

Anerley Surgery

Inspection report

224 Anerley Road
London
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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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Good



Are services well-led?

Inadequate



Overall summary

This practice is rated as inadequate overall

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Good

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Anerley Surgery on 31 October 2018. We inspected the practice at 224 Anerley Road London SE20 8TJ.

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

At this inspection we found:

- The provider did not ensure that care and treatment was delivered according to evidence-based guidelines; for example, patients on high risk medicines were not being monitored properly.
- There were ineffective arrangements for managing safety alerts.
- Information about services and how to complain was available.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- The leadership lacked the capacity and strategy to provide effective arrangements and systems, which led to governance, policy and procedural failures.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- The practice was not acting effectively or in a timely fashion on tasks raised on the clinical recording system.

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.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Risk review the need for a paediatric pulse oximeter.
- Explore ways to improve uptake of cervical screening and childhood immunisations.
- Explore ways to monitor and improve patient satisfaction with involvement in consultations.

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

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

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

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC Lead Inspector the team included a GP specialist adviser.

Background to Anerley Surgery

Anerley Surgery is a single-handed provider to approximately 2600 patients in the Penge area of south east London under a General Medical Services contract (an agreement between NHS England and general practices for delivering general medical services). It sits within the Bromley clinical commissioning group (CCG) which has 45-member practices serving a registered patient population of more than 340,000.

The staff team at the practice consists of one full time female GP, a practice manager, a female practice nurse and administrators/receptionists. The practice provides 10 GP sessions per week. The service is provided from this address only.

The practice is open between 8am and 6.30pm Monday to Friday; with late opening on Wednesdays until 8pm. Appointments are from 9am to 12pm every morning and 4pm to 6.30pm every afternoon except for Thursday afternoons when the practice is open but does not see patients unless it is an emergency.

Outside of these hours, patients are advised to contact the NHS 111 service. The practice provides an online

appointment booking system and an electronic repeat prescription service. The premises are not purpose built but all services are provided from the ground floor of the building, providing ease of access for patients with mobility difficulties. The practice does not have a hearing loop. After the inspection the practice provided us with a risk assessment for not having a hearing loop.

The practice is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, family planning, and diagnostic and screening procedures.

The practice has a higher percentage than the national average of people with a long-standing health condition (58% compared to a national average of 54%). The average male life expectancy for the practice is 78 years, and for females 83 years. These compare to the CCG averages of 81 years and 84 years; and the national averages of 79 and 83 years.

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 have an effective system in place to monitor patients on high risk medicines.
- There were ineffective arrangements for managing safety alerts.
- Asthma management plans were not documented.
- The practice had no paediatric pulse oximeter and had not undertaken a risk assessment for not having one.
- The practice had no child defibrillator pads and had not considered the risks of not having these.
- On the day of the inspection we identified 175 tasks had been sent to the admin on the clinical recording system, none of these had been completed.

Safety systems and processes

The practice did not have clear systems and processes to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role; however, two of the staff had not received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) The practice told us they were in the process of obtaining DBS, we were not shown any evidence of this. After the inspection the practice provided us with evidence that they had obtained a DBS dated 12 November 2018 for one staff member.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- Actions from an infection control audit undertaken by NHS England in April 2017, had not been addressed, for example there was an action to replace two sinks. We

were told they had not been replaced because the practice was waiting for NHS England to come back and confirm where the sinks should be placed. After the inspection the practice provided us with evidence to show NHS England had confirmed they would be inspecting the practice on the 7 January 2019. We did not see an action plan or risk assessment in the interim.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were not adequate systems to assess, monitor and manage risks to patient safety.

We had been informed that the practice had been offered additional support/training after the initial transition phase of training from the CCG for using the new system, however the practice had deferred the dates of training. After the inspection the practice explained they had deferred three EMIS training sessions as the initial block of training was not suitable for them. The decision to defer the training was taken so that it allowed the practice time to get to know the system.

- There were ineffective arrangements for managing safety alerts; we were told the GP and practice manager were unable to run searches on the system, therefore they were unable to efficiently check safety alerts. We were told if alerts came in, the practice would contact the CCG and it could take up to 48 hours for a search to be undertaken on behalf of the practice. This could lead to delays to the practice responding to alerts and ensuring patients received appropriate care and treatment.
- The practice had changed its computer management system in June 2018. We were told two staff members the part time nurse and an administrator were competent in using the new computer system, however the lead GP and the practice manager were not competent and no risk assessment had been undertaken to acknowledge the impact or risk this posed to patients.
- 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.

Are services safe?

- On the day of the inspection the practice had not undertaken a premises/security risk assessment, however after the inspection the practice provided us with evidence which demonstrated they had undertaken one.
- There was an effective induction system for temporary staff tailored to their role.
- On the day of the inspection we were told fire drills were done every quarter, when we asked for records we were told they were not recorded. After the inspection the practice provided us with evidence of a fire drill undertaken on 1 November 2018.
- 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.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

Staff did not 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 available to staff. However, asthma management plans were not documented. After the inspection the practice provided us with evidence of a patient action plan and a protocol for managing asthma patients, which included adding alerts to patients' records if the patient's asthma status needed to be reviewed, or if the patient required a review. The practice provided us with evidence of a search undertaken on 1 November 2018 which showed out of 119 patients on the asthma register, 70 had an action plan in the past year.
- There was a documented approach to managing test results, however the system for managing documents forwarded to admin staff was not effective. On the day of the inspection we noted 175 tasks had been sent to the admin dating back to September 2018. None of these had been completed, the practice had actioned 10. The practice told us they had a system in place to contact patients. For example, they told us they would contact patients twice on the phone; if they were still unsuccessful they waited 21 days; then attempted to contact the patient again. If they still couldn't contact the patient they would send a letter.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, there was no written protocol for staff dealing with letters that came into the practice. Whilst the practice had a system in place it was not documented, however all staff we spoke with understood the process. Letters that came into the practice were not date stamped.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice did not have systems for appropriate and safe handling of medicines.

- The practice did not have an effective system in place to monitor patients on high risk medicines, for example on the day of the inspection we saw evidence that six patients receiving medicines requiring regular monitoring were not being checked in line with national guidance.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. On the day of the inspection the practice did not have one recommended emergency medicine, furosemide. They had not undertaken a risk assessment for not having it, however after the inspection the practice told us they had obtained this medicine.
- The practice had no paediatric pulse oximeter and had not undertaken a risk assessment for not having one. After the inspection the practice provided evidence to show they had obtained a paediatric pulse oximeter.
- The practice had no child defibrillator pads and had not considered the risks of not having these. After the inspection the practice provided evidence to show they had obtained paediatric defibrillator pads.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance, with the exception of patients on high risk medicines. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Are services safe?

- 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 practice did not have a good track record on safety.

- We were told there were risk assessments in relation to safety issues, however the practice was not able to show us any on the day of the inspection. We were told this was because of an IT issue to do with data migration from June 2018 moving from one computer system to another.
- The practice did not monitor and review activity. Therefore, they had no clear understanding of risks, and a current picture of safety that would lead to safety improvements. Lessons learned and improvements made. The practice systems for learning and making improvements when things went wrong were not effective.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so. There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. On the day of the inspection we saw summaries of significant events, however we were not able to see full versions of significant events. We were told this was due to a data migration issue and not being able to access these files on the new computer system. After the inspection the practice provided us with two full versions of significant events.

- **Please refer to the Evidence Tables for further information**

Are services effective?

We rated Working age people (including those recently retired and students) and People with long-term conditions population group as requires improvement, and all other population groups as Good for effective.

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

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good for effective because:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for effective because:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Patients on high risk medicines were not being monitored appropriately.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins for secondary prevention, people with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).

Families, children and young people:

This population group was rated as good for effective because:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were below the target percentage of 90%. The practice disputed this and told us they were 90% or above. They were unable to run a search to provide us with unverified data to demonstrate if they were 90% or above. We reviewed 2017/18 data which was published shortly after this inspection visit and found the practice was above 90% in three immunisations figures and below for one.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

Are services effective?

- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 67.8%, which was in line with the Clinical Commissioning Group (CCG) average of 73.7% and below the national average 80% coverage target for the national screening programme.
- The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis was 25.0%, which was below the Clinical Commissioning Group (CCG) average of 71.8% and below the national average 71.2%
- Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) was 37.5%, which was below the Clinical Commissioning Group (CCG) average of 57.8% and below the national average 51.6%.
- The practices' 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:

This population group was rated good for effective because:

- 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 held a register of patients living invulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

- The practice had 13 patients on their learning disability register. Over a 12-month period, four patients had been offered an annual health check.

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

This population group was rated good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- 95.2% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is above the local and national averages.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is comparable to the local and national averages.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. For example, the practice carried out a prescribing vitamin D audit looking at if they were complying to local guidelines, the second cycle showed they had improved prescribing for vitamin D in line with local guidelines. They also undertook an audit looking at the anticholinergic burden on dementia patients.

- The practice used information about care and treatment to make improvements.

Are services effective?

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives.

Effective staffing

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

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

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 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 deciding 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 house bound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies. The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.
- The practice had a high number of patients signed up for electronic prescribing which they told us aided in freeing up appointments to see the doctor.

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, 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.

Are services effective?

Please refer to the Evidence Tables for further information

Are services caring?

We rated the practice as requires improvement for caring.

Kindness, respect and compassion Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.

Involvement in decisions about care and treatment

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

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

involvement in decisions about care and treatment. For example, 72% of patients surveyed said the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them. This was below to the local (88.9%) and national (89%) averages.

- The practice had identified more than one percent of their patient list as carers (42) 1.6%.
- Patients reported that the GPs were caring, responsive to their needs and always took the time to listen to all issues the patients had. All patients we spoke with were happy with the services the clinicians provided.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

We rated People with long-term conditions population group as requires improvement, and all other population groups as Good for responsive services.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

This population group was rated good for responsive because:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

This population group was rated requires improvement for responsive because:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Patients requiring high risk medicines were not being monitored appropriately.

Families, children and young people:

This population group was rated good for responsive because:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency(A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

This population group was rated good for responsive because:

The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.

- Patients could book online, via telephone or in person, up to four weeks in advance.
- Telephone appointments were offered to these patients.
- Online prescription requests and electronic (EPS) delivery to community pharmacy of the patients' choice.
- NHS Health checks were offered to patients aged 40-74. People whose circumstances make them vulnerable:

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

- This population group was rated good for responsive because:
- The practice held a register of patients living invulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

This population group was rated good for responsive because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice told us they offer these patients counselling, and other psychological therapies through Bromley Wellbeing.
- Annual reviews for physical health needs were undertaken by the practice nurse and GP. High risk patients were screened for dementia and referred to memory clinic.

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.

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. We were not able to review the full complaints process, as we told the practice could not find the full records of acknowledgements, and responses.

Please refer to the Evidence Tables for further information

Are services well-led?

We rated the practice as inadequate for providing a well-led service. The practice was rated as inadequate for well-led because:

- Systems and processes were not fully established and therefore did not operate effectively.
- Governance procedures were not in place to ensure that safe and effective care was provided in all areas.
- Leaders did not have a clear understanding of computer systems used to manage and monitor patients.

Leadership capacity and capability

Leaders had some skills to deliver quality care, however they were reactive to quality and risk issues. Leaders were not able to assure themselves that systems and processes were effective to provide safe care and treatment to patients.

- Leaders were not knowledgeable about issues and priorities relating to the safety and quality of services. Whilst leaders understood the challenges they were not proactively addressing them, for example since June the practice had transferred from one patient management system to another, we were told two staff members the part time nurse and an administrator were competent in using the new computer system, however the lead GP and the practice manager were not competent and no risk assessment had been undertaken to acknowledge the impact or risk this posed to patients.
- Risks directly related to patient safety were identified on the day of the inspection, for example the practice did not have an effective system in place to monitor patients on high risk medicines, the practice had no paediatric pulse oximeter and had not undertaken a risk assessment for not having one. After the inspection the practice provided evidence to show they had obtained a paediatric pulse oximeter. The practice had no child defibrillator pads and had not considered the risks of not having these. After the inspection the practice provided evidence to show they had obtained paediatric defibrillator pads. There were ineffective arrangements for managing safety alerts.
- There was no oversight for the management of tasks sent to the admin team. There was a lack of oversight for records.
- There was no formal policy for admin staff handling letters on paper or through the patient management system.

- The practice had ineffective oversight of staff DBS checks, however after the inspection the practice provided us with evidence that they had obtained a DBS dated 12 November 2018 for one staff member.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. We spoke with staff on the day who stated they were satisfied with the leadership.

Vision and strategy

The practice had a clear vision and credible strategy to deliver sustainable care, however the lack of competence using the computer system was hampering their ability to pursue the strategy.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice promoted a culture of high-quality sustainable care but this was not being delivered because of the systems in place.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice said they focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Although we did not see full versions of complaints or incidents, the provider had policies which demonstrated the provider 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. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and

Are services well-led?

career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

- There was a strong emphasis on the safety and well-being of all staff.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities and roles, however systems to support good governance and management were ineffective.

- Structures, processes and systems to support good governance and management were not always clearly set out, understood or effective. For example, there was no oversight for the use of the computer system, the practice had started using a new patient management system since June 2018, we were told two staff members the part time nurse and an administrator were competent in using the new computer system, however the lead GP and the practice manager were not competent and no risk assessment had been undertaken to acknowledge the impact or risk this posed to patients
- A number of documents could not be found on the day of the inspection including risk assessments, significant events records, and complaints. We were told this was due to another IT issue to do with data migration from one patient management system to another. After the inspection the practice provided us with two full versions of significant events.
- The practice had not ensured all appropriate staff had a DBS check. After the inspection the practice provided us with evidence that they had obtained a DBS dated 12 November 2018 for one staff member.
- There was no oversight for managing tasks sent to admin. On the day of the inspection we noted 175 tasks had been sent to the admin dating back to September 2018, none of these had been completed 10 had been actioned.
- There was no review of the standard of care plans, and some care plans were not documented.

- There were no written protocols for staff dealing with letters that came into the practice, though all staff we spoke with knew what the process was.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control.
- Practice leaders had established some policies, procedures and activities to ensure safety, but there was a lack of oversight and they could not assure themselves that they were operating as intended. Managing risks, issues and performance. There were unclear and ineffective processes for managing risks, issues and performance.

Managing risks, issues and performance

There were unclear and ineffective processes for managing risks, issues and performance.

- There were ineffective processes to identify, understand, monitor and address current and future risks including risks to patient safety. For example, there was no oversight for not having a paediatric pulse oximeter, or child defibrillator pads and risk assessments had not been undertaken for not having these.
- The practice did not have an effective system in place to monitor patients on high risk medicines.
- The practice had processes to manage current and future performance. Practice leaders said they had oversight of safety alerts, incidents, and complaints, however the system used to manage these was not effective. For example, we were told the GP and practice manager were unable to run searches on the system and relied upon the CCG's support for this, which could take up to 48 hours. We were told complaints and significant events could not be found. After the inspection the practice provided us with two full versions of significant events.
- Actions from an infection control audit undertaken by NHS England in April 2017, had not been addressed, for example there was an action to replace two sinks. We were told they had not been replaced because the practice was waiting for NHS England to come back and confirm where the sinks should be placed. In the interim the practice had not undertaken a risk assessment to identify and, if necessary, mitigate the risk. After the inspection the practice provided us with evidence to show NHS England had confirmed they would be inspecting the practice on the 7 January 2019.

Are services well-led?

- We were told fire drills occurred every three months however these were not documented. After the inspection the practice provided us with evidence of a fire drill policy and a documented fire drill.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments.

Appropriate and accurate information

The practice acted on and had appropriate and accurate information.

- Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- 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.

Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group.
- The service was transparent, collaborative and open with stakeholders about performance.
- The practice was not aware of the national GP patient survey and had not undertaken its own patient survey.

Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation but this required strengthening in relation to the identification and management of risks to patients.

- We did find however, examples of learning and improvement within the practice. For example, all staff were up to date with role specific training.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.
- The practice had a high number of patients signed up for electronic prescribing which they told us aided in freeing up appointments to see the doctor.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 CQC (Registration) Regulations 2009 Statement of purpose <ul style="list-style-type: none">• The practice did not have an effective system in place to monitor patients on high risk medicines.• There were ineffective arrangements for managing safety alerts.• Asthma management plans were discussed verbally with the patient and not documented on the patient record.• The practice had no paediatric pulse oximeter.• The practice had no child defibrillator pads.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance <ul style="list-style-type: none">• The provider did not have an effective system in place to manage the effective use of their computer system and had not undertaken a risk assessment to mitigate any issues this could cause.• There was no oversight for the use of the computer system no staff members could use it effectively or efficiently.• There was no system to ensure Disclosure and barring service (DBS) checks in place for appropriate staff.• A number of documents could not be found on the day of the inspection including risk assessments, significant events records, and complaints.• The practice did not have an effective system in place to monitor patients on high risk medicines.• The system for managing safety alerts was ineffective it could take up to 48 hours to process as the CCG needed to be contacted to carry out searches on the patient recording system.

This section is primarily information for the provider

Enforcement actions

- The system for managing tasks sent to admin was not effective. On the day of the inspection 175 tasks had been sent to the admin dating back to September 2018, none of these had been completed.
- There was no written policy on warfarin prescribing.
- There was no formal policy for admin staff handling letters on paper or through Docman, staff worked to a verbal protocol, which was not audited.