

# Dr Anita Sharma

## Quality Report

South Chadderton Health Centre  
Eaves Lane  
Chadderton  
Oldham  
OL9 8RG

Tel: 0161 652 1876

Website: [www.mysurgerywebsite.co.uk/  
index.aspx?p=P85607](http://www.mysurgerywebsite.co.uk/index.aspx?p=P85607)

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

Letter from the Chief Inspector of General Practice	Page 2
The six population groups and what we found	4

### Detailed findings from this inspection

Our inspection team	5
Background to Dr Anita Sharma	5
Detailed findings	6
Action we have told the provider to take	18

## Letter from the Chief Inspector of General Practice

### **This practice is rated as requires improvement overall.** (Previous inspection March 2015 – Good)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Requires improvement

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 – Requires improvement

People with long-term conditions – Requires improvement

Families, children and young people – Requires improvement

Working age people (including those recently retired and students – Requires improvement

People whose circumstances may make them vulnerable – Requires improvement

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

We carried out an announced comprehensive inspection at Dr Anita Sharma on 28 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice discussed significant events in meetings. However these events were not all documented and suggested improvements not monitored
- Training and supporting staff had not been a priority and training records had not been kept up to date. It was unclear what training had taken place.
- The practice until recently had used paper records and paper policies. This meant clear guidance was not readily available for staff and not all records were easy to locate. However, this had been identified by the new practice manager.
- Following the two practice nurses and the practice manager leaving, a new practice nurse and new practice manager had recently started work. They were working to identify and solve issues relating to previous ways of working.
- There was a patient participation group (PPG) who was working with the new practice manager to identify where improvements to the practice could be made.

# Summary of findings

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were usually able to access care when they needed it.

The areas where the provider must make improvements are:

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

- The provider must ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- The provider must ensure recruitment procedures are established and operated effectively so only fit and proper persons are employed. The provider must ensure specified information is available regarding each person employed.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

<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> 

# Dr Anita Sharma

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist adviser.

## Background to Dr Anita Sharma

Dr Anita Sharma is located in a two storey building in the Chadderton area of Oldham. District nurses and health visitors are also based in the building.

The practice has one permanent GP and several locum GPs who are all long-term locums. There are two locum advanced nurse practitioners and a practice nurse. There is a practice manager and administrative staff. The practice nurse started work at the practice in January 2018, and the practice manager in February 2018. In addition, some clinicians and healthcare professionals who are not directly employed by the practice attend on certain days, including pharmacists and a women's health nurse specialist.

The practice is open from 8am until 6.30pm Monday to Friday. Surgeries are available at various times throughout the day. In addition the practice nurse has a surgery from 6.30am one day a week.

The practice delivers commissioned services under a Primary Medical Services (PMS) contract. At the time of our inspection 3271 patients were registered with the practice.

The practice has a deprivation score of four on a scale of one to 10, where one is the most deprived.

The practice is a teaching practice for year one, two and four medical students, physician associate training and Quality and Evidence Personal Excellence Pathway training. No students were at the practice at the time of the inspection.

An out of hours service was provided by Go to Doc Limited via NHS 111. In addition a seven day GP access service provided by Oldham GP Federation was available to patients 6pm until 8pm on weekdays and 10am until 2pm during weekends at three nearby practices.

# Are services safe?

## Our findings

**At the inspection in March 2015 we rated the practice as good for providing safe services. There were some areas where we said improvements should take place. The practice should have a system to alert clinicians when a safeguarding issue had been identified with a patient, staff should be aware of who the safeguarding lead for the practice was, and there should be a process for safe management of prescriptions. Improvements had been made in these areas at the March 2018 inspection.**

**However, we rated the practice, and all of the population groups, as requires improvement for providing safe services following the inspection on 28 March 2018.**

### Safety systems and processes

The practice had clear systems to keep patients safe and safeguarded from abuse.

- The practice conducted safety risk assessments. It had a suite of safety policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction and refresher training.
- The practice had systems to safeguard children and vulnerable adults from abuse, and alerts were in place when safeguarding issues had been identified. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had a recruitment policy in place that documented the checks they would carry out for new staff. These included having two references and specific information for all new staff. We checked a selection of staff files including staff who had started work during 2018. Not all the required pre-employment checks had been carried out for all staff. For example, some staff had provided no employment history, evidence of identity had not always been kept, evidence of

professional registration was not always available and references had not always been requested. There was little documentation available relating to locum GPs. Following the inspection the practice manager requested evidence from locum GPs that they had the relevant professional indemnity insurance, and this was forwarded to us.

- Not all staff had a Disclosure and Barring Service (DBS) check in place. (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). These included staff who performed chaperone duties. The practice manager told us there was no risk assessment process to decide if a DBS check should be requested for staff. However, they told us they had made a decision to request a DBS check for all staff and they were in the process of completing this.
- We were told all staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns, and knew who the lead clinician for safeguarding was.
- The practice manager had updated the infection control policy in February 2018. They had carried out an infection control audit on 18 March 2018 and had plans in place where some improvements were required. The practice manager told us staff had received training in hand hygiene approximately two years ago although they did not have evidence of this. They told us that staff now had access to on-line training so appropriate infection control training would be completed.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

### 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.

# Are services safe?

- 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, for example, sepsis.

## Information to deliver safe care and treatment

Staff had 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.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks. The practice kept prescription stationery securely and monitored its use.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had audited antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

## Track record on safety

The practice was reviewing its safety record.

- The practice did not manage the building. We saw evidence that the building managers carried out safety checks such as the fire alarm checks and legionella checks. However, we saw notices on the fire extinguishers that had been checked in March 2018 stating that they should be replaced as some parts were obsolete. Following the inspection we received evidence that new fire extinguishers had been ordered.
- The new practice manager had completed fire warden training in 2010 while they worked elsewhere. They had identified that no other staff member had received fire warden training, and they had been unable to find evidence staff had been trained in fire safety. They were in the process of sourcing training for all staff.

## Lessons learned and improvements made

The practice did not always learn or make improvements when things went wrong.

- There was a system for recording and acting on significant events and incidents but this was not always effective. We saw an example of significant events being discussed in meetings in December 2017 and November 2017, but there was no record of these in the significant event file. We also saw a significant event where the same incident had happened again several months later. There was no process to review significant events after a period of time to ensure any learning identified had been embedded.
- The process for managing safety alerts and medicine alerts was unclear. The GP told us the pharmacist acted on medicine alerts and kept information but it was unclear what action was taken. Following the inspection the practice sent us information from the pharmacist stating they would action the alerts in the future although they were usually received via the practice manager.
- Following the inspection the practice told us they had reviewed how they managed significant events to ensure improvements were made.

# Are services effective?

(for example, treatment is effective)

## Our findings

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

### Effective needs assessment, care and treatment

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

- Patients' needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- The hypnotics prescribing rate from July 2016 to June 2017 was 0.42%, compared to the CCG average 1.4% and the national average of 0.9%.
- The antibiotic prescribing rate from July 2016 to June 2017 was 0.84%, compared to the CCG average of 1.27% and the national average of 0.98%.
- The percentage of antibiotic items prescribed that were Cephalosporins or Quinolones from July 2015 to June 2016 was 10.7%, compared to the CCG average of 9.1% and the national average of 8.9%.
- 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. Those identified as being frail had a clinical review including a review of medication. These were discussed at clinical meetings. During the inspection the practice told us they were looking to carry out falls risk assessments. Following the inspection the practice told us these had been completed by the previous practice nurse.
- The practice nurse had identified that very few older patients had a care plan in place to support their needs.

They were in the process of identifying patients who required a care plan so they could meet them, with their families if required, and be able to offer appropriate support.

- 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.

#### People with long-term conditions:

- The practice nurse, who had started work in January 2018, had identified that the system to review patients with long term conditions required updating. They were currently setting up a system so that patients were reviewed in their birthday month, but they told us they had found several patients with outstanding reviews.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Performance for diabetes related indicators was 98%. This was above the CCG average of 88% and the national average of 91%.
- Performance for asthma related indicators was 100%. This was in line with the CCG average of 99% and the national average of 97%.
- Performance for chronic obstructive pulmonary disease related indicators was 100%. This was in line with the CCG average of 97% and the national average of 96%.

#### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were 98% which was above the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. Health visitors were based in the same building.

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

- The practice's uptake for cervical screening was 75%, which was in line with the 80% coverage target for the national screening programme. The CCG and national average was 72%.



# Are services effective?

## (for example, treatment is effective)

- The practice informed us that NHS health checks were offered to patients between the age of 40 and 74 years.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. However, the practice nurse had identified that there had been an issue with coding patients and the current register of 67 patients with a learning disability was inaccurate. The practice informed us that the CCG was addressing this issue. They also told us that all the patients on the learning disability register had an annual review.

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

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the 12 months to 31 March 2017. This was above the CCG average of 84% and the national average of 84%.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the 12 months to 31 March 2017. This was above the CCG average of 89% 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 was 96%. This was above the CCG average of 92% and the national average of 91%.

### Monitoring care and treatment

The practice carried out some quality improvement activity.

The most recent published Quality Outcome Framework (QOF) results were 100% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and national average of 95%. The overall exception reporting rate was 7% compared with the CCG average of 8% and the national average of 10%. (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.)

- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives. The pharmacist carried out medicine management audits. Following the inspection the practice told us they had carried out some quality improvement audits and that these had been repeated. However, we saw these were not always dated so there was no evidence of how recent they were.

### Effective staffing

It was unclear if staff had the skills, knowledge and experience to carry out their roles. The practice nurse kept evidence of their own training, but training information for other staff had not been collated although staff stated they had received some training.

- At the time of our inspection the practice manager did not have an overview of the learning needs of staff. They had started work at the practice in February 2018 and not been able to locate previous training records for most staff. They were in the process of assessing training needs and staff were at the time of the inspection able to access on-line training.
- The practice manager intended to provide staff with on-going support. We saw evidence that two current administrative staff members had had an appraisal in July 2016, but there was no other evidence of appraisal. There was a practice induction checklist available but this was not role-specific and was not completed for all new staff.
- No assurance had been sought that locum GPs were up to date with their training. The lead GP told us they would review this following the inspection.

### Coordinating care and treatment

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

# Are services effective?

(for example, treatment is effective)

- We saw evidence that palliative care was discussed with district nurses in meetings. End of life care was also discussed with the community nursing team.
- 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.
- It had been recently identified that there was an issue with the coding of patients. This meant that support was not always offered in a consistent way. For example, very few care plans had been found by the practice nurse which meant support for appropriate patients was not discussed with their relatives and carers.

## Helping patients to live healthier lives

Staff were not always 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.
- There were plans in place for staff to encourage and support patients to be involved in monitoring and managing their health.

## 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.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good 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.
- The 32 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. This was in line with the results of the NHS Friends and Family Test received by the practice.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 357 surveys were sent out and 105 were returned. This was a completion rate of 29% representing about 3% of the practice population. The practice was in line with the clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% of patients who responded said the GP was good at listening to them compared with the CCG average of 88% and the national average of 89%.
- 81% of patients who responded said the GP gave them enough time; CCG - 86%; national average - 86%.
- 94% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 95%; national average - 95%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG - 86%; national average - 86%.
- 97% of patients who responded said the nurse was good at listening to them; CCG - 92%; national average - 91%.

- 98% of patients who responded said the nurse gave them enough time; CCG - 93%; national average - 92%.
- 98% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 97%; national average - 97%.
- 98% 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%.
- 93% of patients who responded said they found the receptionists at the practice helpful; CCG - 88%; 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.
- Staff communicated with patients in a way that they could understand.
- Some information was available in the waiting area regarding accessing community and advocacy services.

Although the practice had a carers' register containing 66 patients (2% of the practice list) they had identified that coding was not accurate. There was a poster about Oldham Carers' Centre displayed in the waiting area.

- The practice offered health checks to carers.
- The practice told us they had a procedure in place for families who experienced bereavement, and the lead GP told us they sent a condolence card to families.
- Counselling was available from Healthy Minds and patients could self-refer to this service.

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. Results were in line with local and national averages:

## Are services caring?

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 80% 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%.
- 95% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 91%; national average - 90%.
- 90% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 87%; national average - 85%.

### Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- A privacy screen had been placed in front of the reception area in an attempt to promote patient privacy. However we saw that due to lack of space in the confined area, this was not successful. The practice manager told us they did not consider the screen to be stable and they would look at alternatives.
- Telephone calls were usually answered at the reception desk. Staff had been instructed not to give out test results from these telephones.
- The practice complied with the Data Protection Act 1998.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

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

### Responding to and meeting people's needs

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

- The practice understood the needs of its population and tailored services in response to those needs. For example there were extended opening hours and advanced booking of appointments.
- The practice had a system where repeat prescriptions could only be ordered by telephone between 9am and 11am. This caused difficulty answering the telephones, and it was not always convenient for patients to telephone between these times. The practice manager had identified that this was a historic system that had not been amended at this practice. They were in the process of changing this system to make it easier for patients and staff.
- Although the facilities and premises were appropriate for the services delivered, some improvements had been identified and were being put in place.
- The practice made reasonable adjustments when patients found it hard to access services. For example the practice nurse would work flexibly to offer appointments outside their usual surgery.
- 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 did not always receive a timely annual review to check their health and

medicines needs were being appropriately met. The new practice nurse had identified this and had plans in place to ensure patients were seen at the appropriate time.

- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

#### Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- All parents or guardians calling with concerns about a child under the age of five 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. These included early morning appointments.
- Telephone GP 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 held a register of patients living in vulnerable circumstances including those with a learning disability. However, they were aware that coding had been an issue at the practice and the register was not accurate.

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

- Staff interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice nurse was changing the recall system to ensure all patients with mental health needs had a review at the appropriate time.

### Timely access to the service

# Are services responsive to people's needs?

## (for example, to feedback?)

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

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Nurse appointments were available from 6.30am one day a week.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- The appointment system was easy to use.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 357 surveys were sent out and 105 were returned. This was a completion rate of 29% representing about 3% of the practice population. Of the 32 patient CQC comment cards we received two mentioned it could be difficult to get an appointment with their own GP.

- 72% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 91% of patients who responded said they could get through easily to the practice by phone; CCG - 73%; national average - 71%.
- 76% 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 - 81%; national average - 84%.

- 77% of patients who responded said their last appointment was convenient; CCG - 79%; national average - 71%.
- 73% of patients who responded described their experience of making an appointment as good; CCG - 72%; national average - 73%.
- 62% of patients who responded said they don't normally have to wait too long to be seen; CCG - 59%; national average - 58%.

### Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was not readily available; there was no information in the reception area. The complaints policy stated that complaints could be raised directly with CQC, which is not accurate. The practice manager amended the complaints policy following the inspection and sent us the amended version.
- When complaints were raised we saw that they were investigated in a timely manner and appropriate responses were sent to patients.
- Staff told us that complaints were discussed in meetings. The practice manager told us complaints would be discussed during practice meetings as a standard agenda item.



# Are services well-led?

Requires improvement 

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

## Our findings

**We rated the practice as requires improvement for providing a well-led service.**

### Leadership capacity and capability

There had been several changes of practice manager in the previous three years, and the current practice manager started work in February 2018. They were working through multiple issues as they were identified.

- Following the inspection the GP sourced a mentor for the practice manager. The mentor was an experienced practice manager from the area.
- Leaders had experience, capacity and skills in healthcare to develop and deliver a practice strategy and address risks to it.
- They understood the challenges following personnel changes and were addressing them.
- Leaders at all levels were visible and approachable. Following personnel changes they worked with staff and others to make sure they compassionate and inclusive leadership was prioritised.

### Vision and strategy

The practice was developing a vision and strategy to deliver high quality care and promote good outcomes for patients. There had been several personnel changes during the months prior to our inspection, including the practice manager and both practice nurses leaving.

The new practice manager had updated their statement of purpose and also developed a vision and mission statement. This was being discussed with staff.

The GP and practice manager had identified that changes were required at the practice. It was found that previous practice managers ran a paper based practice, which meant when they left it was very difficult to find records. Also staff had only been trained in their specific jobs. The practice manager was prioritising developing electronic records that could be monitored and available for all staff, and having systems in place so staff could provide cover for colleagues when required.

### Culture

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

- The practice had not always focussed on the needs of patients. For example, the two practice nurses had recently left and a new nurse had joined the practice. It had been found that a limited nursing service had previously been offered and there were issues with reviews of long term conditions and the care planning around those conditions.
- The new practice manager was developing processes to provide all staff with the development they needed. It was not apparent what training staff had received so this system was being updated. There was no record of some staff having an appraisal and no appraisals had been carried out since July 2016.
- The GP team consisted of the lead GP and long term locum GPs. The locum GPs rarely attended meetings.
- The new practice nurse had identified issues with the nursing system and was in the process of identifying changes to practice that were required.
- Relationships within the practice had not always been positive. However, there had been several recent personnel changes and the practice manager told us they had seen improvements with the current team now working well together.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so.

### Governance arrangements

The lead GP and practice manager had started to develop responsibilities, roles and systems of accountability to support the new governance and management structure. Although these had previously been in place there had been several changes of practice manager and other personnel changes so systems were unclear.

- Structures, processes and systems to support good governance and management had not been clearly set out. The practice manager was reviewing all the practice policies and procedures to ensure staff had clear instructions to follow that were readily available.

# Are services well-led?

Requires improvement 

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

- Some policies in place were not being followed. For example, the recruitment policy stated that two references were required prior to new staff members starting work. These were not available for all newly recruited staff.
- Although staff had an understanding of safeguarding and infection prevention and control, training had not been monitored. It was unclear what training had been completed due to records not being kept.
- Monthly practice meetings took place and there were standard agenda items.
- The practice website was not up to date. Surgery times and clinical staff were incorrect. The practice manager told us they were in the process of liaising with the website company to change this. Following the inspection we received evidence that this had been updated.

## Managing risks, issues and performance

Processes for managing risks, issues and performance were unclear.

- There had not been an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety. The new practice manager had identified this and processes were being amended.
- The practice did not have processes to manage current and future performance. There was one permanent GP at the practice and locum GPs attended regularly. Performance of other staff had not been monitored. This had been identified by the new practice manager who had already put plans in place to improve this.
- Practice leaders did not have oversight of MHRA alerts; these were managed by a pharmacist.
- Clinical audit was not well-managed with second cycles not always taking place.
- A new business continuity plan had been developed and brought to the attention of staff in March 2018.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Monthly meetings were taking place regularly, with quality and sustainability of the practice being discussed.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice had limited use of information technology systems to monitor and improve the quality of care. For example, using existing systems the practice nurse had been unable to identify a recall system for patients with long term conditions.
- The practice submitted data or notifications to external organisations as required.

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

The practice involved patients, the public and staff to support their services.

There was a patient participation group (PPG). Six patients were in the group and they met approximately every three months. The new practice manager had met with the group and it had been identified that there had not been a lot of previous communication between the practice and the group. There were plans in place to recruit new members, and one member of the PPG had been involved in a recent health and safety walk around of the practice to offer their advice. Following our inspection the PPG brought forward their next meeting so they could discuss the initial inspection feedback.

## Continuous improvement and innovation

There were some systems and processes for learning, continuous improvement and innovation, but some were in development.

- The practice manager was collating information from staff about their experience and training so a programme of learning and development could be developed.
- The practice was developing a system to review all incidents and complaints to ensure learning was embedded.



# Are services well-led?

Requires improvement



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

- The practice was a teaching practice for year one, two and four medical students, physician associate training and Quality and Evidence Personal Excellence Pathway training. No students were at the practice at the time of the inspection.

## Requirement notices

### 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not have systems in place to provide safe care and treatment to all patients. In particular:</p> <ul style="list-style-type: none"><li>• The provider did not have a system to ensure patients with long term conditions had an annual review of their condition/s.</li><li>• The coding of patients' conditions was not effective. For example it had been found that the carers register and learning disability register was not accurate so appropriate support could not be evidenced.</li><li>• Care plans were not routinely in place for patients with complex needs or long term conditions.</li><li>• The registered person did not have an adequate system to monitor and learn from significant events.</li><li>• MHRA alerts were not being appropriately monitored.</li></ul> <p>This was in breach of regulation 12 (1) 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>The registered person had ineffective systems or processes in place in that they failed to enable 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:</p>

## Requirement notices

- Locum GPs who regularly attended the practice did not attend staff meeting so relevant information was not always disseminated.
- The practice did not follow their recruitment policy or process.
- The practice had no process in place to ensure staff had received appropriate training.

The registered person did not maintain accurate records necessary to be kept in relation to the management of the regulated activity. In particular:

- Until January 2018 it was normal practice for paper, not electronic, records and policies to be kept. These were not well-organised and some could not be located. They were not readily available to guide staff.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular:

- The provider did not ensure all staff had appropriate training and did not monitor training.
- The provider did not ensure all staff had appropriate supervision and appraisals.
- Evidence of staff induction was not consistent.

This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

## Requirement notices

2014.

### Regulated activity

Diagnostic and screening procedures  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person did not have systems and processes in place to ensure staff were of good character or had the required qualifications, skills or experience required for their role. In particular:

- Not all relevant pre-employment checks were carried out. Not all information required under Schedule 3 was requested for staff.
- Ongoing checks, such as updated locum checks, indemnity insurance and professional registration checks were not routinely carried out.

This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.