

# Shiremoor Medical Group

## 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?

Inadequate



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Shiremoor Medical Group on 3 March 2016. Overall the practice is rated as inadequate.

Our key findings were as follows:

- Patients were at risk of harm because the systems and processes in place were weak and ineffective and were not implemented in a way that kept them safe. For example, we found significant concerns in relation to significant events, medicines management and infection control arrangements, recruitment of staff and staffing levels.
- There was insufficient attention given to safeguarding children and vulnerable adults
- The practice did not work effectively with other health and social care services to understand and meet the range and complexity of patients' needs or to assess and plan ongoing care and treatment. Since October 2015 no palliative care or safeguarding meetings had been held with other healthcare services.

- Patients had concerns about some of the clinical staff. Records showed around 100 patients had stated they did not wish to see a particular GP.
- Services were not delivered in a way that met patients' needs. Locum GPs provided all GP services; this meant there was little continuity of care for patients. The practice did not have a duty doctor, which meant that on most days between 5pm and 6pm there was no doctor available, despite the practice still being open.
- In the four weeks prior to the inspection three clinics had been cancelled because there were no GPs available.
- Some patients said they were able to get an appointment with a GP when they needed one, with urgent appointments available the same day. However, no home visits were available in the afternoons.
- There was no clinical leadership at the practice and staffing arrangements were unstable.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

There were areas of practice where the provider needs to make improvements.

# Summary of findings

Importantly, the provider must:

- Ensure arrangements are in place to properly and safely manage medicines, including ensuring prescriptions are handled in line with national guidance issued by NHS Protect. The provider must also take action to ensure effective infection control arrangements are in place.
- Ensure that where the responsibility for the care and treatment of patients is shared with others, that timely care planning takes place. This includes holding regular multi-disciplinary meetings, which ensure the information about the needs of vulnerable and complex patients is shared with other health professionals in a timely manner.
- Ensure appropriate safeguarding systems and processes are in place to prevent abuse of patients, including providing appropriate training for clinical staff.
- Ensure that the system for dealing with complaints is fit for purpose to ensure all complaints are investigated.
- Ensure an appropriate governance framework is in place; to assess, monitor and improve the quality and safety of services, to seek and act on feedback from patients and ensure learning is shared. Staff must have appropriate policies and guidance to carry out their roles in a safe and effective manner.
- Ensure that sufficient numbers of staff are deployed to meet patients' needs.
- Ensure relevant checks are carried out on staff, in relation to recruitment of new staff.

In addition, the provider should:

- Take action to ensure that looped blind cords or chains are modified or secured out of reach in areas that could be accessed by patients.

We have written to the provider separately to formally advise them of the serious concerns we identified during the inspection on 3 March 2016. The threshold for CQC to take urgent enforcement action was met; however NHS commissioning organisations have put monitoring arrangements in place in the short term that reduce the risks we identified. These commissioning organisations are urgently seeking a long term solution to address these risks. CQC is keeping the situation under review and will escalate matters if a long term solution is not put in place within the near future.

We have received confirmation that a new provider is in place with effect from 1 April 2016.

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

**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?

The practice is rated as inadequate for providing safe services.

Patients were at risk of harm because the systems and processes in place were weak and ineffective and were not implemented in a way that kept them safe. For example, we found significant concerns in relation to significant events, medicines management and infection control arrangements, recruitment of staff and staffing levels.

There was insufficient attention given to safeguarding children and vulnerable adults. There was no designated lead member of staff for safeguarding. Since October 2015 staff from the practice had not attended safeguarding meetings or provided reports where necessary for other agencies.

There were not enough staff to keep patients safe. The practice did not have any salaried GPs and used locum GPs for all sessions. In the four weeks prior to the inspection three clinics had been cancelled because there were no GPs available.

Inadequate



### Are services effective?

The practice is rated as inadequate for providing effective services.

Staff had access to the information and equipment they needed to deliver effective care and treatment.

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

There was little monitoring of patients' outcomes of care and treatment. Data showed that outcomes for patients were poor. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring their effectiveness and had achieved 95% of the points available. This was above the local and national averages of 93.3% and 93.5% respectively. However, these results all related to the year ending March 2015. We looked at the progress made for the 11 months of the current year. Records showed that in several of the clinical areas, the practice had not achieved the QOF targets. Staff told us there were no plans in place to address the shortfalls. For example, only:

- Nine out of 33 patients diagnosed with dementia had received a review during the previous 12 months;
- One out of 17 patients on the mental health register had a comprehensive care plan in place;

Inadequate



# Summary of findings

- Eight out of 48 patients with rheumatoid arthritis had received a face to face review in the past 12 months;
- Nine out of 15 patients diagnosed with cancer had received a review within six months of diagnosis.

Clinicians provided care in isolation and did not seek input from other relevant services. Staff did not work effectively with other health and social care services to understand and meet the range and complexity of patients' needs or to assess and plan ongoing care and treatment. Since October 2015 no palliative care or safeguarding meetings had been held with other healthcare services.

## Are services caring?

The practice is rated as inadequate for providing caring services.

We saw that staff treated patients with kindness and respect, and maintained confidentiality. Information for patients about the services available was available.

The National GP Patient Survey published in January 2016 showed the practice was below average for its satisfaction scores on consultations with doctors but the scores for nurses were in line with or above average. Results showed that 92% of respondents had confidence and trust in their GP, compared to 95% nationally. Over 79% of respondents said the last GP they saw was good treating them with care and concern, compared to the national average of 85%. However, 99% of respondents said they had confidence and trust in the last nurse they saw, compared to the national average of 97%.

Some patients had concerns about the way some staff treated people. Records showed around 100 patients had stated they did not wish to see a particular GP.

There was little support for families who had suffered bereavement. The GP who was the designated lead for palliative care had left the practice in October 2015 and there were no arrangements in place to contact relatives to offer support.

Inadequate



## Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

Services were not delivered in a way that met patients' needs. Extended hours surgeries between 6pm and 7pm had been available every Monday evening; but due to insufficient staffing levels the practice had been unable to provide these since October

Inadequate



# Summary of findings

2015. Locum GPs provided all GP services; this meant there was little continuity of care for patients. The practice did not have a duty doctor, which meant that on most days between 5pm and 6pm there was no doctor available, despite the practice still being open.

Patients could not always access the care they needed. In the four weeks prior to the inspection three clinics had been cancelled because there were no GPs available. On one of the days cover was provided by the local out of hour's provider, but on the other two afternoons patients were directed to other services.

The practice had a system in place for handling complaints and concerns but this was not always effective. We looked at a sample of the written complaints received; in one instance the practice had not considered, reviewed, acted upon or responded to the complaint. There was no evidence of learning from complaints; no meetings were held to discuss and review complaints.

## Are services well-led?

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

The practice did not have a clear vision; there was no mission statement, strategy or a supporting business plan in place. There was evidence of a defensive and blaming culture.

The practice did not have an effective governance framework in place to support the delivery of good quality care. The practice had some policies and procedures to govern activity, however some had not been personalised to reflect the practice's requirements and others referred to organisations which no longer existed.

There was no clinical leadership at the practice. Practice staffing arrangements were unstable with several staff leaving, including a GP partner and a salaried GP, and there had been a number of instances of long term absence.

Inadequate



# 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

The practice is rated as inadequate for the care of older people. The practice was rated as inadequate for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice did not offer proactive, personalised care to meet the needs of the older people in its population. All patients over the age of 75 had a named GP; however, this GP had not worked at the practice since October 2015.

The practice maintained a palliative care register; however GPs did not work with relevant health and care professionals to monitor those patients and ensure their needs were met.

Inadequate



### People with long term conditions

The practice is rated as inadequate for the care of patients with long-term conditions. The practice was rated as inadequate for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Longer appointments were available when needed. However, home visits were not available in the afternoon. GPs did not work with relevant health and care professionals to deliver a multidisciplinary package of care.

Records showed that in several of the clinical areas, the practice was not on course to achieve the 2015/2016 QOF targets for most of the conditions commonly associated with this population group. For example, only eight out of 48 patients with rheumatoid arthritis had received a face to face review in the past 12 months and only nine out of 15 patients diagnosed with cancer had received a review within six months of diagnosis. Staff told us there were no plans in place to address the shortfalls.

Inadequate



### Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The practice was rated as inadequate for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Inadequate



# Summary of findings

Systems were not in place for identifying and following-up children who were considered to be at-risk of harm or neglect. For example, the needs of all at-risk children were not regularly reviewed at practice multidisciplinary meetings involving child care professionals such as health visitors.

Appointments were available outside of school hours and the premises were suitable for children and babies. Arrangements had been made for new babies to receive the immunisations they needed. Vaccination rates for 12 month and 24 month old babies and five year old children were in line with the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.6% to 100% (compared to the CCG average of 97.3% to 98.8%) and five year olds from 86.7% to 100% (compared to the CCG average of 95.3% to 98.4%).

The practice's uptake for the cervical screening programme was 91.0%, which was well above the CCG average of 83.1% and the national average of 81.8%. However, the exception rate (when patients are excluded from figures because for example they do not attend) was extremely high, 18.7%, compared to the CCG average of 4.7% and the national average of 6.3%. When asked, the lead GP was not able to provide an explanation for this, other than to show some records which showed some patients had refused a cervical smear test.

Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

## **Working age people (including those recently retired and students)**

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The practice was rated as inadequate for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice offered some health promotion and screening. However, the facility to book appointments on-line had been suspended because of the uncertainty around the availability of locum GPs.

The practice had previously offered extended opening hours on Monday evenings; however, these arrangements had been suspended since October 2015.

The practice was not able to demonstrate whether patients had access to appropriate health assessments and checks.

**Inadequate**





# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances, including those with a learning disability. Patients with learning disabilities were invited to attend the practice for annual health checks. The practice offered longer appointments for people with a learning disability, if required.

The arrangements to safeguard adults and children from abuse were poor. There was no designated lead member of staff for safeguarding. Clinical staff had not received training relevant to their role. The practice did not have effective working relationships with multi-disciplinary teams in the case management of vulnerable people. Since October 2015 clinical staff had not attended safeguarding meetings or provided reports where necessary for other agencies.

Some arrangements were in place to support patients who were carers. The practice had systems in place for identifying carers and ensuring that they were offered a health check and referred for a carer's assessment.

Inadequate



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

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice was rated as inadequate for safe, effective, caring, responsive and well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice did not work with multi-disciplinary teams in the case management of people experiencing poor mental health including those with dementia. Patients experiencing poor mental health were sign posted to various support groups and third sector organisations. The practice kept a register of patients with mental health needs but those patients did not always receive relevant checks and tests.

Inadequate



# Summary of findings

Records showed that in several of the clinical areas, the practice was not on course to achieve the 2015/2016 QOF targets for mental health. Staff told us there were no plans in place to address the shortfalls. For example, in the 11 months up to the date of the inspection, only:

- Nine out of 33 patients diagnosed as living with dementia had received a review during the previous 12 months;
- One out of 17 patients on the mental health register had a comprehensive care plan in place.

# Summary of findings

## What people who use the service say

We spoke with eight patients during our inspection. We spoke with people from different age groups, who had varying levels of contact and had been registered with the practice for different lengths of time.

We reviewed nine CQC comment cards which had been completed by patients prior to our inspection.

Four of the nine patient CQC comment cards we received were positive about the service experienced, although the other five raised concerns about the lack of continuity of care. Most patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, three patients said they had been unhappy with some of the GPs. Most of the patients we spoke with told us that health issues were discussed with them. Two patients said they felt the GP had not explained to them about any necessary treatment or medication.

The National GP Patient Survey results published in January 2016 showed the practice was performing above local and national averages, except in relation to some questions about consultations with GPs. However, the data was collected during January to March 2015 and July to September 2015; before the loss of the GP partners, and so the results do not take that issue into account. There were 120 responses (from 283 sent out); a response rate of 42%. This represented 2.1% of the practice's patient list.

- 92% said their overall experience was good or very good, compared with a clinical commissioning group (CCG) average of 89% and a national average of 85%.

- 90% found it easy to get through to this surgery by phone, compared with a CCG average of 81% and a national average of 73%.
- 95% found the receptionists at this surgery helpful, compared with a CCG average of 89% and a national average of 87%.
- 92% were able to get an appointment to see or speak to someone the last time they tried, compared with a CCG average of 86% and a national average of 85%.
- 98% said the last appointment they got was convenient, compared with a CCG average of 93% and a national average of 92%.
- 86% described their experience of making an appointment as good, compared with a CCG average of 78% and a national average of 73%.
- 78% usually waited 15 minutes or less after their appointment time to be seen, compared with a CCG average of 73% and a national average of 65%.
- 74% felt they don't normally have to wait too long to be seen, compared with a CCG average of 66% and a national average of 58%.
- 92% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%.

## Areas for improvement

### Action the service MUST take to improve

- Ensure arrangements are in place to properly and safely manage medicines, including ensuring

prescriptions are handled in line with national guidance issued by NHS Protect. The provider must also take action to ensure effective infection control arrangements are in place.

- Ensure that where the responsibility for the care and treatment of patients is shared with others, that

# Summary of findings

timely care planning takes place. This includes holding regular multi-disciplinary meetings, which ensure the information about the needs of vulnerable and complex patients is shared with other health professionals in a timely manner.

- Ensure appropriate safeguarding systems and processes are in place to prevent abuse of patients, including providing appropriate training for clinical staff.
- Ensure that the system for dealing with complaints is fit for purpose to ensure all complaints are investigated.
- Ensure an appropriate governance framework is in place; to assess, monitor and improve the quality

and safety of services, to seek and act on feedback from patients and ensure learning is shared. Staff must have appropriate policies and guidance to carry out their roles in a safe and effective manner.

- Ensure that sufficient numbers of staff are deployed to meet patients' needs.
- Ensure relevant checks are carried out on staff, in relation to recruitment of new staff and the professional registrations of existing staff.

## Action the service **SHOULD** take to improve

- Take action to ensure that looped blind cords or chains are modified or secured out of reach in areas that could be accessed by patients.

# Shiremoor Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

## Background to Shiremoor Medical Group

Shiremoor Medical Group is registered with the Care Quality Commission to provide primary care services. It is located in Shiremoor, North Tyneside.

The practice provides services to around 5,600 patients from one location: Shiremoor Resource Centre, Earsdon Road, Shiremoor, Newcastle upon Tyne, NE27 0HJ. We visited this address as part of the inspection. The practice has two GP partners (one female and one male), two practice nurses (both female), a practice manager, and eight staff who carry out reception and administrative duties. At the time of the inspection we were told that one of the GP partners had resigned and the other had not been practising since October 2015. A third GP partner was named on the practice's contract with NHS England, however, they were not registered with CQC as a partner within the practice. A third GP partner was named on the practice's contract with NHS England, however, they were not registered with CQC as a partner within the practice.

The practice is part of North Tyneside clinical commissioning group (CCG). The age profile of the practice population is in line with local and national averages.

Information taken from Public Health England placed the area in which the practice is located in the fifth less deprived decile. In general, people living in more deprived areas tend to have greater need for health services.

The practice is located in purpose built premises building, shared with two other GP practices. All patient facilities are on the ground floor. There is on-site parking, disabled parking, a disabled WC, wheelchair and step-free access.

Opening hours are between 8am and 6pm Monday to Friday. Patients can book appointments in person or by telephone. Appointments were available at the following times during the week of the inspection:

- Monday - 8.30am to 11.20am; then from 1.30pm to 4.20pm
- Tuesday – 8.30am to 12.40pm; then from 1.30pm to 4.50pm
- Wednesday – 8.30am to 11.40am; then from 12.30pm to 5.10pm
- Thursday – 8.30am to 11.10am; then from 1pm to 4.20pm
- Friday – 9.00am to 11.40am; then from 2pm to 4.20pm

The practice does not have any doctors on duty after the last scheduled appointment each day.

The practice provides services to patients of all ages based on a General Medical Services (GMS) contract agreement for general practice.

The service for patients requiring urgent medical attention out of hours is provided by the NHS 111 service and Northern Doctors Urgent Care Limited (NDUC).

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our 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. This inspection was planned to check whether the registered 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.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

As part of the inspection process, we contacted a number of key stakeholders and reviewed the information they gave to us. This included the local clinical commissioning group (CCG).

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.

We carried out an announced visit on 3 March 2016. We spoke with eight patients and 10 members of staff from the practice. We spoke with and interviewed one of the GP partners, two locum GPs, a practice nurse, the practice manager and five staff carrying out reception and administrative duties. We observed how staff received patients as they arrived at or telephoned the practice and how staff spoke with them. We reviewed nine CQC comment cards where patients and members of the public had shared their views and experiences of the service. We also looked at records the practice maintained in relation to the provision of services.

# Are services safe?

## Our findings

### Safe track record and learning

The system in place for reporting and recording significant events was ineffective.

- Staff told us they would inform the practice manager of any incidents
- Some incidents were also reported on the local cross primary and secondary care Safeguard Incident and Risk Management System (SIRMS).
- The practice did not always carry out a thorough analysis of the significant events that had occurred.

We reviewed safety records and incident reports. We found the arrangements for recording significant events were unclear. In advance of the inspection we asked the practice to provide us with a summary of any significant events that had occurred in the last 12 months. We received a schedule which showed there had been three significant events. We looked at a sample of minutes of meetings where these had been discussed. During this review we identified other significant events which had not been recorded on the schedule. The minutes of the meetings did not demonstrate there had been any learning from significant events. Some staff told us there was a 'blame' culture and this was evident in the meeting minutes.

We were concerned that no significant events had been recorded since October 2015. The clinical staffing levels and the resultant risks for patient safety had not been recorded as a significant event.

Managers were aware of the requirements of the Duty of Candour. When there were unintended or unexpected safety incidents, patients were contacted and offered an apology.

We discussed the process for dealing with safety alerts with the practice manager. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. Any alerts were initially received by the practice manager; information was then forwarded to clinicians and other staff where necessary. However, there was no recorded evidence to show that alerts were discussed at appropriate meetings to ensure all relevant staff were aware of any necessary actions.

### Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe:

- The systems and processes to safeguard adults and children from abuse were poor. There was a vulnerable adult's policy; this made reference to another GP practice. There was a safeguarding children policy; this made reference to organisations which had not existed for a number of years and staff who no longer worked at the practice. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was no designated lead member of staff for safeguarding. Since October 2015 clinical staff had not attended safeguarding meetings or provided reports where necessary for other agencies. Clinical staff had not received training relevant to their role. The GP had been trained to level two in children's safeguarding and the nurses had been trained to level one. The latest guidance states that GPs should receive level three training and nurses level two training.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the 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).
- Appropriate standards of cleanliness and hygiene were not followed. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead; but they had only completed basic training. This was not sufficient training to allow them to effectively carry out their leadership role. There was an infection control protocol in place, however, this was dated 2009 and made reference to staff who did not work at the practice. Infection control audits had not been undertaken and there were no formal checks on the cleanliness of the areas of the building the practice was responsible for.
- Arrangements for recruiting staff were ineffective. We reviewed four staff files and found that some of the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) 2014 was not available. For example, there was no evidence that

## Are services safe?

references been taken up for three staff. The practice could therefore not demonstrate that they had attempted to assess whether a person was of good character for the role they applied for. In another case, a member of staff was employed without completing an application form or having an interview. The practice had not carried out any checks on their employment history, experience or obtained any references.

- Only clinical staff and one of the administrative team had been subject to DBS checks; no risk assessment had been carried out to determine whether it was necessary to carry out checks for other staff.

### Medicines management

The practice's systems and processes for managing medicines were not fully satisfactory. We found medicines were securely stored, including emergency drugs and vaccines, and the sample we checked were all in date.

However, prescription pads were not always securely stored. We found two clinical rooms were unlocked, and blank prescriptions had either been left unattended in the printer or on a desk. The systems in place to monitor the use of blank prescriptions were ineffective. The locum GPs employed by the practice were provided with blank prescriptions to taken on home visits; however, these were stamped with the names of GPs who, in some cases, no longer worked at the practice.

Staff told us the local clinical commissioning (CCG) pharmacy team visited the practice each week to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. However, there was no evidence any medication audits had been carried out. Staff were unable to provide us with information about whether any medicines errors had occurred.

We looked at the system for managing hospital discharge letters. Where letters included instructions relating to medicines, these were shared with the locum GPs. Some locum GPs made changes needed to patients' medicines records themselves. However, other locum GPs authorised the changes and passed to a member of the administration team. The administration staff then made the changes to patients' medication records. However, there was no system to ensure that changes to medicines records by administrative staff had been made correctly.

### Monitoring risks to patients

Risks to patients were assessed but not well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had an up to date fire risk assessment and regular fire drills were carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (legionella is a type of bacteria found in the environment which can contaminate water systems in buildings and can be potentially fatal).
- The Department of Health issued an estates and facilities alert Ref:EFA/2015/001 on the risks presented by window blinds with looped cords or chains. It stated 'a risk assessment should be carried out on all existing looped blind cords and chains, where children and vulnerable adults are likely to have access. All blind cords and chains deemed to be potentially hazardous should be modified or secured out of their reach.' We saw that looped blind cords or chains had not been modified or secured out of reach in some areas that could be accessed by patients. The practice manager told us the blinds were part of the fixtures and were managed by the building owners.
- Staff shortages increased the risk to patients who used service. Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs. However, since October 2015 there had been no permanent GPs at the practice. The practice did not have any salaried GPs and used locum GPs for all sessions. There was a rota system in place for all the different staffing groups, however, this was not effective and failed to ensure there was always enough staff to meet patients' needs. For example, in the four weeks prior to the inspection three clinics had been cancelled because there were no GPs available. On one of the days cover was provided by the local out of hour's provider, but on the other two afternoons patients were directed to other services. The locum GPs did not carry out home visits in the afternoons and there was no GP cover on most days between 5pm and 6pm, despite the practice still being open.



## Are services safe?

### Arrangements to deal with emergencies and major incidents

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. However, the arrangements to ensure all clinical staff were kept up to date were unclear and there was no evidence the practice monitored that these guidelines were followed by locum GPs. As all clinical sessions were covered by locum GPs this was even more important for the practice.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). The QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long term conditions and for the implementation of preventative measures. The results are published annually. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

The latest publicly available data from 2014/15 showed the practice had achieved 95% of the total number of points available, which was above the local clinical commissioning group (CCG) average of 93.3% and the national average of 93.5%.

At 10.8%, the clinical exception reporting rate was above the CCG and national averages (9.6% and 9.2% respectively). The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Managers were unable to demonstrate why the exception rate was above average.

However, these results all related to the year ending March 2015. We looked at the progress made for the 11 months of the current year. Records showed that in several of the

clinical areas, the practice had not yet achieved the QOF targets. Staff told us that because of the lack of permanent GPs there were no plans in place to address the shortfalls. For example, only:

- Nine out of 33 patients diagnosed with dementia had received a review during the previous 12 months;
- One out of 17 patients on the mental health register had a comprehensive care plan in place ;
- Eight out of 48 patients diagnosed with rheumatoid arthritis had received a face to face review in the past 12 months
- Nine out of 15 patients diagnosed with cancer had received a review within six months of diagnosis.

However, there were some areas where the practice was on course to achieve the 2015/2016 QOF targets, for example asthma and heart failure.

There was little monitoring of patients' outcomes of care and treatment. Some clinical audits were carried out to demonstrate quality improvement. We asked to see records of clinical audits; we were provided with one completed audit, care of patients with atrial fibrillation. This demonstrated an improvement in the care provided for patients between June 2014 and June 2015. Staff told us that other audits had been carried out by GPs who had left the practice (they said the GPs had taken the records with them). There was no evidence of shared learning or an ongoing audit programme.

The practice used an analysis tool, Reporting Analysis and Intelligence Delivering Results (RAIDR) to look at trends and compare performance with other local practices. However, there was no evidence to show the practice participated in local audits, national benchmarking or peer review.

### Effective staffing

The arrangements to ensure staff had the skills, knowledge and experience to deliver effective care and treatment were not fully satisfactory.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. There was a 'locum' pack available for locum GPs.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updates for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals. All staff had had an appraisal within the last 12 months. The nurses did not receive regular clinical support; the practice manager had carried out their most recent appraisals. One of the GP partners previously had a lead role for providing clinical supervision. Since they had left the practice these arrangements were no longer in place. Nursing staff told us they felt able to approach the locum GPs for advice and also attended local nurse forum meetings for support.
- Staff received some training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results.

Clinicians provided care in isolation and did not seek input from other relevant services. The practice did not work effectively with other health and social care services to understand and meet the range and complexity of people's needs or to assess and plan ongoing care and treatment. Since October 2015 no palliative care or safeguarding meetings had been held with other healthcare services. We spoke with some staff attached to the practice. They told us they had 'no relationship' with the practice. They were based in the same building as the practice and told us of several incidents where they had concerns about the wellbeing of patients registered with the practice. The staff told us the GPs would not liaise with them if they wanted to discuss a patient. In one instance, a patient who was booked in with the district nursing team was unwell, the GP refused to see them so the team had to call an ambulance instead.

### Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

Some patients who may be in need of extra support were identified by the practice. This included carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. However, we were concerned that some patients who may have needed extra support, including those in the last 12 months of their life, may not have been identified, due to the lack of palliative care meetings and liaison with other healthcare services.

The practice had some screening programmes. The uptake for the cervical screening programme was 93.4 %, which was well above the CCG average of 83.1% and the national average of 81.8%. However, the QOF exception was extremely high, 18.7%, compared to the CCG average of 4.7% and the national average of 6.3%. When asked about this, the lead GP was not able to provide an explanation for the high rate, other than to show us a small number of records which demonstrated some patients had refused a cervical smear test.

There was a policy to write to patients who did not attend for their cervical screening test. However, the practice had no involvement in encouraging patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two

## Are services effective?

(for example, treatment is effective)

year olds ranged from 98.6% to 100% (compared to the CCG average of 97.3% to 98.8%) and five year olds from 86.7% to 100% (compared to the CCG average of 95.3% to 98.4%).

The practice was not able to demonstrate whether patients had access to appropriate health assessments and checks, for example, NHS health checks for people aged 40–74.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect.

- Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Four of the nine patient CQC comment cards we received were positive about the service experienced, although the other five raised concerns about the lack of continuity of care. We spoke with eight patients during our inspection. Most told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, three patients said they had been unhappy with some of the GPs.

Results from the National GP Patient Survey, published in January 2016, showed most patients were satisfied with how they were treated. However, the practice was below average for their satisfaction scores on consultations with doctors. Scores on consultations with nurses were in line with or above average. For example, of those who responded to the survey:

- 92% said they had confidence and trust in the last GP they saw, compared to the clinical commissioning group (CCG) average of 96% and the national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 89% and the national average of 85%.
- 99% said they had confidence and trust in the last nurse they saw, compared to the CCG average of 98% and the national average of 97%.

- 91% said the last nurse they spoke to was good at treating them with care and concern, compared to the CCG and national average of 91%.
- 95% said they found the receptionists at the practice helpful, compared to the CCG average of 89% and the national average of 87%.

People did not feel cared for and some patients had concerns about the way some staff treated people. Staff told us and we saw records which showed many patients had stated they did not wish to see a particular GP. Records showed that around 100 patients had made this decision.

### Care planning and involvement in decisions about care and treatment

Most of the patients we spoke with told us that health issues were discussed with them. Two patients said they felt the GP had not explained to them about any necessary treatment or medication. They did not know or understand what was going to happen to them during their care and did not feel involved.

Results from the January 2016 National GP Patient Survey showed most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results for GPs were below local and national averages. For example, of those who responded to the survey:

- 87% said the GP was good at listening to them, compared to the CCG average of 91% and the national average of 89%.
- 86% said the GP gave them enough time, compared to the CCG average of 90% and the national average of 87%.
- 85% said the last GP they saw was good at explaining tests and treatments, compared to the CCG average of 90% and the national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care, compared to the CCG average of 86% and the national average of 82%.
- 91% said the last nurse they spoke to was good listening to them, compared to the CCG average and national average of 91%.
- 95% said the nurse gave them enough time, compared to the CCG average of 93% and the national average of 92%.

## Are services caring?

- 92% said the nurse was good at explaining tests and treatments, compared to the CCG average of 91% and the national average of 90%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there were leaflets with information about diabetes and the electronic prescribing service.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all patients who were carers; 68 patients (1.2%) of the practice list had been identified as carers and were being supported, for example, by referring for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

People did not receive support to cope emotionally with their care or condition. There was little support for families who had suffered bereavement. The GP who was the designated palliative care lead had left the practice in October 2015 and there were no arrangements in place to contact relatives to offer support.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice could not demonstrate that the needs of patients had been taken into account when planning services. Services did not provide flexibility, choice or continuity of care. Locum GPs provided all GP services; this meant there was little continuity of care for patients. For example, during one week in February 2016 there were nine different locums covering the clinical sessions.

- Home visits were available for older patients / patients who would benefit from these, but these were not available in the afternoons.
- The practice did not offer any on-line booking of appointments.
- Only patients over the age of 75 had a named GP; however, this GP had not worked at the practice since October 2015.
- There were longer appointments available for anyone who needed them. This included people with a learning disability and people speaking through an interpreter.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. There was level access to all facilities.

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available at the following times during the week of the inspection:

- Monday - 8.30am to 11.20am; then from 1.30pm to 4.20pm
- Tuesday - 8.30am to 12.40pm; then from 1.30pm to 4.50pm
- Wednesday - 8.30am to 11.40am; then from 12.30pm to 5.10pm
- Thursday - 8.30am to 11.10am; then from 1pm to 4.20pm
- Friday - 9.00am to 11.40am; then from 2pm to 4.20pm

Patients could not always access the care they needed. Extended hours surgeries between 6pm and 7pm had been available every Monday evening; but due to insufficient staffing levels the practice had been unable to provide

these since October 2015. The practice did not have a duty doctor, which meant that on most days between 5pm and 6pm there was no doctor available, despite the practice still being open.

In the four weeks prior to the inspection three clinics had been cancelled because there were no GPs available. On one of the days cover was provided by the local out of hour's provider, but on the other two afternoons patients were directed to other services.

Results from the National GP Patient Survey, published in January 2016, showed that patients' satisfaction with how they could access care and treatment was above local and national averages. For example:

- 83% of patients were satisfied with the practice's opening hours, compared to the clinical commissioning group (CCG) average of 80% and the national average of 75%.
- 90% of patients said they could get through easily to the surgery by phone, compared to the CCG average of 81% and the national average of 73%.
- 86% of patients described their experience of making an appointment as good, compared to the CCG average of 78% and the national average of 73%.
- 78% of patients said they usually waited 15 minutes or less after their appointment time, compared to the CCG average of 73% and the national average of 65%.

However, the data was collected during January to March 2015 and July to September 2015; before one of the GP partners had resigned and the other had ceased practising. Some of the patients we spoke to on the day told us they were not able to get appointments when they needed them. Some commented they had to telephone the practice at 8.30am to get an on the day appointment; they said they found it difficult to get through on the telephone at that time and often all appointments had gone by the time the call was answered. No analysis of capacity and demand had been carried out. As the practice was reliant on GP locums they could not schedule appointments very far ahead. For example, on the day of the inspection appointments could only be booked to the end of the month. In addition, on-line booking of appointments had been suspended as staff were unable to guarantee appointments would be available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns but this was not always effective.

- There was a complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that some information was available to help patients understand the complaints system. Leaflets detailing the process were available in the waiting room but there was no information on the practice's website.

- Patients we spoke with were aware of the process to follow if they wished to make a complaint.

In advance of the inspection we asked the practice to provide us with a summary of any complaints received in the last 12 months. We received a schedule which showed the practice had received eight formal complaints. During the inspection we spoke with staff who told us they did not always document any informal or verbal complaints. We looked at a sample of the written complaints received; in one instance the practice had not considered, reviewed, acted upon or responded to the complaint.

There was no evidence of learning from complaints; no meetings were held to discuss and review complaints.



# 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 did not have a clear vision; there was no mission statement, strategy or a supporting business plan in place. The uncertainty around clinical staffing arrangements did not lead to delivering good outcomes for patients.

### Governance arrangements

The practice did not have an effective governance framework in place to support the delivery of good quality care.

- Staff were aware of their own roles and responsibilities.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Practice policies were updated on an ad-hoc basis; there was no timetable in place to check policies to ensure they remained relevant. When policies were updated, the former practice manager sent an email to staff or verbally advised them to read them. There were no follow up arrangements in place to check whether staff had read and understood the policies.
- Policies were not available to all staff; GP locums were unable to access the shared drive where the policies were stored.
- There were inconsistencies in how significant events and complaints were recorded and there was little evidence to demonstrate how any learning from such events was shared with staff.
- There was no programme of continuous clinical and internal audit to monitor quality and to make improvements.

### Leadership, openness and transparency

There was no clinical leadership at the practice. Practice staffing arrangements were unstable with several staff leaving, including a GP partner and a salaried GP and there had been a number of instances of long term staff absence.

There was evidence of a defensive and blaming culture. Some staff told us there had been resistance to change and a lack of acknowledgement of errors made. We looked at records of partners' meetings held prior to October 2015. These contained reference to disagreements between the GPs about various issues, including how to monitor the Quality and Outcomes Framework (QOF) returns and how to process hospital discharge letters. Some meetings appeared to be more of a forum for the GPs raising concerns about each other.

There was no evidence to show that quality and safety was the top priority for the practice and known risks were not acted upon.

Staff told us they felt supported by the practice manager. However, there were low levels of staff satisfaction and high levels of stress. Records of a staff meeting held in October 2015 showed that staff did not always feel respected by the GPs and felt under pressure.

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

There was minimal engagement with patients. The practice did not encourage or value feedback from patients or staff. There was no patient participation group (PPG) and no plans to form a group. No analysis of the National GP Patient Survey data or clinical staff's personal feedback had been carried out, to identify opportunities for improvement.

The practice did not always respond to what patients had said. Records showed managers were aware of but had not always acted on or followed up issues. For example, a complaint had been made to the practice in March 2015. This had not been acknowledged, investigated or responded to.

Staff told us that some informal team meetings were held. Records showed the last meeting had been in October 2015.

### Continuous improvement

There was no evidence of innovation or service development.