are services caring?

Requires improvement

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

- The privacy dignity of patients was at risk due to curtains not being available around examination couches.
- The practice did not have an effective system to identify patients who were also carers
- Patients told us they were treated with compassion, dignity and respect.

Data from the National GP Patient Survey showed patients were satisfied with the level of care and treatment provided. For example:

•91.4% said the GP was good at listening to them compared to the CCG average of 88.3% and national average of 88.6%.

•92.9% said the GP gave them enough time (CCG average 87%, national average 86.6%)

•96.7% said they had confidence and trust in the last GP they saw (CCG average 96.8%, national average 97.1%)

•91% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.4%, national average 85.1%).

Patients completed CQC comment cards to tell us what they thought about the practice. We received 11 completed cards and patients were positive about the service they received. Patients said they felt the practice offered an excellent service and staff were pleasant, courteous, helpful and caring. They said staff treated them with dignity and respect.

Summary of findings

Are services responsive to people's needs?

Requires improvement

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

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- Feedback from patients reported that it was generally easy to get an appointment and urgent appointments were usually available the same day.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- The practice had a number of policies and procedures to govern activity, but some policies had not been dated so it was difficult for us to determine when they had last been reviewed.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The safety of care for older people was not a priority and there were limited attempts at measuring safe practice.
- The practice had a lower than national average number of older patients. The percentage of over 75 years was 4.9% and over 85 years was 1% (National average 7.8% and 2.3% respectively).
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were poor.
- We were told that none of the patients registered with the practice lived in a residential care or nursing home.

People with long term conditions

Inadequate

The provider was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had a locum practice nurse who undertook the reviews for patients with long term conditions during the allocated time spent in the practice. We were told all these patients had care plans and that any concerns identified during these consultations would be escalated to the practice manager verbally and via the patients' electronic record. However due to capacity issues not all patients received a timely, structured annual review.
- As this was a single-handed GP practice all patients had a named GP. Longer appointments and home visits were available if necessary.
- The percentage of patients at the practice with a long standing health condition or with health related problems in daily life were 58.3%. The practice offered flu vaccinations to patients who had diabetes and other long term health conditions. National data showed the uptake of flu vaccinations was 64.2% which was lower than the CCG and national averages of 76.8% and 77.6% respectively.

Summary of findings

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or below (01/04/2014 to 31/03/2015) was 48.28% which was significantly below the national average of 78.03%.
- The percentage of patients with diabetes whose last measured cholesterol levels (01/04/2014 to 31/03/2015) was 5 mmol/l or less was 64.05% which was significantly below the national average of 80.53%.
- Not all patients with long term conditions had a personalised care plan or structured annual review to check that their health and care needs were being met.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe, effective and well-led and requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Data provided by the practice showed immunisation rates were comparable to CCG and national rates for standard childhood immunisations. For example under two year olds ranged from 91.3% to 95.7% compared to the CCG averages which ranged from 90.3% to 93.5%.
- Immunisation rates for five year olds were between 82.6% and 100% compared to the CCG averages which ranged from 91% to 95.8%. The data provided showed 78.3% of children eligible for the pre-school booster received the vaccination, which was below the CCG average of 83.9%.
- We were told that multi-disciplinary meetings were held with community nurses, health visitors and midwives, however, there were no detailed minutes kept of these meetings.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The percentage of patients in paid work or full time education was 56.1% which was below the CCG (61.9%) and national (61.5%) averages. The practice opening times did not reflect the needs of this group and there were no early or extended opening hours for working people.

Summary of findings

- There was a low uptake for both health checks and health screening. For example, the percentage of patients screened for bowel cancer within the last 6 months was 40% the CCG and national averages were 59% and 57.6% respectively.
- The percentage of female patients attending for cervical screening was 60.7% with the CCG and national rates at 73.7% and 76.7% respectively. The practice did not have a permanent practice nurse to undertake NHS Health Checks and improve the uptake of cervical screening for this population group. The practice had temporary nurse cover approximately three days per month with the next clinic planned for 10 February 2016.
- The practice did not have a web site however; patients could book appointments or order repeat prescriptions using the EMIS system. We were told the take up for this service was low.
- Health promotion advice was offered and there was accessible health promotion material available through the practice. However, national data showed support with smoking cessation was 76.2% with the CCG and national average at 90.6% and 94.1% respectively.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe, effective and well-led and requires improvement for providing caring responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a list of priority patients. These were patients receiving palliative or end of life care. There was not any data to show the numbers of patients living with a learning disability and their carers.
- The practice told us they worked with multi-disciplinary teams in the case management of vulnerable people.
- Practice staff knew how to recognise signs of abuse in vulnerable adults and children and were aware of their responsibilities to report any concerns. The GP was the safeguarding lead at the practice and was aware of local safeguarding arrangements.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate 

The provider was rated as inadequate for safe, effective and well-led and requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Data shows that 66.7% of people experiencing poor mental health had received an annual blood pressure check with the CCG and national rates at 82.4% and 81.5% respectively. Only 33.3% of people experiencing poor mental health had received a cholesterol check with the CCG and national rate at 68.7% and 68% respectively.
- The practice told us they worked with multi-disciplinary teams in the case management of people experiencing poor mental health. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including 'Mind Matters'.
- None of the staff had received formal training on how to care for people with mental health needs.
- There was not a practice nurse to administer injectable medicines for patients with mental illness.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line or below with local and national averages. 387 survey forms were distributed and 101 were returned. This represented a 26% completion rate.

- 78% found it easy to get through to this surgery by phone compared to a (CCG average of 73% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 69% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Patients were satisfied with the care and treatment they received, and felt that they were treated with respect and involved in their care.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were friendly, helpful and caring. The practice did participate in the NHS Friends and Family Test (FFT). FFT is a method of asking patients if they would recommend the practice to a friend or family member.

Areas for improvement

Action the service MUST take to improve

- Ensure that safety incidents and significant events are investigated and recorded thoroughly and learning disseminated to staff effectively.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that quality improvement activity, including clinical audits are implemented to improve patient care and treatment.
- Ensure the practice has sufficient numbers of suitably qualified, competent, skilled and experienced clinical staff.
- Implement appropriate policy guidance to ensure safe care and treatment for patients, including Consent and Mental Capacity assessment.
- Ensure that staff training needs are effectively identified and when training is undertaken, are recorded.
- Ensure staff appraisals are carried out by staff who are competent to do so.
- Ensure an automated external defibrillator (AED) for medical emergencies is available or undertake a risk assessment if a decision is made not to have an AED on the premises.
- Reinstate Patient Participation Group (PPG) meetings, in order to identify and act on patients' feedback and suggestions about the service.

Action the service SHOULD take to improve

- Carry out a risk assessment for legionella to demonstrate risks are effectively managed
- Implement infection control audits to demonstrate effective monitoring of infection control and prevention

Dr Mark Webster

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor and two additional CQC inspectors.

Background to Dr Mark Webster

Dr Webster's' practice occupies a large converted residential premises close to the centre of Preston, Lancashire. The practice is fitted with ramp access to assist people with limited mobility.The practice is situated within a residential area and can be easily accessed by public transport.

Data reflected a practice list size of 1971 patients; however the practice confirmed the number of registered patients as 1,742 patients. Primary medical care is provided under a general medical services (GMS) contract within NHS Greater Preston Clinical Commissioning Group (CCG).

Dr Mark Webster is the only GP at the practice and he carries out nine sessions a week. He is supported by a part time practice manager, working 20 hours per week, two part time receptionists and there is currently a vacancy for a practice nurse. The practice has a locum practice nurse working five hours per week, two or three times per month.

Information published by Public Health England rates the level of deprivation within the practice population group as three on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

The practice is open between 9am and 5.45pm Monday to Friday. Appointments are available from 9.30am to 12 noon every morning and 3.30pm to 5.30pm every afternoon. Telephone consultations are available each day from 3pm until 3.30pm before the start of afternoon surgery. The practice is closed on Saturday and Sunday. Out of hours (OOH) service is provided by Preston Primary Care based at the Royal Preston Hospital.

The age distribution of the practice patient population is similar to the national average, although the life expectancy is slightly lower than average being 76 years for males and 80 years for females compared to the national averages of 79 years for males (CCG and National) and 82 CCG 83 National for females. The practice has a higher proportion of patients with a long standing health condition (58.3%) than the national average of 54%.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 January 2016.

During our visit we:

- Spoke with a range of staff including the GP, practice manager and receptionist and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. However, there was not a policy to support staff in recognising and reporting such events. We were not provided with evidence to show how learning from incidents was formally shared with staff (for example at minuted practice meetings) to make sure action was taken to improve safety in the practice.

We reviewed how the practice managed national patient safety alerts. The practice manager told us relevant alerts were printed and a paper copy left in the GP's in tray, as the GP did not have his own email address. There was no audit trail as part of the system to verify that information had been shared.

The practice provided us with significant events templates, documenting two events that had occurred in the last 12 months. The recording of these events was brief and there was no evidence of discussions or action taken following the incidents. For example one incident had occurred when a patients' blood test results had not been entered correctly on the computer system. This resulted in a delay in referring the patient for specialist treatment. The action plan stated that the GP would double check blood results in future; however the need for additional computer training was not included in the actions. Due to a lack of detail in the significant event analysis it was not clear whether areas for improvement had been actioned or followed-up to ensure improvements had been maintained.

When we spoke with the GP it was clear that the GP did not consistently initiate or have effective oversight of the investigation and recording of significant events. This was on most occasions left to the practice manager. Significant event analysis documentation lacked detail and staff were unable to tell us examples improvements made as a result of any action taken.

- Practice meetings were not taking place so there was no forum to discuss issues such as complaints, significant events or specific patient's care and treatment.
- When there were unintended or unexpected safety incidents, patients received a reasonable response that included an apology. However the response did not include any actions made to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

While the practice had appropriate procedures in place to keep patients safeguarded from abuse, systems and processes in the practice were ad hoc, resulting in poor oversight of the safety systems and processes.

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. The GP was the lead for safeguarding children, with appropriate training to level 3. A flow chart to inform staff of the reporting procedure and a list of contact numbers for the local safeguarding teams was displayed in the reception, consultation and treatments rooms.
- The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and said they had received training relevant to their role, although this was not recorded.There was a system to highlight vulnerable patients on their electronic records.
- A notice in the waiting room advised patients that chaperones were available if required. We were informed that only clinical staff undertook chaperone duties.
- We observed the premises to be clean however; the practice nurse's consulting room was cluttered. The practice nurse was identified in the infection control policy as the infection control lead. However the practice did not have a permanent practice nurse. There was no evidence of liaison with the local infection prevention teams to keep up to date with best practice. Infection control audits were not undertaken. We were informed one of the reception staff also was responsible for cleaning duties within the premises.
- There were appropriate arrangements for the storage of medicines including emergency drugs and vaccinations. The practice carried out monthly checks of expiry dates and fridge temperatures were recorded daily to ensure the safe management of vaccinations.

Inadequate

Are services safe?

- Prescription sheets were securely stored but we did not see any systems in place to monitor their use. There were no audits of prescription numbers when used. We were given conflicting information on how the practice managed prescriptions that were uncollected by patients. One member of staff told us uncollected prescriptions were destroyed and another member of staff gave us details of contacting the patient to follow up on the reason why they had not been collected.
- Effective processes were not in place to undertake medication reviews particularly for patients with multiple and frequently prescribed medicines.
- We were told the practice only maintained two personnel files for staff. We reviewed the file of the most recently recruited member of staff in 2014 and found not all of the . A risk assessment had been undertaken for the decision not to undertake a Disclosure and Barring service (DBS) check staff.
- The practice had copies of the registration with the Nursing and Midwifery Council (NMC), evidence of qualification as an independent prescriber and identity checks for the practice nurse used to cover the practice nurse vacancy.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were no health and safety policies or procedures in the practice and no environmental risk assessments were in place.
- There was no risk assessment in place in regards to legionella (Legionella is a bacterium that can grow in contaminated water and can be potentially fatal). The practice manager was unsure if there was a water tank in the premises and informed us that all taps were in frequent use.
- The practice had an up to date fire risk assessment and carried out regular fire drills, the most recent was carried out 26 January 2016. All electrical equipment was portable appliance (PAT) tested and clinical equipment was calibrated to ensure it was functioning correctly.

Arrangements to deal with emergencies and major incidents

Emergency medicines were easily accessible to staff and all staff knew of their location. All the medicines we checked were in date and fit for use. However the oxygen and medicines for use in the event of a medical emergency were located in different rooms which could result in a delay in response. In addition we saw there was an out of date oxygen cylinder that should have been returned to the supplier. This had the potential to delay emergency treatment should staff select the empty oxygen cylinder by mistake during an emergency situation.

The practice did not have an automated external defibrillator (AED) – a portable electronic device that delivers an electrical shock to attempt to restore a normal heart rhythm. The decision not to have an AED had not been risk assessed. A first aid kit and accident book were available.

All but one of the staff had undertaken basic life support training however additional training was planned for February 2016.

The practice had a business continuity plan in place for major incidents such as floods, power failure or damage to the building. The plan included emergency contact numbers for staff and copies were held off the premises by the GP and practice manager to ensure it could be accessed at all times.

There was an instant messaging system on the computers to alert staff to any emergency within the practice.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was little evidence that the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The systems in place to keep all clinical staff up to date with new NICE guidance and other alerts were ad -hoc. However the GP confirmed they had access to guidelines from NICE and used this information to deliver care and treatment.

Management, monitoring and improving outcomes for people

The practice participated in the QOF, a national performance tool to monitor outcomes for patients.

The most recent published results showed the practice achieved 64.6% of the total number of points available (100%), with 5.5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier in several clinical targets.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was 69.32% which was below the national average of 77.54%.
- Performance for patients on the diabetes register with a record of a foot examination was 69.66% which was below the national average of 88.3%.
- Performance for patients with hypertension having regular blood pressure tests was 65.68% below than the national average 83.65%.
- Performance for mental health related indicators was 76.19% which was below the national average of 88.47%.
- Performance for dementia related indicators was 88.5%. This was below the national average of 94.5%.
- Performance for Asthma related indicators was 78.57%. This was comparable to the national average of 75.35%.
- Performance for patients with Chronic Obstructive Pulmonary Disease (COPD)who had a review was 94.29% which was higher than the national average of 89.9%.
- National prescribing data showed that the practice was above the national average for prescribing of hypnotic medicines at 0.55% with the national average being 0.26%.

  We noted that all clinical guidelines in the nurse's clinical room were out of date. For example diabetes guidelines were dated 2009. We confirmed that the locum practice nurse was a diabetes nurse specialist, who undertook diabetic reviews using current guidelines from the Department of Health (DOH) and National Institute for Health and Care Excellence (NICE) best practice guidelines.
- We were shown two clinical audits that had been completed in the last year. These included an audit regarding the prescribing of analgesic drugs and of cervical cytology. We found these audits were not full audit cycles and was reflective of a data collection process. We could not evidence that action was taken to improve patient care as a result.
- The practice did not participate local audits, national benchmarking, accreditation, peer review or research.
- Although there was evidence that some patients with long term health conditions received annual reviews, there was no systematic process in place to ensure these were consistently undertaken in a timely manner.
- **Effective staffing**
- Due to the reduced availability of a practice nurse, the practice did not have sufficient clinical staff to deliver consistent and effective care and treatment. The practice was actively trying to recruit to the vacant post but had so far been unsuccessful.
- We were informed the practice did not use regular locum cover during the GPs absence but utilised ad-hoc"cross cover" working with another GP practice close to the surgery. Surgery times were halved during this cover period, therefore availability of appointments was significantly reduced.

Inadequate

Are services effective?

(for example, treatment is effective)

- The practice did not have an ongoing programme of staff training and training was not routinely documented.
- The appraisal system was not effectively used to identify or discuss learning needs.Appraisals consisted of mainly staff self-evaluation with no evidence of performance management, personal or professional development.
- The practice told us they held regular education meetings. However, these meetings were not sufficiently recorded to demonstrate that they met learning needs. It was noted that the practice manager had undertaken the last appraisal for the temporary practice nurse rather than the GP or clinical line manager.
- **Coordinating patient care and information sharing**

  The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient electronic record system. .
- The practice shared relevant information with other services, for example when referring patients to other services.
- We saw evidence that multi-disciplinary team meetings took place however the minutes of these meetings were brief and did not fully reflect the discussion undertaken to demonstrate coordinated care delivery.
- **Consent to care and treatment**
- The practice did not have a policy or procedure relating to consent to care and treatment.
- Staff had not received any formal training in relation to consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- There was no evidence to demonstrate how staff assessed patients who were under the age of 18 in relation to consent to, and understanding of, proposed care and treatment.
- **Supporting patients to live healthier lives**

  The practice's uptake for the cervical screening programme was 84.16%, which was comparable to the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

  The practice kept a list of priority patients that included those in the last 12 months of their lives and those at risk of developing a long-term condition.

  The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. The GP discussed proactive screening at opportunistic consultations. The waiting room had a variety of leaflets and information for community support groups to support the health and wellbeing of patients.

  Childhood immunisation rates for the vaccinations given were comparable or better than national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81.8% to 86.4% % and five year olds from 82.6% to 100.0%.

  Flu vaccination rates for the over 65's and at risk groups were 64.2% to 79.4%. These were below national averages of 80.3% and 81.2% respectively.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were not provided around the examination couches in the GP and Nurse consulting rooms. To maintain patients' privacy and dignity during examinations, investigations and treatments the GP would draw the curtains at the window.
- We were told that non-clinical staff did not act as chaperones whilst female patients were being examined. In the absence of a practice nurse there was no chaperone available during such examinations.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff told us they knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 11 Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients during the inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded in a caring manner when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs but slightly below for nurses. For example:

- 91.4% said the GP was good at listening to them compared to the CCG average of 88.3% and national average of 88.6%.
- 92.9% said the GP gave them enough time (CCG average 87%, national average 86.6%).
- 96.7% said they had confidence and trust in the last GP they saw (CCG average 96.8%, national average 97.1%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 85.4%, national average 85.1%).
- 88.9% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.4%, national average 90.4%).
- 80.2% said they found the receptionists at the practice helpful (CCG average 83.8%, national average 86.8%)

Staff told us a relative would usually attend with a patient for whom English was not their first language. Staff told us they had access to a telephone translation service. However we did not see notices in the reception areas informing patients this service was available and we were informed that on occasions children accompanying adults had been used to translate during consultations. We were also that on occasions another patient would be asked to translate. This raised serious concerns about patient confidentiality.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. These results were in line with local and national averages. For example:

- 87.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.8% and national average of 86%.
- 86.3% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.6%, national average 81.4%)
- .87.8% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86.7%, national average 84.8%).

Notices in the patient waiting room informed patients how to access a number of support groups and organisations.

Requires improvement

Are services caring?

- There was no flag on the electronic records to alert the GP when a patient was also a carer. We were told this information would be in the carer's own medical notes. The practice had not identified the percentage of the practice list who were also carers.
- Staff told us that if families had suffered bereavement, the GP would contact them to offer condolences. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found no evidence that the practice reviewed the needs of its local population or engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services.

- There were multi-disciplinary team (MDT) meetings with community nurses to discuss palliative care.
- The practice did not offer extended opening hours for working patients who could not attend during normal opening hours. The practice manager told us that they had tried opening on a Saturday morning but this had not been fully utilised.
- There were longer appointments available for patients with a learning disability. Home visits were available for older patients, patients with long term conditions and those receiving palliative care.
- We were told that same day appointments were available for children and those with serious medical conditions. In addition, from 3pm to 3.30pm (Monday, Tuesday, Wednesday and Friday) patients were able to book a telephone consultation with the GP.
- We were told the practice nurse was responsible for the management of chronic health conditions such as COPD and diabetes. However, there had not been a practice nurse employed by the practice since October 2015.
- Patients were referred to a local clinic for travel vaccinations available on the NHS. Patients were referred to other clinics for vaccines which were not routinely available on the NHS.

Access to the service

The practice reception was open between 9am and 5.45pm Monday, Tuesday Wednesday and Friday and 9am to 12.45 on Thursday. Appointments were available from 9.30am to 12 noon every morning and 3.30pm to 5.30pm Monday, Tuesday Wednesday and until 11.30 on Thursday. In addition telephone consultations were available Monday, Tuesday, Wednesday and Friday between 3pm and 3.30pm. Urgent appointments were also available at the end of each session. There were concerns about an availability of a GP prior to appointment times.

We were informed the practice did not use regular locum cover during the GPs absence but utilised an ad-hoc "cross cover" working with another GP practice close to the surgery. Surgery times were halved during this cover period, therefore availability of appointments was reduced.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 87.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 72.6% and national average of 74.9%.
- 84.3% patients said they could get through easily to the surgery by phone (CCG average 71.6%, national average 73.3%).
- 88% patients said they always or almost always see or speak to the GP they prefer (CCG average 83.7%, national average 85.2%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was the designated lead for complaints in the practice. The complaints policy and procedure was in line with recognised guidance and contractual obligations for GPs in England. However responses to complaints were not always sufficient to give assurance the practice had taken appropriate action to avoid any reoccurrence of issues. We saw that information was available to help patients understand the complaints system such as posters.

We looked at one complaint received via NHS England in the last 12 months and found there had been a delay in sending out a response. There was no documentary evidence to show what if any lessons were learnt from this complaint or the action taken as a result to improve the quality of care. We also noted that complaints received about staff within the practice had not been investigated thoroughly and there was no evidence of any learning to prevent reoccurrence. There was also no evidence of any action, supervision, training or identified support for the staff involved.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice manager told us their vision was 'to provide good health care in a timely manner'.

There was no written strategy or business plan in place to reflect the vision and values of the practice.

Governance arrangements

The practice lacked a clear overarching governance framework to support the delivery of the strategy and ensure consistent good quality care.

- Policy guidance for staff was not consistently available and some guidance was out of date.
- Some policies required review and others had no indication of when a review was required
- There was a very small staffing establishment; however staff were not always clear of their roles and responsibilities. There was some confusion about what were managerial responsibilities and what were the responsibilities of the GP
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not in place.
- Staff training in the practice was not being effectively monitored or managed.
- While some audit and data collection was carried out, a system to manage audits undertaken was not evident to ensure that audit cycles were repeated when necessary to maximise learning and improve patient outcomes.

Leadership and culture

Staff told us that the GP was approachable and always had time to listen.

There was no evidence to demonstrate that all staff were involved in discussions about how to run and improve the service delivered by the practice. The practice did not hold regular practice or governance meetings and issues discussed at ad hoc meetings were not recorded.

Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the GP or practice manager.

We were told by staff that they felt respected and were supported, particularly by the practice manager in the practice.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, information and a verbal and written apology.

- The provider was aware of the requirements of the Duty of Candour to be open and honest with patients should things go wrong.

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

- There had been a practice website however, when we tried to access the website prior to the inspection, we found this did not refer to the practice. We were informed the site was hacked some time ago. Patients therefore had no opportunity to access practice information electronically. However the practice manager informed us that some patients requested prescriptions or booked appointments on line by using the Patient Access website and login.
- The practice was not proactive in seeking patients' feedback or engaging patients in the delivery of the service. A brief questionnaire had been sent to a small number; approximately 20 patients, some time ago but this also incorporated some health and well-being questions and the response rate was poor.
- The practice did not have a patient participation group (PPG) but did use the NHS Friends and family test (FFT). The FFT is a method of asking patients if they would recommend the service to friends and family.
- There were no recorded staff meetings and no evidence to show that the practice had gathered feedback from staff. Staff appraisals had taken place but these were based on a self-assessment with very limited comments added by the practice manager.

Continuous improvement

There was no focus of continuous improvement within the practice. However the GP did participate in some professional development and we viewed his personal development folder, which was maintained for his appraisal and revalidation.

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found the registered provider did not have systems in place to ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons. Due to the reduced availability of a practice nurse, the practice did not have sufficient clinical staff to deliver consistent and effective care and treatment. There was no evidence that the registered provider ensured that staff received appropriate training and professional development appropriate to their role. This was in breach of regulation 18(1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **Regulation 19 Fit and proper persons employed** There were short falls in the information obtained at recruitment and employment of staff. Information required under Schedule 3 was not in place to demonstrate that staff had been safely and effectively recruited This was in breach of regulation 19(1)(3)(a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. Emergency equipment was not available. The practice did not have an automated external defibrillator and there was no risk assessment to verify the rationale behind this decision. A medical emergency procedure or guidance was not in place to assist staff in how to respond. Effective processes were not in place to undertake medication reviews particularly for patients with multiple and frequently prescribed medicines and there was not an effective system to manage uncollected prescriptions. This was in breach of Regulation 12(1)(2)(a)(b)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: Safeguarding systems and processes including chaperoning were not established and managed effectively to prevent abuse of service users.

This section is primarily information for the provider

Enforcement actions

There was a lack of the use of an appropriate interpreter service, with children, family members and other patients utilised as interpreters during consultations.

This was in breach of regulation 13(1)(2) (4) (c) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The governance arrangements were not sufficiently robust. Staff were not always clear of their roles and responsibilities Regular clinical audits or quality improvement activity were not carried out to assess, monitor and improve the quality of care and treatment. Infection prevention and control systems were not in place to ensure that infection risks were appropriately identified and managed. Clinical guidance was out of date, along with policy guidance which was inconsistently reviewed. Some policy guidance was not in place. There were no records of staff training or evidence of training certificates in staff files. The appraisal system was not effectively used to identify, discuss learning needs. Appraisals consisted of mainly self-evaluation with no evidence of performance management, personal or professional development. The practice was not proactive in seeking patients' feedback or engaging patients in the delivery of the service. This was in breach of regulation 17(1)(2)(a)(b)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.