Boleyn Road Practice

Inspection report

162 Boleyn Road
Forest Gate
London
E7 9QJ
Tel: 0208 503 5656
No website

Date of inspection visit: 13 July 2018
Date of publication: 24/09/2018

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?	Inadequate
Are services responsive?	Inadequate
Are services well-led?	Inadequate

Overall summary

This practice is rated as Inadequate overall. (Previous inspection 17 October 2016 – Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Inadequate

Are services responsive? – Inadequate

Are services well-led? – Inadequate

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

Older People – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those recently retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) – Inadequate

We carried out an announced comprehensive Inspection at Boleyn Road Practice on 13 July 2018. We inspected the provider as part of our inspection programme.

At this inspection we found:

- Arrangements to ensure patients safety had gaps including staff safety training, medicines management, premises and equipment safety, cervical screening, and lack of management oversight.
- The practice had policies and protocols to govern activity but some were not implemented, were out of date, or did not belong to the practice including chaperoning, business continuity and prioritising patient appointments.
- Learning and improvement following significant events and complaints was limited but individual patients received a prompt response and appropriate response including an apology, where appropriate.
- Reviews of the effectiveness and appropriateness of care were limited, but treatment was delivered according to evidence based guidelines except for some patients with diabetes or those prescribed a high-risk medicine.
- Staff had not always involved and treated patients with compassion, kindness, dignity and respect.
- Patients were not always able to access care when they needed it and appointments were underutilised.
- There were fundamental and significant concerns regarding governance and leadership and management capability.

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

- Ensure that all patients are treated with dignity and respect.
- Ensure care and treatment is provided in a safe way to patients.
- Ensure all premises and equipment used by the service provider is fit for use.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

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.

Overall summary

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) inspector. The team included a GP specialist adviser and a practice manager adviser.

Background to Boleyn Road Practice

Boleyn Road Practice is situated within NHS Newham Clinical Commissioning Group (CCG) at 162 Boleyn Road, Forest Gate, London E7 9QJ which we visited as part of our inspection. The practice provides services to approximately 6,517 patients under a General Medical Services (GMS) contract. It is registered with the Care Quality Commission to carry on the regulated activities of maternity and midwifery services, family planning services, treatment of disease, disorder or injury and diagnostic and screening procedures.

Some staffing arrangements are unclear and this report reflects information received directly from the practice. There is a female partner GP who worked either five sessions, a variable amount of sessions, or 45 hours per week. There are four long term locum GPs (three male and one female) collectively working nine sessions per week, a female practice nurse working either full time or 20 hours per week, and a female health care assistant working 21.5 hours per week. Non- clinical staff include a practice manager partner reportedly working continuously with zero time off, and a team of reception and administrative staff not all with clear arrangements but they were working a mixture of full and part time hours.

Opening hours information submitted to us by the provider was different to that indicated on signage outside the practice, and the practice external opening hours signage was unclear. Information from the practice indicates it is open Monday to Friday 9am to 1pm and 3pm to 6.30pm except Thursday when the practice closes at 1pm. During weekdays, the reception area closes with shutters down and doors closed from 1pm to 3pm. Telephone lines close from 12pm to 3.30pm. Consultation times are Monday to Friday 9.30am to 12pm and 3.30pm to 6.30pm except Thursday which has a morning surgery only until 12pm. The practice is closed Saturday, Sunday and Bank Holidays. The local out of hours (OOH) provider covers weekday daytime hours when the practice is closed, 6.30pm to 8pm, and Saturday and Sunday when telephone lines are diverted to the OOH provider.

There is a seven day per week GP access service commissioned by Newham Clinical Commissioning Group (CCG) running from three local practice hubs Monday to Friday 6.30pm to 10pm; and Saturday and Sunday from 8am to 8pm. Appointments include home visits, telephone consultations and online pre-bookable appointments. Urgent appointments are available for patients who need them.

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

The practice has a relatively low population of older patients compared to averages. Data showed 4% of its patients were over 65 years of age compared to 7% within the CCG and 17% nationally.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

Safety systems and processes

There were weaknesses in systems to keep people safe and safeguarded from abuse.

- The practice had systems to safeguard children and vulnerable adults from abuse but the designated staff safeguarding lead was unclear. Some staff did not receive up-to-date safeguarding and safety training appropriate to their role but all staff knew how to identify and report concerns. Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, several clinical staff DBS checks were more than ten years old and a non-clinical staff member had no DBS check, and the associated risk had not been assessed.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment and discrimination.
- There were gaps in appropriate staff recruitment and ongoing checks including medical indemnity insurance and staff immunity status.
- Infection control audits were ineffective but equipment was clean and the premises was as clean as possible considering it was not appropriately maintained. For example, reception area flooring that was worn through to the bare wood, visibly blackened and a surface worn patient toilet seat that could not be cleaned effectively.
- Arrangements to ensure that facilities and equipment were safe and in good working order were ineffective including premises and equipment. After our inspection staff told us risk assessments would occur on 20 July 2018, and subsequently sent us evidence of risk assessments undertaken accordingly for Disability Access, Fire, Health and Safety, and Legionella including water sample certificates
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Business continuity planning and staffing cover arrangements were not effective or sustainable.
- There was an effective induction system for temporary staff tailored to their role.
- Equipment to deal with medical emergencies was not fit for use but staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff, except there were no fail-safes for cervical screening to ensure samples taken for the national screening program were received.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

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

- Data for the number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was significantly better than average.
- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not minimise risks.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance; except for flu vaccines which had patient specific directions (PSD) signed as authorised by practice nursing staff. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis). After our inspection the practice sent us meeting minutes of a discussion to address this

issue; however, nursing staff were not recorded as being present at the meeting and it referred to patient group directions (PGDs) rather than PSDs. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- Prescriptions were not secured or monitored.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately, except for patients prescribed methotrexate. Patients were involved in regular reviews of their medicines. After our inspection the practice sent us evidence it had started to follow up to correct monitoring for patients with methotrexate; however, it sent us patient identifiable information which was not appropriate and breached GDPR (The General Data Protection Regulation 2016/679) requirements.

Track record on safety

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

- There were no recent comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed safety using information from a range of sources but had missed a safety alert for the defibrillator and the emergency use oxygen was seven years out of date. The practice found there was a brand-new defibrillator on the premises on the day of our inspection which they unpacked for immediate use, and ordered new oxygen for emergency use.

Lessons learned and improvements made

There was variable learning and improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. The practice learned and shared lessons internally. No themes were identified but the practice acted to improve safety on a case by case basis.
- There was no evidence the practice acted on and learned from external safety events but medicine safety alerts were acted on.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

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

(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

Clinicians were up to date with current evidence-based practice but no related records were kept or discussions undertaken. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

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

Older people:

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

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension)
- The practice's performance on quality indicators for diabetes patients blood sugar levels was below average and it had performed worse in the most recent reporting year to the preceding reporting year. After our inspection management staff told us they planned a review to see how this could be improved.
- The practice was above average for COPD assessments and in line with other local and national averages.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above. The practice was significantly above average for the percentage of children aged 1 with completed primary course of 5:1 vaccine.
- 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):

- The practices' uptake for breast and bowel cancer screening was in line the national average.
- 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.
- The practice had improved its cervical cancer screening rates for eligible patients and audited inadequate test results which showed indicated clinicians were competent in cervical screening, but there were gaps in related fail-safes.

Requires improvement

Are services effective?

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

There was limited evidence of quality improvement activity to review the effectiveness and appropriateness of the care provided.

- There was no evidence clinicians took part in local and national improvement initiatives.
- The practice had undertaken a completed two cycle audit to improve repeat prescribing. In the first cycle in January 2018, 82 out of 1049 (8%) patients on repeat prescriptions had received a medication review. Clinical staff undertook to review patients repeat medicines and in the second cycle 1068 of 1185 (90%) of patients had received a medication review.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles except for information governance and elements of safety.

- 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 but did not always provide protected time and training to meet them. Up to date records of skills, qualifications and training were maintained but there were gaps in staff fire, safeguarding and information governance knowledge and training. After our inspection management staff refuted there was insufficient protected time for staff training.
- There was an induction programme for new staff. Ongoing support for staff included appraisals, clinical supervision and revalidation.
- 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 that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and older people. They shared information with, and liaised, with community services, social services, 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.

Requires improvement

Are services effective?

- The practice ensured that end of life care was delivered in a coordinated way which considered the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were proactive in helping some patients to live healthier lives.

- The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives and patients at risk of developing a long-term condition but did not include 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 as necessary.

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 but had not monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Inadequate

Are services caring?

We rated the practice as inadequate for caring.

Kindness, respect and compassion

Staff did not consistently treat patients with kindness, respect and compassion.

- All 48 CQC patient comment cards were entirely positive about all elements of the practice including the way staff treat people. On the day of our inspection management staff asked us to speak with a specific group of patients to gain feedback about the practice, we were unable to do so immediately but invited these patients to contact us by phone or email to give feedback. Two patients emailed us and we randomly spoke to another patient, of these three patients two were entirely positive and the other expressed mixed feedback.
- Results from the July 2017 annual national GP patient survey showed the practice was consistently significantly below average for patients feeling they were treated with kindness, respect and compassion. The practice could not explain its below average survey results, except to suggest that 58 national GP patient survey responses was not representative and should not be used to inform any conclusions.
- NHS Choices patient feedback was 1.5 stars out of five stars.
- The practice friends and family test results showed 43% of patients would recommend the practice.
- Staff we spoke with understood patients' personal, cultural, social and religious needs.
- On the day of our inspection we observed staff treated patients with kindness, respect and compassion, such as in the reception area.

Involvement in decisions about care and treatment

Patient feedback was mixed regarding involvement in decisions about care and treatment. Staff 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).

- All 48 CQC patient comment cards were positive regarding involvement in their care.
- Results from the July 2017 annual national GP patient survey showed the practice was consistently and significantly below average for patients feeling involved in decisions about care and treatment by GPs and nurses. Staff were not aware of the below average results and no action had been taken to improve.
- On the day of our inspection we observed staff communicated with people in a way that they could understand, for example, in their own language and communication aids and easy read materials were available.
- 16% of patients were identified as carers including children which was inaccurate. The practice arrangement was to ask carers to identify themselves at the patient auto check in screen with no explanation of what being a carer means. This resulted in patients wrongly identifying themselves and being logged on the practice system as carers. No action had been taken to cleanse the data and correctly identify carers, to review systems for identifying carers, or ensure to or consider appropriate support for carers which was limited to written information in the reception area. After our inspection the practice sent us evidence it had taken preliminary action to better identify and support carers.

Privacy and dignity

The practice did not respect 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. However, there were CCTV cameras installed around the practice; management staff told us the cameras were not in use but there was no signage to let patients know this was the case.
- Arrangements at the reception desk did not ensure patient confidentiality.
- During the inspection we asked staff not to disturb patient appointments but several patient appointments were interrupted and the door opened by staff.

Please refer to the evidence tables for further information.

Inadequate

Are services responsive to people's needs?

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

Responding to and meeting people's needs

The practice did not organise and deliver services to meet patients' needs or take account of patient needs and preferences effectively.

- The practice had limited understanding of the needs of its population to tailor services in response to those needs. For example, the practice opening times were limited and it had not undertaken any analysis of the local population to inform service plans.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were not sufficiently appropriate for the services delivered. There was no lift and staff told us they would try to ensure patients that might have difficulty with stairs would be seen on the ground floor, but management staff and a Patient Participation Group (PPG) member expressed concern about the risk of patients falling down stairs to the ground floor. The PPG also expressed concerns about the large automatic sliding door and lack of weather protection during poor weather and we saw the reception area was breezy at times during our inspection even though the weather was mild. There was also a corridor door leading directly onto a hazardous area for anyone with a visual or cognitive impairment. There were baby changing facilities and a disabled access toilet but breastfeeding patients were directed to an area management staff described as "makeshift" in the staff room and kitchen. Management staff told us they wanted to extend into the building next door and had made premises improvement bids that had been rejected, and we saw evidence this was the case.
- The practice made some reasonable adjustments when patients found it hard to access services, such as a hearing loop for dear or heard of hearing patients and for less mobile patients to be seen where possible on the ground floor.
- 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:

- Patients had a named GP who supported them in whatever setting they lived, however there were no registered patients living in a care home for older people.
- 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:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

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

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

- The needs of this population group were provided for by externally provided extended opening hours and weekend appointments.
- The practice offered online appointment booking and prescription requests through the online national patient access system.

People whose circumstances make them vulnerable:

Inadequate

Are services responsive to people's needs?

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Timely access to care and treatment

Patient feedback indicated patients were not always able to access care and treatment within an acceptable timescale for their needs.

- The practice did not have a website but offered online appointment booking and prescription requests through the online national patient access system.
- There was conflicting and unclear information regarding appointments and a significant underutilisation of appointments. The practice had no insight into underutilisation of appointments which should have been identified through day to day awareness and processing of appointment usage information. We checked appointments for the week prior to our inspection which showed 125 of 450 clinical appointments in the preceding week were not used (excluding DNA), and staff could not explain why.
- Systems to ensure patients with the most urgent needs had their care and treatment prioritised were ineffective and unclear. Our inspection was on a Friday and we checked GP appointments availability for the following Monday as the practice is closed over the weekend, there were no same day appointments available because they were all already booked and only one GP appointment was available on the Tuesday. Staff initially told us that urgent appointments are triaged by reception staff who decide whether to refer to a GP on site or to the local hub or book an advance GP appointment. We were later shown some blocked telephone appointment slots that staff told us were used for patients requiring an urgent appointment.
- The appointment system was easy to use but disorganised and data showed it was not sufficiently accessible. GP Patient survey results for patient access were mostly significantly negative or negative, the practice was not aware of its results and had not taken any action to improve.
- Patients had access to initial assessment, test results, diagnosis and treatment.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them individually but there was limited evidence of this resulting in improvements to the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints.

Please refer to the evidence tables for further information.

Inadequate

Are services well-led?

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

Leadership capacity and capability

The leaders did not have the capacity and skills to deliver high-quality care.

- Leaders has had limited understanding and recognition of fundamental challenges. There was an overall lack of insight, ability and proactivity to manage a range of risks and to drive improvement.
- Leaders were not sufficiently able to retain and process information, and repeatedly digressed or were evasive during the inspection process. After our inspection the provider sent us evidence of its triage protocol but it belonged to another practice.
- Management staff appeared to have significant difficulty comprehending the context of the inspection and lacked ability to process basic information. The practice manager repeatedly responded to the CQC inspection team with unrelated comments and ongoing assertions that were unsubstantiated because they had no evidence base. The practice provided us with information from a CCG assessment of its improvement grant application which stated the application contained incorrect assertions and inaccurate information, and was declined.
- Leaders were visible and told us they worked 24 hours a day and seven days a week for years without holiday or planned leave.
- There were no processes to develop leadership capacity and skills. There was a plan for the future leadership of the practice.

Vision and strategy

There was no vision or strategy to deliver high quality care and promote good outcomes for patients.

- There was no mission statement or set of values.
- There were no business plans to achieve priorities.
- The practice had not undertaken any analysis of the local population, services generally met the clinical needs of its population but other priorities were not recognised or managed.

Culture

The practice did not have a culture of high-quality sustainable care.

- We observed management staff inappropriately and loudly pursuing and blaming staff during the inspection day, including in front of other staff and the inspection team.
- Management staff also inappropriately followed and pursued a member of the inspection team and brought additional staff when the inspector was alone then alleged that evidence we found during our inspection was “planted”. Management staff demanded a rolling list of issues we were finding during the inspection which is not part of usual CQC inspection protocol and we had already conveyed issues verbally. We reiterated that feedback would be provided at the end of the inspection including in writing but management staff would not accept this pursued inspection staff again this time making allegations of a lack of transparency. Information from commissioners indicated a similar type of behaviour had been shown to their staff or contractors and commissioners had implemented contingency plans to ensure staff attending the practice were safe.
- There was no evidence compassionate and inclusive leadership was a priority but staff told us they could raise concerns and were happy at work.
- The practice had not focused on the needs of patients such as below average GP Patient survey and Friends and Family Test (FFT) data and low diabetes QOF performance. After our inspection staff sent us evidence of new practice led surveys underway that appeared to show positive indicative results.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Processes for providing all staff with the development they need were ineffective because there were gaps in staff training and protected time. Staff had received annual appraisals and were supported to meet the requirements of professional revalidation where necessary.
- The was conflicting evidence of management attention to the safety and well-being of all staff, such as what most staff told us they experienced compared to the management approach we observed. Most staff felt managers accommodated their needs but others had no protected time for training.

Inadequate

Are services well-led?

- The practice promoted diversity. Some staff had received equality and diversity training. Staff generally felt they were treated equally and told us there were positive relationships between staff and teams.

Governance arrangements

There were no clear responsibilities and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective. For example, staff were not clear on their roles and accountabilities such as safeguarding and infection prevention and control.
- Arrangements to ensure quality and safety were not effective and leaders had no method to assure themselves that relevant policies, procedures and processes were in place or operating as intended. For example, there were no best practice guidelines for clinicians for refer to and fire drill arrangements were unclear.
- Practice meetings were held monthly but the most recent notes were limited to 21 July 2017 and 12 February 2018. Meeting notes did not contain a method to delegate actions agreed, timescales for actions, or to follow up on previous matters discussed.

Managing risks, issues and performance

There was limited clarity around processes for managing risks, issues and performance.

- There was no effective, process to identify, understand, monitor and address current and future risks including viability and sustainability of the premises including out of date risk assessments.
- There were no effective processes to manage current and future performance as no action had been taken in response to patient's survey feedback. After our inspection the provider sent us evidence it commenced a process of a practice led survey and related analysis of the results.
- Leaders appeared to have no insight for the need to asses and improve leadership and management capability and the culture within the practice because no such assessment or improvement had occurred. Multiple risks and concerns were identified since our previous inspection such as patient privacy and protection of personal data, prescriptions monitoring and security, business continuity planning, fitness of premises and equipment including emergency equipment, and underutilisation of patient appointments.

Appropriate and accurate information

The practice did not manage and act on accurate information appropriately.

- Arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems were not effective. The practice had wrongly identified a high percentage of carers and had not cleansed the data or offered appropriate carers support. Staff were inaccurately recording "chaperone not available" for cervical screening appointments rather than a chaperone was declined which they said was accurate. The practice emailed us patient identifiable information and arrangements in the reception area did not uphold patient's privacy.
- The provider did not manage IT information appropriately. Information from commissioners indicated the provider stored excessive amounts of data and it had not managed this within acceptable data storage limits, which had created a risk of local IT systems going down or becoming inoperable. After our inspection the provider emailed us excessively high volumes of data which resulted in inspection team IT problems for a period of days because the amount of information blocked and froze the system.
- Meeting notes contained limited evidence quality and sustainability were discussed or that staff had sufficient access to information. After our inspection the practice sent us meeting notes to evidence it had addressed a specific issue regarding PSDs, but relevant staff were not present at the meeting and the notes referred to PGDs, which are different.
- The provider did not report and monitor information and management and staff were not held to account. Management staff were unclear about how to derive accurate data regarding blood sugar levels data for patients with diabetes.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

Engagement with patients, the public, staff and external partners

Inadequate

Are services well-led?

The practice engaged with patients in discussing and planning services.

- There was an active patient participation group (PPG) that highlighted safety concerns regarding the practice premises being sustainable such as being damp, having wet floors and insufficient weather protection for patients in the reception area due to large automatic opening doors and the risk of patients falling down stairs to the lower ground floor. There were no examples of improvements delivered due to the practice listening to PPG. However, the practice had taken the PPG concerns on board and made an application for funding for premises improvements but this was subsequently declined.
- The providers NHS choices score was 1.5 out of five stars. The most recent GP Patient survey results published July 2017 showed significantly below average results for patient's access to appointments, having confidence and trust in GPs, GPs and nurses explaining tests and treatments, listening to patients, treating patients with care and concern, involving patients in decisions about their care, and for patients that would recommend their GP to someone who has just moved to the local area. The provider did not undertake any patient surveys and had not analysed its Friends and Family test results. The provider had not taken any action to improve these scores and staff were not aware of the below average results.
- We found no evidence the practice had gathered feedback from staff or external partners, but staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement and innovation

Systems and processes for learning, continuous improvement and innovation were limited to one clinical audit to improve patient's outcomes.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect **How the regulation was not being met: The registered person had not ensured the privacy of service users. In particular:** • In the reception area. • During appointments.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met: There was no proper and safe management of medicines. In particular:** • Nursing staff were authorising PSDs.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **How the regulation was not being met: The registered person had failed to ensure that all premises used by the service were properly maintained. In particular:** • The premises were not properly maintained. • Premises electrical wiring testing. • The registered person had failed to ensure that all premises used by the service were suitable for the purpose for which they are being used. **In particular:** • There was no clear signage of opening times. • The breastfeeding area in the staff rest area kitchen.

This section is primarily information for the provider

Requirement notices

- PPG and management concerns regarding patients having difficulty with stairs accessing the lower ground floor.
- A baby style gate at the top of the stairs.Unsecured door off main corridor leading to a hazardous area.
- Large main doors and lack of weather protection/ shelter.

The registered person had failed to ensure that all equipment used by the service was properly maintained. In particular:

- Portable electrical appliances.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:** **The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:** • Gaps in staff safeguarding training. • Gaps in staff fire safety training. • Training needs not determined and addressed such as Information Governance. • Lack of protected time for nursing staff.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **We issued a warning notice for compliance 31 October 2018.** **Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular:** • Control of Substances Hazardous to Health (COSHH). **The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:** • Infection control audits were ineffective. • Patient toilet seat and reception area flooring cleaning would not be effective due to poor state of repair. • There were gaps in fail-safes for cervical screening. **The equipment being used to care for and treat service users was not safe for use. In particular:** • Emergency use defibrillator and oxygen. **There was no proper and safe management of medicines. In particular:** • Monitoring of patients prescribed high risk medicines. • The medicines refrigerator contained vaccines that were unfit for use.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **We issued a warning notice for compliance by 31 October 2018.**

This section is primarily information for the provider

Enforcement actions

There were no effective systems or processes to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The provider had not undertaken any analysis of its registered patients for the purposes of meeting the needs of the local population.
- There was no strategy or business plan to establish priorities and deliver improvement.
- There was no organisational chart or structure and designated lead staff were unclear.
- There was no system to ensure staff learning and development.
- Prescriptions were not secured or monitored.

There were no effective systems or processes to assess and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- Staffing cover arrangements were not effective or sustainable.
- The business continuity plan was out of date and not easily accessible.
- Systems for safety alerts were ineffective.
- There were no systems in place to ensure premises and equipment remained fit for use.
- Safeguarding arrangements were unclear.
- Recruitment and staff checks arrangements were not effective.
- Leadership capability did not underpin delivery of effective systems and processes.

There were no effective systems or processes to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- Systems to identify and support carers.
- Recording of chaperoning.
- Systems to ensure patient confidentiality.

There were no effective systems or processes to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- Below average GP Patient survey results and NHS Choices patient comments.

This section is primarily information for the provider

Enforcement actions

There were no systems or processes to evaluate and improve practice in respect of the processing of the information obtained throughout the governance process. In particular:

- Appointments usage.