Neath Hill Health Centre

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	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Good**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

This practice is rated as inadequate overall.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Requires Improvement

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Neath Hill Health Centre on 6 November 2018. This inspection was carried out 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 was 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

At this inspection we found:

- The local leaders of the practice were poorly supported by the provider organisation to ensure that governance systems were effective. Local Leaders lacked the capacity and capability to manage the practice effectively, and practice staff advised of limited engagement of the provider organisation in the practice.
- The role and expectations of the provider and the local leaders were unclear and resulted in inadequate leadership, systems and outcomes in many aspects of patient care and safety.
- The provider did not ensure that clear systems to manage risk at the practice were in place so that safety incidents were less likely to happen.
- There was some evidence of learning and improvement through the management of significant events and complaints.
- There was no management oversight of staff training and some staff had not undertaken required training. Staff did not receive regular appraisals and there was no evidence of clinical supervision.
- Policies and procedures had not been established to enable the practice to operate safely and effectively. The management of safety systems was not evident particularly in relation to pre-employment checks and risk assessments.
- The practice reviewed the appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.
- There was evidence of poor records management as historic patient records had not been maintained in line with recognised guidance.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported they were able to access care when they needed it.

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

- Ensure care and treatment is provided in a safe way to patients. (Please refer to the requirement notice section at the end of the report for more detail).
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the enforcement section at the end of the report for more detail.)

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

- Develop a system, based on best practice, for ensuring records are kept to support appropriate dissemination and discussion of safety alerts.
- Undertake an analysis of incidents and complaints to identify trends, and to monitor and drive improvement.
- Establish a programme of regular quality improvement activities to monitor and improve standards of care.
- Continue with efforts to identify and support carers within the practice population.
- Review systems for supporting patients with poor mental health so improved clinical outcomes can be demonstrated through the Quality and Outcomes Framework.

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

Overall summary

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

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

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

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

Population group ratings

Older people	**Requires improvement**
People with long-term conditions	**Inadequate**
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 CQC lead inspector. The team included a GP specialist adviser and a practice manager adviser.

Background to Neath Hill Health Centre

Neath Hill Health Centre provides a range of primary medical services, including minor surgical procedures, from its location at Tower Crescent, Tower Drive, Neath Hill in Milton Keynes. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). Key Medical services holds an Alternative Provider Medical Services (APMS) contract for providing services at the Neath Hill Health centre, which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities. The registered provider is Key Medical Services Limited, a company based in Luton that provides services on behalf of the NHS. Key Medical Services Limited acquired Neath Hill Health Centre on 1 July 2017.

The practice serves a population of approximately 3,900 patients. Information published by Public Health England, rates the level of deprivation within the practice population group as five on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The locally based clinical team consists of one female salaried GP, an advanced nurse practitioner (female), and a practice nurse (female). The practice employs three long term locum GPs (one male and two female) to provide additional clinical support. The team is supported by a practice manager and a small team of non-clinical, administrative staff. Members of the community midwife and health visiting team also operate regular clinics from the practice location.

The practice operates from a single storey purpose built property. Patient consultations and treatments take place on the ground level. There is a car park outside the surgery, with disabled parking available. Trust community staff (health visitors) are also based at the premises. There are various other health care services based within the building, including podiatry services, specialist dental services, dermatology and IAPT (Improving Access to Psychological Therapies) Services. These services are not attached to the practice.

Neath Hill Health Centre is open between 8am and 6.30pm Monday to Friday. The out of hours service can be accessed via the NHS 111 service. Information about this is available in the practice and on the practice website and telephone line.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- The practice did not maintain records in relation to staff employed to demonstrate that appropriate assurances had been sought to enable a member of the clinical team to undertake an extended role.
- Risks to patients and staff had not adequately been assessed and monitored, in particular with regard to health and safety, premises, water safety, fire, staff training, infection control and blank prescription security.
- Evidence of learning and improvement following significant events was limited.
- The care records we saw showed that information needed to deliver safe care and treatment was not always available to staff.
- Appropriate action had not been taken to ensure adequate staffing levels. Staff we spoke with advised that the practice manager did not have sufficient support to undertake the role safely.

Safety systems and processes

We reviewed the practice systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All clinical staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents was available to staff. Records of up to date safeguarding training for all non-clinical staff were incomplete. All staff we spoke with demonstrated an understanding of their safeguarding responsibilities and an awareness of practice policies. We saw the practice had invested in an online training facility for all staff to complete mandatory training including safeguarding training. The practice did not offer any assurance as to when non-clinical staff would complete outstanding safeguarding training.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. We were advised that the practice undertook regular safeguarding meetings with the health visiting team and engaged regularly with them on an informal basis as and when concerns arose. Formal minutes of these meetings were not available on the day of inspection but were submitted the following day. Based upon the evidence submitted after our inspection, we saw formal safeguarding meetings occurred six monthly.
- We reviewed five staff files and found that for most staff the practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. However, the practice was unable to demonstrate that assurance had been sought on the qualifications and competencies of a member of the clinical team prior to commencement of employment to enable them to undertake an extended role, which included independent prescribing of medicines. We were assured following our inspection through evidence submitted by the practice that the member of staff was qualified as required. Evidence of the attainment of pre-employment references were also not recorded in all staff files.
- A system to manage infection prevention and control (IPC) had been developed but some areas needed strengthening. In particular, records of staff vaccinations and immunity status were incomplete. Evidence of immunity status for non-clinical staff was not available and a risk assessment had not been undertaken. We saw evidence of three infection control audits undertaken by the Clinical Commissioning Group (CCG) between August 2017 and September 2018 which demonstrated an improvement in infection prevention and control. However, the practice had not undertaken any in-house risk assessments or audits. Responsibility for infection control had been assigned to the practice nurse and we were advised that it was intended for her to complete advanced training to support the role.
- The practice advised of ongoing discussions with the landlords to resolve identified problems with the premises which impacted on patient safety and IPC. For

example, at the time of our inspection, the practice was engaged in conversations with the landlords to undergo decorative repairs to the building, including the repair of cracks in walls caused by the building subsiding.

- On the day of inspection, the practice was unable to provide evidence a Legionella risk assessment had been undertaken. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw evidence of a water safety testing contract was held which enabled two samples of water to be tested annually. Following our inspection, we were sent a Legionella risk assessment undertaken in September 2017. We noted there were areas identified as being high risk within the risk assessment and a recommended schedule of water temperature checking and flushing of outlets was provided. The practice provided evidence of these temperature checks being undertaken in November and December 2018 following inspection.
- The practice had arrangements to ensure facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

We reviewed 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. We saw the provider organisation had undertaken a clinical and works needs assessment in September 2017 to identify the required clinical staffing levels. There was evidence of action taken is response to this assessment through expansion of the clinical team. However, staff we spoke with advised of insufficient levels of administrative staffing and resulting pressures on the practice manager to undertake additional tasks. We saw the practice manager was regularly undertaking administrative tasks not normally associated with the role, for example tasks relating to referral management.
- There was an induction system for new staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis. However, not all non-clinical staff we spoke with were aware of the signs and symptoms of sepsis to enable them to take appropriate action.

Information to deliver safe care and treatment

Staff did not always have 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 not always readily available to staff. We found there were significant numbers of historic new patient paper records in need of summarising. The practice advised that due to insufficient staffing levels there was a backlog of two years of records awaiting summarising.
- 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

We reviewed the systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, processes for managing prescription stationery security needed strengthening in accordance with security of prescription forms guidance issued by NHS Protect. Following our inspection, we were sent evidence that the practice had updated their prescription handling policy to improve the security of blank prescription forms in the future.
- We noted there was not an established system for checking the contents of doctors' bags used when undertaking home visits. (A doctor's bag is a bag used by a to carry essential medical supplies and some medicines during a home visit). Following our inspection, the practice provided a protocol for undertaking regular checks of doctors' bags in the future.
- Staff prescribed and 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 taken action 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.

Track record on safety

The provider did not demonstrate a good track record on safety.

- There were risk assessments in relation to some safety issues. There was a comprehensive risk assessment in relation to Fire safety undertaken in September 2016. However, there was no evidence of action taken in response to identified areas of concern. Records of regular fire checks were available. Records were held in relation to risks from chemicals or substances known to be hazardous to health (COSHH).
- The practice had not undertaken a health and safety risk assessment of the premises and security.
- The practice did take some action to monitor and review safety. The practice had developed an approach to handling significant events. We saw there had been five significant events in the 12 months preceding the inspection. There was some evidence of improvements made following significant events. However, evidence of sharing with the whole practice team was limited. The practice did not undertake a routine analysis of all significant events to identify trends and ensure the risk of recurrence was reduced.

Lessons learned and improvements made

We reviewed the practice systems for learning and making improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Managers supported them when they did so. Staff advised that concerns and incidents were not routinely shared with the provider organisation.
- There were systems for reviewing and investigating when things went wrong. The practice was able to demonstrate evidence of learning and shared lessons in some areas but not all. For example, we saw a significant event had been recorded following a case of sepsis. We saw the practice had reviewed the incident and was satisfied with the action taken. However this incident had not been shared with all staff. Non-clinical staff we spoke with were not aware of the signs and symptoms of sepsis or the required action to be taken. The practice did not undertake a routine analysis of significant events or complaints to identify themes and take subsequent action to improve safety in the practice.
- The practice acted on external safety events including patient and medicine safety alerts. We were told that the practice nurse actioned some safety alerts, for example those relating to medical devices and equipment. We saw the practice pharmacist had developed a system for ensuring appropriate action was taken on receipt of patient safety alerts. However, there was no evidence safety alerts were routinely discussed within the practice. No other staff were aware of the system developed by the pharmacist for handling alerts. There was no log of all safety alerts received or action taken in response to them.

Please refer to the evidence tables for further information.

Inadequate

Are services effective?

We rated the practice as inadequate for providing effective services.

We rated the population groups of people with long-term conditions and people experiencing poor mental health (including those with dementia) as inadequate. All of the remaining population groups are rated as requires improvement.

The practice was rated inadequate for providing effective services because:

- The practice did not undertake staff appraisals or provide clinical supervision.
- We found that the practice had not sought assurance of these competencies for all appropriate staff prior to employment.
- Data from the Quality and Outcomes framework 2017/2018 demonstrated a decline in performance for care provided to patients suffering with COPD and poor mental health in comparison to the 2016/2017 data.

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.
- The practice had invested in equipment to support patients' awareness and ability to manage their own health. For example, the practice was able to provide patients with 24-hour ambulatory blood pressure monitoring; a service aimed to enable more accurate blood pressure monitoring.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients were offered priority appointments when needed.
- 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.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Flu, pneumococcal and shingles vaccinations were offered.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice maintained a register of housebound patients.

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, GPs worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs and the practice nurse 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 largely in line with local and national averages (for the period 01/04/2017 to 31/03/2018).
- The practice pharmacist undertook regular medicines reviews for patients with long-term conditions.

Families, children and young people:

- Childhood immunisation uptake rates were above the target percentage of 90%.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.

Are services effective?

- A range of contraceptive and family planning services were available. This included fitting of contraceptive implants.

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

- The practice's uptake for cervical screening was 66% for the period 01/04/2016 to 31/03/2017, which was below the 80% coverage target for the national screening programme. We reviewed unverified data for the Quality and Outcomes framework 2017/2018 and found that performance had improved to 75%.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- Data for the Quality and Outcomes framework 2017/2018 showed the practice's performance for indicators relating to mental health appeared to have fallen in comparison to the same data for 2016/2017. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was previously 83%, now 27% compared to a local average of 86% and national average of 90%.

Monitoring care and treatment

The practice had a limited programme of quality improvement activity to review the effectiveness and appropriateness of the care provided which included where appropriate participation in local and national improvement initiatives. For example:

- Through joint work with the Clinical Commissioning Group (CCG), for example by auditing antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).
- The practice used information about care and treatment to make improvements.
- On the day of inspection, the practice was unable to provide evidence of any independent clinical audits undertaken within the two years prior to our inspection. Evidence of audits undertaken was submitted by the practice post inspection. However, the evidence submitted did not demonstrate quality improvements made as a result of audits undertaken.
- The practice was involved in some quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published QOF results were 89% of the total number of points available compared with the national average of 96%. The overall exception reporting rate was 6% compared with a national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) *(Please note: Any QOF data relates to 2017/18.)*

Effective staffing

We reviewed the practice's systems to ensure that staff had the skills, knowledge and experience to carry out their roles.

Inadequate

Are services effective?

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. However, we found that the practice had not sought assurance of these competencies for all appropriate staff prior to employment.
- 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 provided protected time and training to help staff meet their learning needs. However, up to date records of skills, qualifications and training were not maintained.
- The provider provided staff with limited ongoing support. There was an induction programme for new staff. However, appraisals, coaching and mentoring, clinical supervision were not undertaken. Staff we spoke with advised that the practice manager did not receive adequate support from the provider to undertake her role.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information 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 the majority of patients to develop personal care plans that were shared with relevant agencies. However, the practice informed there was not an established system for developing care plans for all patients experiencing poor mental health.
- The practice ensured end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practices GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practices GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Requires improvement

Are services responsive to people's needs?

We rated the practice as requires improvement for providing responsive services.

We rated the population groups of people with long-term conditions and people experiencing poor mental health (including those with dementia) as inadequate. All of the remaining population groups are rated as requires improvement.

The practice is rated as requires improvement for providing responsive services because:

- Evidence to support appropriate monitoring and support for patients experiencing poor mental health and those with COPD was lacking.

Responding to and meeting people's needs

The practice organised and delivered some services to meet patients' needs.

- The practice understood the needs of its population and provided some tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities 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. However, systems to support patients experiencing poor mental health needed strengthening.
- 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 was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long-term conditions:

- Not all patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met, in particular patients diagnosed with COPD.
- Multiple conditions were reviewed at one appointment where possible, and consultation times were flexible to meet each patient's specific needs.
- The practice was able to initiate insulin treatment for patients with diabetes.
- The practice provided an in-house service for patients taking specific blood thinning medicines to monitor their care.
- The practice offered a daily phlebotomy service reducing the need for patients to attend secondary care.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. When the practice was unable to provide urgent appointments for children, patients could be seen at the Primary Care Centre located within the hospital. The service was organised by the local GP Federation, of which the practice was a member and ensured that children from across the locality received same day urgent appointments when their own GP practice was unable to facilitate an appointment.
- The practice provided contraceptive advice services for young people, including provision of chlamydia screening kits and patient education.

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 and flexible.
- The practice actively promoted the use of online services to improve access for patients unable to telephone or attend the practice during normal working hours.
- The practice had signed up to the Electronic Prescribing Service (EPS), enabling patients to collect their prescriptions from a pharmacy of choice.
- The practice also used utilised a two-way text messaging service (Mjog) to improve digital communications with patients.

Requires improvement

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a drug or alcohol dependencies.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice provided health care services for patients with learning disabilities living in two local residential homes.

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

- Staff interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia. However, staff we spoke with advised there was no established recall system for patients suffering from poor mental health to ensure regular monitoring of their care.
- The practice worked with some local services to supports patients experiencing poor mental health.
- Where appropriate patients received close monitoring of medicines to reduce risks to patient safety.

Timely access to care and treatment

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practices GP patient survey results were above local and national averages for questions relating to access to care and treatment. Patients we spoke with advised that they had no difficulties accessing appointments.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and made improvements. For example, we saw that following receipt of a complaint regarding a blood test the practice produced an information leaflet for patients.
- However, evidence of shared learning was limited as the practice did not routinely discuss all complaints with staff. We saw that the practice had updated its meeting agenda template to incorporate complaints as a standing item for future meetings. There was no routine analysis of complaints to identify trends.

Please refer to the evidence tables for further information.

Inadequate

Are services well-led?

We rated the practice as inadequate for providing a well-led service.

The registered provider for the practice was Key Medical Services Ltd, a company based in Luton responsible for the provision of the services at the practice location.

The practice was rated as inadequate for providing well-led services because:

- The provider failed to support the practice and ensure there was effective governance and leadership at the practice therefore increasing risks to patients and persons employed.
- There were ineffective systems to assess the risks presented by unsafe staff as there were not effective checks consistently completed on recruitment or engagement of clinical staff to assess their suitability for the role and mitigate the risks to health, safety and welfare of patients who used the service.
- The training needs of staff were not assessed and monitored, staff did not receive regular appraisals.
- The care records we saw showed that information needed to deliver safe care and treatment was not always available to staff.
- A focused approach to quality and sustainability was not demonstrated. Evidence of future planning and regular engagement between the provider organisation and the practice team was lacking. Appropriate action had not been taken to ensure adequate staffing levels. Staff informed us there were inadequate administrative staffing levels which impacted on the wellbeing of staff and their abilities to undertake tasks.
- The provider had not established an effective approach to risk assessment and management at the practice.

Leadership capacity and capability

We reviewed the leadership capacity and skills available to deliver high-quality, sustainable care.

- The local leaders were unable to provide assurance about issues and priorities relating to the quality and future of services. There was evidence of a lack of insight relating to quality improvement and the management of risk.
- Staff informed us that the practice's lead GP, practice nurse and practice manager were visible and approachable. However, we were informed representatives from the provider organisation were rarely seen at the practice nor communicated regularly with the practice team.
- We were informed that the decisions by the provider to reduce the clinical team and provide insufficient administrative support had impacted on the capacity of the local leadership team to operate effectively. Whilst the provider had expanded the clinical team through recruitment of an advanced nurse practitioner and three long term locums, all doctors were usually only available one day each week; limiting continuity of care for patients as well as the doctors' own interactions with and knowledge of the practice. We found that the practice management of non-clinical duties needed improving.

Vision and strategy

The provider had not developed a clear vision and credible strategy to support the delivery of high quality, sustainable care at the practice.

- On the day of inspection the provider did not provide evidence of a documented vision or set of values. Staff we spoke with were unsure of the providers plans for the future of the practice.
- During our inspection, the provider advised that they had recognised some areas in need of improvement, including the need to offer further management support to the practice manager. However, we were not shown any action plans to overcome recognised challenges or to drive improvement.
- Following our inspection the practice submitted a copy of its vision statement.
- The practice planned its services to meet the needs of the practice population.

Culture

We reviewed the practice culture, and the impact of the provider on it .

- Staff stated they felt respected, supported and valued by the practice manager, practice nurse and lead GP. They were proud to work in the practice.
- However, staff we spoke did not feel the provider organisation offered regular support to the practice and rarely engaged with the practice team.
- The practice team focused on the needs of patients.

Inadequate

Are services well-led?

- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider organisation was not involved in the reviewing of significant events, incidences or complaints. The practice manager was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.
- Processes for providing all staff with the development they need were not established. There was no programme of staff appraisal or clinical supervision. Staff were supported to meet the requirements of professional revalidation where necessary.
- Evidence to demonstrate the safety and well-being of all staff was prioritised was lacking. We saw that the practice had insufficient administrative support and the practice manager was undertaking additional duties, including secretarial duties. Staff we spoke with advised that the practice manager was not well supported by the provider organisation.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between practice based staff.

Governance arrangements

We reviewed roles and systems of accountability between the provider and the practice team to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly defined or working effectively. The governance and management of the practice was disjointed as there was a lack of integration between the provider organisation and the practice team.
- Staff were clear on their roles and accountabilities including in respect of safeguarding however insufficient staffing meant that not all tasks were being completed efficiently. For example, we found that there was a significant back log of new patient records in need of summarising.
- Practice leaders had established policies, procedures and activities to promote safety however we found some were in need of improvement. For example, the business continuity plan had not been updated or reviewed since September 2015 and did not reflect the existing practice arrangements.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety needed strengthening.
- The practice had some processes to manage current and future performance.
- The provider did not demonstrate systems had been developed at the practice to ensure management oversight of staff training. Systems for managing safety alerts, incidents, and complaints needed expansion.
- There was limited evidence of clinical audit undertaken to monitor service delivery and drive improvement. The practice partook in local and national initiatives but evidence of internal clinical audits to drive improvement were lacking.

Appropriate and accurate information

The local practice team did not always have appropriate and accurate information.

- Evidence that quality, sustainability and operational information was regularly discussed and monitored in relevant meetings by the provider and the practice team was lacking.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The practice used information to monitor performance and the delivery of quality care. However, the provider was unable to demonstrate that there were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Inadequate

Are services well-led?

Engagement with patients, the public, staff and external partners

We reviewed the provider's approach to involving the practices patients, the public, staff and external partners to support high-quality sustainable services.

- Evidence that the provider encouraged and acted upon the views and concerns of patients, staff and external partners was limited. There was no active patient participation group (PPG). The practice advised efforts to recruit patients to the PPG had been unsuccessful. We saw there was a patient feedback box in the waiting area.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Systems and processes for learning, continuous improvement and innovation needed development.

- The practice did not undertake regular reviews of incidents and complaints to identify trends and areas of improvement, although there was some evidence of learning from individual complaints and events.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered persons had not done all that wasreasonably practicable to mitigate risks to the health andsafety of service users receiving care and treatment. Inparticular: • Risks to patients and staff had not adequately been assessed and monitored, in particular with regard to health and safety, premises, staff training and blank prescription security. • The practice had not sought assurance that identified risks associated with legionella and fire were being adequately managed. • Evidence of learning and improvement following significant events was limited. This was in breach of regulation 12 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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **The registered persons had not done all that was reasonably practicable to ensure that systems or processes were established and operated effectively to ensure good governance at the practice. In particular:** • The practice had failed to ensure there was effective governance and leadership at the practice therefore increasing risks to patients and persons employed. • The practice had failed to develop effective systems to assess the risks presented by unsafe staff as there were not effective checks consistently completed on recruitment or engagement of clinical staff to assess their suitability for the role and mitigate the risks to health, safety and welfare of patients who used the service. • The practice had failed to assess all risks in relation to infection control and prevention. In particular risks associated with lack of staff vaccinations and immunity for specific viruses had not been assessed. • The training needs and competencies of staff were not assessed and monitored. All staff did not receive regular appraisals to assess performance, ensure competence and to promote learning and development. • There was no established system of clinical supervision for nursing staff to support those undertaking extended roles including the prescribing of medicines. • The care records we saw showed that information needed to deliver safe care and treatment was not always readily available to staff. • A focused approach to quality and sustainability was not demonstrated.

This section is primarily information for the provider

Enforcement actions

- Appropriate action had not been taken to ensure adequate staffing levels.

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