South Ashford Medics

Quality Report

St Stephens Walk,
Ashford,
TN23 5AQ
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Website: www.southashfordmedics.co.uk

Date of inspection visit: 5 December 2017
Date of publication: 20/02/2018

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

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? – 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 South Ashford Medics on 5 December 2017 as part of our inspection programme.

At this inspection we found:

- The practice had insufficient systems in place to keep patients safe. For example, delays and inconsistencies in the reviewing and actioning of information.
- They did not ensure the safe management of medicines. For example, the consistent actioning of safety alerts and tracking of prescriptions.
- Some clinical staff had not received safeguarding or basic life support training.
- We found the practice to be clean and tidy and an annual infection control audit had been conducted.
- The practice achieved 98% of the Quality and Outcome Framework points available.
- The practice recorded, investigated and responded to complaints but did not consistently capture learning to improve the practice.
- Some of the respondents to the July 2017 GP patient survey reported their experience of the GPs to be below the local and national averages.
- The practice held regular governance meetings but had failed to identify risks and mitigate them.
- The GP partners did not operate as a cohesive team. The GP partners concentrated their activities in areas of clinical preference as opposed to ensuring the delivery of safe consistent care.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients

Summary of findings

- 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 are:

- Making patients aware of multi-lingual staff that may support them.

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

South Ashford Medics

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector**.** The team included a GP specialist adviser, and a practice manager adviser.

Background to South Ashford Medics

The practice has approximately 8700 registered patients. The practice population are similar to the national averages for life expectancy for both male and female patients.

The practice serves the fourth most deprived decile in the UK, with high levels of deprivation for children and older people. The area also has above the national average levels of unemployment.

The practice provides additional services to unaccompanied Asylum Seeking Children (Children who enter the UK without a parent or guardian), ADHD specialist provision and Syrian Vulnerable Persons Relocation Scheme.

There are three male GP partners, two female GP locums and a nursing team consisting of a male advanced nurse practitioner, practice nurses and healthcare assistants are all female. They are supported by the practice manager and the administrative team.

The practice website is www.southashfordmedics.co.uk

The practice provides services from;

St Stephens Walk, Ashford, TN23 5AQ

Inadequate

Are services safe?

Our findings

We rated the practice as inadequate for safe, overall and in all of the population groups for providing safe services.

Safety systems and processes

The practice did not have consistent systems to ensure people were kept safe.

- The practice conducted safety risk assessments. It had safety policies which had been shared and were accessible to staff. Staff received safety information for the practice as part of their induction.
- The practice was unable to demonstrate that all clinical staff had received up-to-date safeguarding training appropriate to their role.
- The practice had high numbers of children who were at risk or on a child protection register. The practice also provided specialist services to vulnerable unaccompanied children 15-17 years of age. They maintained the accuracy of the register. They had policies outlining their safeguarding procedures, which were accessible to all staff including who to go to for further guidance. However, the practice did not identify or follow up on the non-attendance

of a child or vulnerable persons for appointments as a potential safeguarding concern. The practice followed their standard non-attendance procedure and did not escalate concerns appropriately to the safeguarding lead or external authorities. For example, we found one child on the at risk register who had failed to attend for an vaccination in August 2017 and had not been followed up by the practice over four months later in December 2017. The practice had not identified this as a potential safeguarding concerns and escalated their concerns appropriately. Furthermore, we found where vulnerable patients repeatedly failed to attend the practice, they wrote to them to tell them they would no longer follow up on their care.

- We found where children had been seen by a clinician there was liaison with other agencies to support patients and protect them from neglect and abuse.
- Staff who acted as chaperones was trained for the role and had received a DBS check.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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 appeared clean and tidy. They had an appointed infection prevention control nurse who had received additional training to perform the role. They had conducted an annual infection control audit and had an action plan in place and being progressed.
- We found equipment had been calibrated to ensure its accuracy.

Risks to patients

There were systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an induction system for temporary staff tailored to their role.
- The three GP partners had not undertaken practical annual basic life support training as recommended by the Resuscitation Council.
- 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.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. We found staff used the clinical system to share information and task other health professionals.
- We found there was a system for monitoring histology results but it was not consistently followed. For example, the practice had not followed up on a patients results submitted in July 2017. The practice followed up on the patient test results and updated the patient that day.
- We found there were delays in patient information being reviewed and actioned. We found correspondence dated back to 15 November that had not been scanned

and recorded on the patient's record. We also found a request for a patient to have a test for a potential life limiting condition had not been reviewed by a clinician or actioned.

Safe and appropriate use of medicines

The practice did not have reliable systems to ensure the consistent appropriate and safe handling of medicines.

- The systems for managing vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice did not have systems in place to ensure prescription stationery was monitored appropriately. The practice revised their procedures following the inspection.
- The practice was not an outlier for antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- We found appropriate monitoring of some patients receiving high risk medicines such as those used to treat patients with poor mental health. However, we found some patients had been prescribed medicines despite not having received appropriate monitoring and warnings were displayed on their patient record.
- We found the practice did not have sufficient systems in place to ensure the timely recording and coding of a patients status as pregnant. Consequently clinicians may not be alerted to potential conflicts with medicines that may be detrimental to the patient or their unborn child.

Track record on safety

- There were risk assessments in place for health and safety, fire risk assessment and safety issues.
- We found some clinicians had not undertaken practical basic life support training within the past year and this had not been identified as a risk.

Lessons learned and improvements made

The practice accepted they needed to strengthen their systems for recording, investigating and learning when things went wrong.

- The place had a system in place for the recording, investigation and acting on significant events and incidents. We found incidents were investigated there was evidence of learning and sharing lessons to mitigate a recurrence of an incident.
- We found there was no effective system to ensure the consistent, timely and appropriate actioning of safety alerts. We found some alerts had been actioned and patient care reviewed appropriately, whilst others had not been shared, discussed and patients care reviewed. For example, we checked clinical records to ensure a medicine safety alert released in January 2015, February 2016 and in April 2017 had been appropriately actioned. We found patients remained at risk and had been reissued the medicine without appropriate monitoring or receiving advice.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

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

Effective needs assessment, care and treatment

The practice had systems in place to keep clinicians up to date with current evidence-based practice. We saw evidence of recent guidance being discussed during clinical meeting minutes and tool kits distributed or signposted. We reviewed clinical audits and found they had been aligned to national guidance and best practice.

- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- The practice had lower than local and national averages for their average daily quantity of Hypnotics prescribed per Specific Therapeutic group prescribing data.
- The practice had below the local and national averages for the percentage of antibiotic items prescribed that are Cephalosporin's or Quinolones. They achieved 4% as opposed to the local average of 5% and the national average of 5%.
- 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. 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.
- The practice has led on developing the wound care pathway for the Ashford Urban Cluster.

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 was responsible for reviews of patients with long term conditions had received specific training.
- The practice achieved comparable rates to the local and national average for their patients with diabetes on the register, in whom the last IFCC- HbA1c is 64mmol/mol or less in the preceding 12 months. The practice achieved 76% and the local average was 77%, national average 79%.
- The practice achieved above the local average and the same as the national average for the percentage of patients with asthma, on the register, who have had asthma review in the preceding 12 months that includes an assessment of asthma control. The practice achieved 77% the local average was 69% and the national average was 76%.
- The practice provided a diabetic clinic offering insulin initiation by a GP and nurse practitioner.

Families, children and young people:

- The practice held six weekly post-natal clinics for mother and child.
- The practice provided services to looked after children.
- The practice achieved between 85% and 97% uptake rates for vaccines for children under five years comparable with national averages.
- The practice achieved between 85% and 98% uptake rates for vaccines given to children under two years of age.

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

- The practice's uptake for cervical screening in 2015/2016 was 71%, which was below the local average of 77% but comparable with the national average of 73%.
- 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 over 40 years of age. 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:

- The practice provided services to patients on the special allocation scheme (Patients no longer receiving care in main stream services).

Requires improvement

Are services effective?

(for example, treatment is effective)

- The practice provides services to patients on the Syrian Vulnerable Persons Relocation Scheme.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. We checked patient records and saw appropriate liaison and discussions relating to preferred places of care and wishes.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

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

- The practice established and provided a medication and monitoring service to patients with Attention Deficit Hyperactivity Disorder (ADHD) treatment.
- 100% 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 average of 77% and the national average of 84%.
- 94% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is above the local average of 85% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption (practice 94%; CCG 88%; national 91%).

Monitoring care and treatment

The most recent published Quality Outcome Framework (QOF) results were 98% of the total number of points available. This was above the clinical commissioning group (CCG) average by 5% and the national average by 2%. The overall exception reporting rate for the practice was 7.8% below the local average by 1% and the national average by 2%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Effective staffing

- The practice nurses told us the practice understood their learning needs and provided protected time and training to meet them. We found 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.
- We spoke with some members of the administrative team who told us they were not confident they were up to date on their training on information governance and had not received protected time for learning. The practice risk matrix stated staff were to be released for training, work overtime and flexible hours. This was overseen by the practice manager. Following the inspection the practice confirmed training had been scheduled for staff and time given for them to undertake it.
- We looked at five personnel files including clinical and administrative staff. We found evidence of staff having received inductions, one-to-one meetings, and appraisals.
- The practice were unable to demonstrate some staff had received appropriate training or had access to appropriate documentation to support them to do their role. For example, members of the administrative team were responsible for reviewing and prioritising clinical correspondence. Some had received training in the role but this did not include an understanding of clinical terms. The practice had not conducted an audit on the system to ensure it was safe and effective.
- There was a process for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

- We found clinical records showed that appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- We found some 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. However, when we checked patient's records we saw inconsistencies in the recording and coding of patients who had do not

Requires improvement

Are services effective?

(for example, treatment is effective)

attempt resuscitation forms in place. For example, we found one clinical record did not contain documentation to show an appropriate assessment had been conducted and discussion held with the patient or relevant parties. We also found clinical records not appropriately coded to ensure the information was effectively shared with out of hour's services.

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 at risk of developing a long-term condition and carers.
- The practice had an effective system in place for following up on two week wait referrals.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- 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.

Requires improvement

Are services caring?

Our findings

We rated the practice, and all of the population groups, as requires improvement for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- 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.
- 12 of the 16 Care Quality Commission patient comment cards we received were positive about the service experienced. Four patients reported difficulties accessing the service.
- Within the last three months the practice had received 606 responses to the NHS Friends and Family Test. Four hundred and twenty five of the responses stated the patient was extremely likely and likely to recommend the service, amounting to a 70% response rate.
- The practice nurse had undertaken additional awareness training on providing support and services to the Nepalese community.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 362 surveys were sent out and 119 surveys were returned. This represented about 1% of the practice population. The practice had below or comparable rates of satisfaction for consultations with GPs. For example:

- 76% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 73% of patients who responded said the GP gave them enough time, compared to the CCG average of 85% and the national average of 86%.
- 70% of patients who responded said the last GP they spoke to was good at treating them with care and concern, compared to the CCG average of 86% and the national average of 86%.

The practice told us they had discussed the findings of the GP patient survey and confirmed there were areas for improvement. However, 90% of patients who responded to the survey also stated they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.

The practice had above or comparable rates of satisfaction for consultations with members of the nursing team. For example:

- 93% of patients who responded said the nurse was good at listening to them; (CCG) – 91% and the national average of 91%.
- 91% of patients who responded said the nurse gave them enough time, compared to the CCG average of 93% and the national average of 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 88% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 92%; national average - 91%.

The practice had below average rates of satisfaction for consultations with members of the reception team.

- 79% of patients who responded said they found the receptionists at the practice helpful; CCG - 89%; national average - 87%.

Involvement in decisions about care and treatment

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

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. The practice had staff that were multi-lingual but patients were not made aware.
- The practice had identified their automatic booking in system did not have Nepalese as a language. They had requested this service as they provided services to the Nepalese community.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.

Requires improvement

Are services caring?

- 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 identified patients who were carers and the practice's computer system alerted GPs if a patient was also a carer. The practice had identified 87 patients as carers (1% of the practice list).

- The practice had a carers policy and had appointed a carer's champion. The practice was working with care navigators. They supported patients to access various services and ensured the services were coordinated and effective.
- Staff told us that they were informed of the bereavement of a patient. The patients usual GP would contact the patient's family or carer following their bereavement. Patients may be signposted to local support services and information was available for patients to access.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with members of the nursing team. Results were in line with local and national averages:

- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care, compared to the CCG average of 88% and the national average of 85%.

However, the GP patient survey results for patient's experience of GPs were below the local and national averages by 10% to 20%.

- 73% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 87% and the national average of 86%.
- 61% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 81%; national average - 82%.

The practice told us they had discussed the survey results as a management team. However, they did not have a strategy in place to actively address patient experiences.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice arranged for staff to undertake information governance training following the inspection to educate staff on the requirements of the Data Protection Act 1998.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

Responding to and meeting people's needs

The practice did not organise and deliver services to meet all 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. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments).
- The practice had responded to patient feedback relating to their appointment system and told us they had experienced improvements in the services with the phone lines being answered quicker than previously.
- The facilities and premises were appropriate for the services delivered.
- The practice had conducted an equality impact assessment to identify and make reasonable adjustments when patients found it hard to access services.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- 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.

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 local district nursing team attended the practice daily and attended the practice multi-disciplinary meetings to discuss the needs of patients with complex medical issues.

Families, children and young people:

- We found there were no systems specifically in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had failed to attend appointments at the practice or with secondary care.
- All parents or guardians calling with concerns about a child and young person were offered a same day appointment when necessary.
- The practice has GPs trained and certified to conduct looked after children assessments and the practice nurse lead on fitness to travel assessments for unaccompanied children.

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

- The practice recognised the difficulties for patients who commute to attend during working hours and offered extended hours appointments with the GPs two evenings a week until 9pm.
- The practice has introduced early morning venepuncture and blood pressure session at 7.30am.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice did not operate effective systems to follow up on vulnerable persons who failed to attend appointments with the practice or secondary care.
- Patients reported below local and national averages for getting through to the practice on the telephone.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- Patients with no fixed abode were permitted to use the surgery address to register with the practice so they may access NHS care.

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

- We spoke with members of the clinical team who had a good understanding of how to support patients with mental health needs and those patients living with dementia.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Timely access to the service

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

- Some patients were able to access to timely access to initial assessment, test results, diagnosis and treatment.
- Patients with the most urgent needs who raised their concerns directly with the practice had their care and treatment prioritised.
- The appointment system consists of on the day, prebookable, urgent on the day and triage telephone consultations.

Results from the July 2017 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were below local and national averages. Three hundred and sixty two surveys were sent out and 119 were returned. This is a response rate of 33% and represented about 1% of the practice population.

- 71% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 47% of patients who responded said they could get through easily to the practice by phone; compared with the CCG average of 69% and the national average of 71%.
- 72% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 85%; national average - 84%.
- 72% of patients who responded said their last appointment was convenient; CCG - 85%; national average - 81%.
- 59% of patients who responded described their experience of making an appointment as good; CCG - 76%; national average - 73%.
- 51% of patients who responded said they don't normally have to wait too long to be seen; CCG - 58%; national average - 58%.

The practice told us they had reviewed the findings of their patient survey data and had increased face to face appointments with their advanced nurse practitioner and increased the staffing of the phone lines during peak times. Patients told us they had noticed improvements over the past six to twelve months in the phones being answered quicker. The practice was unable to access data to show improvement in the phones being answered and demonstrate improvements in the service.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available and it was easy to do. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice had received 14 complaints within the past twelve months. We reviewed five complaints and we found that they were dealt with in a timely manner but their response was inconsistent. The practice told us 13 of the complaints had been referred for clinical input. However, we found it was not always evident where clinical input was sought in order to respond to the complaint. We found patients were informed of the Parliamentary and Health Service Ombudsman in two of the five final letters sent to patients with the outcome of their complaint. The Parliamentary and Health Service Ombudsman make final decisions on complaints that have not been resolved by the NHS in England.
- We found limited evidence of learning being identified from complaints. For example, allegations had been made relating to staff conduct and poor clinical care and no learning had been identified. We checked the practice partner business meeting agenda and the staff meeting minutes neither had complaints listed as agenda items including highlighting learning from them. The practice was unable to provide evidence of trend analysis.

Are services well-led?

Inadequate

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

Our findings

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

Leadership capacity and capability

The GP partners did not demonstrate they had the capacity and skills to deliver high-quality, sustainable care.

- The GP partners failed to demonstrate how they used their experience, capacity and skills to ensure they delivered the practice strategy and addressed risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges of providing services to their young demographic and were reviewing the accessibility of services to be able to respond to their forecast needs.
- Staff told us the partners were not visible. We reviewed the staff meeting minutes for September 2017 where staff had reported the GP's were unapproachable and did not interact with staff.
- The GP partners saw their role as a training practice important for the future of the practice attracting new knowledge and skills.

Vision and strategy

The practice had a vision and strategy for the future of the practice. However, their actions did not support the delivery of high quality care and promote good outcomes for patients.

- The practice strategy was in line with health and social priorities across the region.
- Their strategy included business plans detailing how they intended to achieve the priorities. However, the practice had not assured themselves that they were firstly delivery safe core services before extending their role and responsibilities into other areas. Whilst risks were documented within a plan, the significance of them was not always appreciated and there was limited evidence of them being actively addressed.

Culture

Staff reported the practice team to be fragmented. Members of the clinical team were reported to work in silos, independently for the wider practice team. We found staff were not fully supported to undertake the full extent of their roles and responsibilities.

- Members of the practice team told us they did not always feel valued.
- The provider was unable to demonstrate they were aware of and had systems to ensure compliance with the requirements of the duty of candour. Some staff we spoke with told us they did not have confidence that concerns would be addressed if raised. We reviewed a complaint made by a staff member regarding the culture of the practice. It was not evident the practice understood their duty of care to the staff member.
- There were not defined and established processes in place for providing all staff with the development they need. Members of the nursing team told us they received appropriate support and development. However, members of the administrative team had not received training or had an annual appraisal.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- The practice provided equality and diversity training for their staff.
- Staff were consulted regarding team events arranged by the practice.

Governance arrangements

Staff had been appointed lead roles but there were no defined and established systems of accountability to support good governance and management.

- We found some systems such as the review of two week wait referrals was good, as was the documenting of clinical consultations and joint working partnerships.
- Some staff appeared to operate in silos. Whilst we found some individual good practice there was a lack of global oversight resulting in inconsistencies in the delivery of care. For example, GP consultations identified appropriate safeguarding considerations and liaison with partner services. However, there was no system in place to prioritise the follow up on those at risk who failed to attend appointments and escalate appropriately if they failed to respond or engage with services.
- Regular meetings were held including GP partner meetings, monthly staff meetings attended by the clinical and administrative team and clinical meetings.

Are services well-led?

Inadequate

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

Managing risks, issues and performance

The practice did not have clear and effective processes in place for identifying and managing risks, issues and performance including risks to patient safety.

- There was no oversight of the prescribing practices of clinicians. The practice was unaware that they had not consistently actioned medicines alerts resulting in some patients potentially being placed at risk. The practice had also continued to prescribe medicines contrary to guidance.
- The practice were unable to provide current and accurate information on the insurance status of their clinical and managerial team. This was confirmed following the inspection.
- The practice was unaware members of their clinical team including the three GP partners had not undergone annual practical training in basic life support. Staff training had been identified as a risk by the practice and assigned to a member of the administrative team to remind staff to complete it; this had not been followed up on to ensure it had been actioned. Following the inspection the practice scheduled emergency life support practical training in for January 2017.
- The practice had introduced systems without identifying potential risks and ensure they were mitigated. For example, Members of the administrative team were appointed responsibility for reviewing and prioritising clinical documentation under the work flow optimisation programme. The practices risk register acknowledged staff acting outside their area of responsibility or level of clinical expertise to be a risk but mitigated this by reviewing job descriptions, conducting annual appraisals, and inviting staff to attend practice and clinical meetings. This risk was to be reviewed in January 2018. The practice had reviewed documents processed through the system but had failed to identify potential risks to patients such as delays in the reviewing and actioning of information, lack of staff knowledge and insufficient clarity in the guidance regarding the management of letters received from external clinical consultants.
- We reviewed the staff meeting minutes for 28 September 2017 and saw staff had raised concerns due to delays in reviewing patient documents on the workflow optimisation programme. They stated protected time was not assigned to the task. The head receptionist was tasked to find a resolution. During our inspection we found documents from 15 November 2017 still required review. Delays in reviewing documents and inconsistent coding processes placed patients potentially at risk and may have resulted in the patients care preferences not being observed.
- Where systems were in place we found the practice was not consistently following up to ensure actions were completed. For example, the practice had not recognised that they had not received a histology result for a patient who had undergone minor surgery.
- The practice had made changes to the service in response to poor patient feedback. However, they had not audited the processes to demonstrate measureable improvements to the service or patient care.

Appropriate and accurate information

The practice did not consistently identify and maintain appropriate and accurate information.

- The practice did review their clinical performance in relation to payment streams such as the Quality and Outcomes Framework. In this respect the practice was found to be effective achieving 98% of the points available.
- The practice had developed a risk plan and identified areas for improvement. Within the document were plans to address any identified weaknesses.
- There were arrangements in place with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The practice had not identified potential risks with the integrity of their information systems. For example, they had not checked the accuracy of their coding of patient data to identify discrepancies. We found some patients had not been coded as having do not attempt resuscitation forms in place.
- The practice had not reviewed their immunisation data to identify and address below average immunisation rates for some childhood vaccinations.

Engagement with patients, the public, staff and external partners

The practice had systems in place to capture the views of patients, the public and staff and used national survey data. For example, conducting open events to speak with

Are services well-led?

Inadequate

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

patients and signpost them to other community provision. The practice told us they shared all feedback received monthly with the practice team and discussed it as appropriate during clinical meetings.

There was an active patient participation group. The PPG spoke positively of practice and told us of how they had listened and responded to concerns. The practice had also supported their involvement in a patient survey.

Continuous improvement and innovation

As a training practice for GPs and nurses they had some systems and processes in place for learning, continuous improvement and innovation.

- The practice was a pilot site for a number of initiatives. They had recently received confirmation they were to pilot online consultation for Ashford CCG. We found staff knew about improvement methods but were not always fully trained and supported to use them.
- We found the practice did not make full use of internal and external reviews of incidents and complaints to promote learning and make improvements.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The practice failed to consistently ensure the safe prescribing of medicines by ensuring relevant monitoring checks had been conducted. The practice had not consistently actioned safety alerts and mitigated the risks to their patients. The practice did not have a system in place for the monitoring of prescriptions. The practice did not ensure clinicians providing care and treatment had received appropriate training to do so such as annual basic life support training and safeguarding training. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The practice did not have an effective system in place to ensure; a consistent approach to complaints, all learning from complaints was captured, they identified areas for clinical improvement, audited new working processes to understand and mitigate risks to patient care, ensured staff had received appropriate training, staff followed internal systems, the reporting and recording of faulty equipment. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.