

# Elizabeth Street Surgery

## Inspection report

61 Elizabeth Street  
Blackpool  
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



# Overall summary

**This practice is rated as inadequate overall.** (Previous rating June 2016 – Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Elizabeth Street Surgery on 24 July 2018 in response to concerns.

At this inspection we found:

- The practice systems to manage risk so that safety incidents were less likely to happen had not been followed. We saw little evidence to show when incidents had occurred, the practice learned from them and improved its processes. Some incidents had not been acknowledged or documented by the provider.
- Practice systems and policies to safeguard vulnerable patients were not comprehensive.
- Information coming into the practice was not managed safely.
- There was evidence some patient consultation records were not sufficient to ensure patient safe care and treatment.
- The management of staff training was not comprehensive.
- Communication with staff, patients and other services was lacking; care plans were not routinely shared for vulnerable patients.
- There was little evidence of quality improvement work by the practice to drive improvements in service.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients did not always find the appointment system easy to use.
- Some staff reported they did not feel supported or valued.

We saw one area of outstanding practice:

- The practice had developed a software application for patients that enabled them to communicate using their phone to access online patient services and

communicate the results of self-monitoring tests, for example, blood pressure readings. This had been shared with other practices and was in the process of being developed further to provide wider community use. We saw approximately 25% of practice patients were using this application to communicate with the practice.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Continue with the implementation of electronic patient care planning.
- Maintain an overview of staff training, membership of professional bodies and staff vaccination status including records of staff completion of required safeguarding training.
- Continue engagement with the practice patient participation group.

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

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

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

**Professor Steve Field** CBE FRCP FFPH FRCGP  
Chief Inspector of General Practice

## Population group ratings

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

## Our inspection team

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

## Background to Elizabeth Street Surgery

Elizabeth Street Surgery is based in a residential area close to Blackpool town centre at 61 Elizabeth Street, Blackpool, Lancashire, FY1 3JG. The practice website can be found at [www.elizabethstreetsurgery.nhs.uk](http://www.elizabethstreetsurgery.nhs.uk). There is onsite parking available and the practice is close to public transport. The surgery is housed in a purpose-built, two-storey building comprising of consulting and treatment rooms, administrative office space and two patient waiting areas. On the first floor there are midwifery, baby immunisation and minor surgery facilities. The practice provides services to approximately 5615 patients.

The practice provides level access to the building and is adapted to assist people with mobility problems. Patients can access the consulting rooms on the first floor by using the stairs and there is a lift for those patients who need it.

The practice is part of the NHS Blackpool Clinical Commissioning Group (CCG) and services are provided under a General Medical Services Contract (GMS). There are two male GP partners although one of these partners was leaving the practice in the week following our inspection. They are assisted by a part-time locum female GP. The practice also employs two nurse practitioners, two practice nurses, a health care assistant and a locum

clinical pharmacist. Non-clinical staff consisting of a practice manager and eight administrative and reception staff support the practice. The practice manager was new in post and had joined the practice in April 2018.

When the practice is closed, patients are able to access out of hours services offered locally by the provider Fylde Coast Medical Services by telephoning 111.

The practice patient population profile is similar to local and national profiles, with a slightly larger proportion of male patients aged between 25 and 35 years of age (8%) compared to local and national averages of 7%.

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

The practice caters for a higher proportion of patients experiencing a long-standing health condition (69% compared to the local average of 61% and national average of 54%). The proportion of patients who are in paid work or full-time education is lower (54%) than the CCG average of 55% and the national average of 62% and unemployment figures are lower, 3% compared to the CCG average of 6% and the national average of 5%.

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

# Are services safe?

## We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because safety systems and processes were not comprehensive, systems to manage risks were lacking, information coming into the practice was not managed safely and there was a lack of evidence that the practice learned lessons from incidents.

### Safety systems and processes

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

- The practice systems to safeguard children and vulnerable adults from abuse were not comprehensive. Not all staff received up-to-date safeguarding and safety training appropriate to their role although we saw they knew how to identify and report concerns. Practice safeguarding policies were incomplete. There had been no safeguarding meetings to discuss vulnerable patients since April 2018 and we saw that some clinical records of consultations with patients on this register lacked detail. We also saw evidence care and treatment relating to a vulnerable child had not been managed well. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.) We were told that staff DBS checks were old and were in the process of being renewed and we saw evidence for this. At the time of our inspection, only clinical staff were acting as chaperones.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. Staff told us that communication with health visitors was good.
- We did not see evidence the practice carried out all appropriate staff checks at the time of recruitment. We saw that clinical staff were registered appropriately with professional bodies and managers were aware an overview of these registrations needed to be set up to ensure this was maintained.

- The practice was unable to evidence a full infection prevention and control audit had been carried out at the time of our inspection, however, we were sent evidence of this following our inspection. There were monthly cleaning audits carried out.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

### Risks to patients

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

- Arrangements in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics were not effective. There were insufficient administration staff to ensure the safe management of patient information coming into the practice. Staff shortages had been acknowledged by managers but not addressed.
- There was an effective induction system for temporary staff tailored to their role although induction for newly-recruited permanent staff was not well-managed.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis although we saw evidence that a clinician had difficulties accessing the sepsis toolkit and guide for assessing feverish patients.
- When there were changes to services or staff the practice had not comprehensively assessed and monitored the impact on safety. Changes to clinical staff had been addressed but changes in administration staff had not.

### Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients.

- We saw evidence that some information needed to deliver safe care and treatment was not available to staff; there was information dating back to May 2018 that had not been viewed by a GP or scanned and

# Are services safe?

coded onto patient care records. The majority of patient health information for new patients from November 2017 had not been summarised onto the practice electronic health record system.

- The practice did not have a protocol to ensure all patient information coming into the practice was dealt with safely and in a timely way. Non-clinical staff removed items of post to scan and code onto patient records without sight of a GP and with no protocol or GP audit of the process. We saw items of post that had been removed inappropriately and were in need of action by a clinician dating back to May 2018.
- We also saw evidence that some patient consultation records contained minimal information and there was a consistent lack of coding information to enable patient care and treatment information to be identified appropriately.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment although these systems relied on the information being accurate.
- Clinicians did not always make timely referrals in line with protocols; we saw evidence of a delayed urgent referral for a patient. Staff made urgent referrals for patients when requested by clinicians although they told us they did not have the time to ensure appointments were given or attended.

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The practice did not have a system in place to manage patient prescriptions not collected by patients.

- We saw evidence some tasks related to the prescribing of medicines had not been followed up appropriately. Patients were involved in regular reviews of their medicines.

## Track record on safety

The practice did not always evidence a good track record on safety.

- There were comprehensive risk assessments in relation to safety issues.
- The monitoring and review of safety was not always comprehensive.

## Lessons learned and improvements made

The practice system for learning and making improvements when things went wrong was not comprehensive and was not operating successfully.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There was a system for reviewing and investigating when things went wrong. However, staff had not recorded any significant incidents since March 2018 although we were told of incidents that had occurred; events related to the lack of scanning patient information and summarising records had not been investigated. There was no evidence the practice learned and shared lessons, identified themes and took action to improve safety in the practice. There had been no staff meetings since March 2018 and no ongoing management overview of events to identify trends and check that actions taken had been effective. A required statutory notification had not been made to CQC in May 2018. The practice made the notification following our visit.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the evidence tables for further information.**

# Are services effective?

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

The practice was rated as requires improvement for providing effective services because patient record-keeping was not comprehensive, communication with staff and other services was poor, care plans for vulnerable patients were not routinely shared with other services, there was little evidence of quality improvement activity and no management overview of staff training.

## Effective needs assessment, care and treatment

Practice systems to keep clinicians up to date with current evidence-based practice were not comprehensive. We saw that clinicians generally assessed needs and delivered care and treatment in line with current legislation, standards and guidance although there was no formal ongoing discussion of these in place.

- Evidence to show patients' immediate and ongoing needs were fully assessed was sometimes lacking. Some patient records we viewed lacked sufficient detail to ensure this had been done and there was often a lack of evidence of coding of patient problems. The outstanding documents not viewed by a GP, scanned or coded onto patient records at the time of our inspection indicated not all relevant information was available to clinicians.
- Staff told us they received updates to national guidance and guidelines although formal discussion of these was not happening at the time of our inspection; there had been no clinical meetings for staff for some time.
- Staff had quick access to national best practice guidelines and practice protocols and procedures, although a GP we spoke to had difficulties accessing a recognised tool for assessing the severity of sepsis in patients.
- 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 were frail or may be vulnerable received a full assessment of their physical, mental and social needs although any care plans for these patients were not routinely shared with other services.

- The practice followed up on older patients discharged from hospital when it was clinically indicated. It ensured that their 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.
- The practice had developed a software application for patients that enabled them to communicate using their phone to access online patient services and communicate the results of self-monitoring tests, for example, blood pressure readings.
- 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 was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

### Families, children and young people:

- Childhood immunisation uptake rates were below the target percentage of 90%. Staff told us they worked to improve these figures although data we viewed did not show improvement had been made.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

# Are services effective?

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

- The practice's uptake for cervical screening was 62%, which was below the 80% coverage target for the national screening programme. Staff told us although they tried to encourage eligible patients to attend, they had found it difficult to increase uptake.
- The practice's uptake for breast cancer screening was above the local average and the uptake for bowel cancer screening was below. Staff from the local bowel screening team had attended the practice twice to encourage patients to take part in the national screening programme in 2018 and were to attend again.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- At the time of our inspection, end of life care was not delivered in a coordinated way to take into account the needs of those whose circumstances may make them vulnerable, and plans to produce care plans for these patients to share with the out-of-hours service had not been implemented.
- The practice held a register of patients living in vulnerable circumstances including homeless patients 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.
- The practice's performance on quality indicators for mental health was in line with local and national averages.

## Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and did not regularly review the effectiveness and appropriateness of the care provided.

- Practice performance for quality indicators for 2016/17 measured by the quality outcomes framework (QOF) was comparable to local and national averages. The number of patients who had been excepted from treatment was higher than local and national averages but not significantly so. We asked for evidence from the practice of QOF achievement for 2017/18, however staff did not provide this to us despite time being allowed following the inspection.
- We saw no clear evidence the practice was actively involved in quality improvement activity. The evidence we were given indicated the practice clinical pharmacist worked to help ensure that practice prescribing was in line with local and national best practice, although an audit of patient antibiotic prescribing which was recommended to be repeated, had not been re-run to assess progress despite identifying several indications for improvement. Other audits we saw were either plans for an audit or patient searches.

## Effective staffing

Staff generally had the skills, knowledge and experience to carry out their roles although records to document this were lacking.

- 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. Records of clinical staff skills, qualifications and training were held in individual staff

# Are services effective?

files and we saw there had been some documentation of this as an overview although this was not up-to-date. One practice nurse had not completed safeguarding training to the appropriate level.

- 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 although protected time and training was not always provided. Clinical staff told us they were supported with protected time and encouraged to develop, however, one new administration staff member had completed all formal training out of work and had not been paid to do this. Up to date records of skills, qualifications and training for staff online training were maintained although an up-to-date overview of other training not completed online was lacking.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included appraisals, coaching and mentoring, clinical supervision and revalidation. At the time of our inspection, we saw that some appraisals were overdue. We were told these were planned for August 2018.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

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

- Meetings with staff from other health and social care services had not taken place in the practice since April 2018. Following our inspection, we were sent minutes of a meeting that showed these meetings had been recommenced and all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and

with health visitors and community services for children who had relocated into the local area. Although there were no formal meetings with health visitors to discuss vulnerable children, staff told us communication was good and patients were discussed when the need arose.

- 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 told us they planned to share personal care plans for patients at end of life with relevant agencies using an electronic communication system (EPaCCS).

## Helping patients to live healthier lives

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

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

## Consent to care and treatment

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

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

**Please refer to the evidence tables for further information.**

# Are services caring?

**We rated the practice as good for caring.**

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was generally positive about the way staff treated people. A patient told us they had submitted a comment card expressing concerns to the practice which we did not find in the CQC box.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were generally in line with local and national averages for questions relating to kindness, respect and compassion.

## **Involvement in decisions about care and treatment**

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them although there was no carers pack of information available for us to view during our visit. We were told following our inspection information was in need of updating.
- Health information leaflets for patients were generally available in the waiting area although on the day of our inspection, some inappropriate information was left on the table in the waiting area and the patient waiting area was somewhat disorganised.
- The practice's GP patient survey results were generally in line with local and national averages for questions relating to involvement in decisions about care and treatment.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

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

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

**We rated the practice, and all of the population groups, as requires improvement for providing responsive services.**

The practice was rated as requires improvement for providing responsive services because of evidence of a lack of communication with other services, issues some patients experienced in accessing the service and insufficient learning from patient complaints.

## Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice. A local independent charity (citizens' advice bureau) offered appointments at the practice to assist with aspects of patient social care.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was not always coordinated with other services. At the time of our visit, the practice did not routinely share care plans for vulnerable patients or those at end of life with other services. There had been no formal meetings with community health and social care staff for some time. We saw that these meetings recommenced following our inspection and care plans were planned to be shared for end of life patients.

### 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. The practice nurses accommodated home visits for annual flu vaccinations.

### 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 had not held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues for some time although these recommenced following our visit.

### 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 had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and weekend and evening appointments through an extended access service.
- The practice had developed a computer software application to be downloaded to patient phones to enable better communication with the practice.
- Patients were able to book appointments and order prescriptions online.
- Telephone appointments were available and could be booked up to 48 hours in advance.

### People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.

# Are services responsive to people's needs?

- 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.
- A local mental health service ran clinics for patients with mental health problems at the practice.

## Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients generally had timely access to initial assessment, test results, diagnosis and treatment. However, the backlog of information we found on our inspection not viewed by GPs or scanned and coded onto patient records meant some care and treatment had been delayed.
- Waiting times, delays and cancellations were minimal and managed appropriately, although patients told us they sometimes waited a long time in practice after their appointment time. However, patients said they did not feel rushed by clinicians and were happy to wait when necessary.
- Patients with the most urgent needs had their care and treatment prioritised.

- Some patients reported that the appointment system was easy to use although others said they had difficulties.
- The practice's GP patient survey results were generally below local and national averages for questions relating to access to care and treatment. Staff told us they had increased access to clinicians since the survey was conducted and planned to address problems with the telephone system.

## Listening and learning from concerns and complaints

We did not see evidence the practice always took complaints and concerns seriously or responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately. However, no complaints had been recorded since April 2018 despite a record of an average of two complaints each month being made to the practice in the preceding year. The file for past complaints was incomplete.
- The complaint policy and procedures were in line with recognised guidance although it was incomplete. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care although we saw evidence this was not always sustained.

**Please refer to the evidence tables for further information.**

# Are services well-led?

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

The practice was rated as inadequate for providing well-led services because governance arrangements were not comprehensive, there were insufficiencies in the leadership of the practice, risks were not well-managed, there was little evidence quality improvement was embedded into practice and the practice had not been able to sustain their previous rating of Good in June 2016.

### Leadership capacity and capability

Leaders were not able to demonstrate they had the capacity and skills to deliver high-quality, sustainable care.

- One of the GPs was leaving the practice the week following our inspection and the practice manager was new to the practice in April 2018. Leaders were knowledgeable about issues and priorities relating to the quality and future of services in some respects. They had addressed clinical staffing provision, but had not addressed the issues identified at our inspection related to non-clinical staffing.
- Leaders were visible and approachable. They told us they planned to develop good team relationships in the future, however, some non-clinical staff did not feel included in the advancement of the practice and felt excluded from service developments. There had been no staff meetings at the practice since the new practice manager started.
- On the day of our inspection, leaders had difficulties demonstrating leadership capacity and skills in relation to the practice and struggled to produce evidence for the inspection.

### Vision and strategy

The practice could not evidence they had a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice had a business development plan in place, however, this was implemented in May 2016, had not been updated and was in need of review.
- The practice had addressed changes in clinical staff to provide continued patient care and treatment.
- Staff told us they did their best to prioritise safe and effective patient care but they struggled to do this given a lack of resources.

### Culture

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

- Clinical staff stated they felt respected, supported and valued. However, other staff said they did not feel their concerns had been addressed nor their problems appreciated or dealt with. They experienced a lack of communication with leaders regarding the future of the practice.
- The practice focused on the needs of patients, although administration staff told us they were concerned that a lack of resources meant these needs were not always met.
- We saw not every response to a patient complaint was documented however, we did see evidence 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. The practice policy was to provide all staff with regular annual appraisals, although some had been delayed because of staff turnover. The practice manager told us they planned to schedule staff appraisals for August 2018. Staff were supported to meet the requirements of professional revalidation where necessary.
- We saw staff “awaydays” were planned to promote team-building and provide staff training.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- Staff told us they worked well within their clinical and administration teams and supported each other when necessary.

### Governance arrangements

There were not clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not clearly defined. The list of responsible leads for the practice was out of date and named staff who were no longer in the practice.

# Are services well-led?

- Some staff were unclear on their roles and accountabilities. They told us they sometimes received conflicting instruction from leaders.
- Practice leaders had not established policies, procedures and activities to ensure safety and had not assured themselves that they were operating as intended.

## Managing risks, issues and performance

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

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety were not always followed.
- Some issues related to the practice current and future performance were not addressed. Practice leaders had oversight of safety alerts, incidents, and complaints although incidents and complaints were not summarised comprehensively to ensure trends were identified.
- There was no evidence clinical audit or other approaches to quality improvement had a positive impact on quality of care and outcomes for patients and audit activity was limited.
- The practice had plans in place for major incidents although these plans were out of date and staff were not generally familiar with them.
- The practice had not acted comprehensively to address the impact on the quality of care of service changes.

## Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- Clinical quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients although the patient participation group had not been consulted for some time.
- We saw no evidence of quality and sustainability discussions with staff. There were no documented meeting minutes available for us to view at the time of our inspection nor sent to us following our visit.
- Staff had difficulties producing information to evidence service performance. We saw information recorded on patient records was not always appropriately coded to allow patient health problems to be easily identified.

- The practice used information technology systems to monitor and improve the quality of care. Medicines searches were carried out to optimise prescribing for patients.
- The practice had not always submitted data or notifications to external organisations as required. The notification of the death of a service user had not been made in a timely way.
- We saw there were generally arrangements in line with data security standards for the confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice did not involve patients, the public, staff and external partners to support high-quality sustainable services.

- There was a patient participation group in place although patients told us they had not met or been consulted for some months. They said they felt the practice had not been open regarding changes in staffing and there had been no newsletter or communication for some time. They told us the last patient survey exercise was in 2016 although staff told us there had been one in 2017. We asked to see this survey but staff were unable to show us, despite being given over a week following our inspection to send it to us.
- The service was not transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were few systems and processes for learning, continuous improvement and innovation.

- We saw little evidence to suggest there was a focus on continuous learning and improvement. The health application software developed by the GP was evidence of service development but quality assurance and improvement was not shown to be embedded in the practice culture and governance.
- The practice had not sustained the previous rating of Good awarded in our inspection of the practice in June 2016.
- We saw the practice had achieved three performance improvement awards from the clinical commissioning group (CCG).

## Are services well-led?

- Staff did not demonstrate they knew about improvement methods nor that they had the skills to use them.
- We saw the practice had not always made use of internal and external reviews of incidents and complaints. We saw no evidence learning was shared and used to make improvements. There had been no staff meetings or documented communications for some months. We were not sent any minutes of previous staff meetings despite giving the practice considerable time to send them to us following our inspection.
- Leaders and managers did not encourage all staff to take time out to review individual and team objectives, processes and performance. Staff resources were insufficient to allow this and a new staff member had to do their formal training in their own time which was unpaid.

**Please refer to the evidence tables for further information.**

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Assessments of the risks to the health and safety of service users of receiving care or treatment were not being carried out. In particular: Non-clinical staff were removing items of post without sight of a clinician and with no audit of the process. There was delayed entering of clinical information onto patient health records. Some clinical records we viewed contained insufficient information to ensure the safe and effective management of patient health problems; there was no peer review of record-keeping. New patient records were not summarised onto the clinical record system in a timely way. Staff failed to check patients given urgent referrals were given timely appointments. 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: The risks of reduced administration staff had failed to be addressed; the management of incoming patient health information was insufficient. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>There was a lack of systems or processes that enabled the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular: Policies and procedures were not well managed. Some policies were not comprehensive, were lacking or were inaccurate. Recruitment checks for new</p>

This section is primarily information for the provider

## Enforcement actions

staff were insufficient. There was no confidential health check made by the practice to assure that suitable provision was made for working conditions for new members of staff. The management of significant incidents in the practice was not comprehensive; the incident reporting policy had not been followed. There was evidence of a lack of meeting structure to enable shared learning and communicate and co-ordinate patient care and treatment. Staff training was not always well-managed or supported. Quality improvement was not embedded into practice; there was little evidence of clinical audit. This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.