Market Hill 8-8 Centre

Quality Report

The Ironstone Centre
West Street
Scunthorpe
DN15 6HX
Tel: 01724 292 000
Website: www.dmsl.org.uk/market-hill-8-to-8-centre

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

INADEQUATE

We carried out an unannounced comprehensive inspection at Market Hill 8-8 Centre on 6 January 2016. Overall the practice is rated as inadequate.

- We identified five breaches of the HSCA (RA) Regulations 2014; two of extreme seriousness and three of high seriousness. These related to safe care and treatment, safeguarding service users from abuse and improper treatment, receiving and acting on complaints, good governance and staffing.

Our key findings across all the areas we inspected were as follows:

- Patients were at risk of harm because resources, systems and processes were not in place to keep them safe. For example, sufficient staffing for the smooth running of the service and to fully meet the needs of patients, the management of patients medicines, the call and recall of patients, the system for reviewing hospital discharge and clinic letters, supervision and support of staff and the management of safeguarding. We had serious concerns about the management of all the patients at this practice.
- Not all staff were clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, when there were unintended or unexpected safety incidents, reviews and investigations did not take place or were not thorough enough to support improvement. Action was not taken to mitigate future risk and so safety was not improved. There were no investigation records available and no records to show patients had received a written apology.
- Data, records and feedback from staff showed that care and treatment was not delivered in line with recognised professional standards and guidelines. For example the practice performed significantly below the national average in respect of patients with COPD, asthma, mental health and Osteoporosis.
- Reviews of patient records identified serious concerns with the way patients were managed.

Summary of findings

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- We observed members of staff were courteous when speaking with patients. This was aligned with the views of other patients. However, we also noted that patients were not always treated with compassion, dignity and respect by the nature of the complaints received and the very fact that patient's basic needs were not always being met.
- Patients were unable to always access the care they needed. Services were not set up to support patients with complex needs or patients in vulnerable circumstances.
- Patients were frequently and consistently not able to access appointments and services in a timely way. This included access to emergency appointments. Patients experienced unacceptable waits for some appointments and services. Patients were at risk of harm and poor outcomes because they did not always receive the care they needed.
- The service had little or no clinical governance systems (clinical governance is a system through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish). There was evidence that known risks had not been acted on and despite the known risks, quality monitoring arrangements that had previously been in place had ceased to happen.
- The arrangements for governance and performance management did not operate effectively. The service did not carry out audits to ensure that clinicians working at the service were providing safe and effective care and were given the opportunity to identify opportunities to improve their practice and outcomes for patients. There was no system in place to monitor outcomes of intervention including holding clinicians to account for their clinical decisions. There was no system in place to support peer review and enable shared learning.
- The practice had a fractured staff group with high turnover of staff and had a high number of staff who were off sick. The practice did not have any permanent GPs and used all locum GPs. There was no clinical leadership at the practice and staff were not supervised or competency assessed. We witnessed an apparent high level of stress with at least two members of staff. Lack of support and communication from leaders was a common concern from staff. There was evidence of a defensive and blame culture.

In relation to all of the areas of concern identified, NHS commissioning organisations were informed to ensure any of the risks identified during our inspection were investigated.

Following our inspection, due to the serious concerns identified we urgently varied the conditions of provider's registration with the Care Quality Commission (CQC) under section 31 of the Health and Social Care Act 2008 and stopped the provider Danum Medical Services Limited (DMSL) from providing GP services at Market Hill 8 - 8 Centre from 12 January 2016. The provider is allowed 28 days to make an appeal against this decision.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe. We found that this service was not providing safe care in accordance with the relevant regulations.

- Patients were at risk of harm because the systems and processes in place had significant weaknesses within them and were not always implemented in a way to keep them safe. For example, significant concerns found in respect of the management of medicines, staffing levels, safeguarding, anticipating events and management of unforeseen circumstance.
- There were insufficient systems in place in respect of safeguarding children and vulnerable adults. Sufficient attention was not made to ensure staff responded appropriately to abuse.
- There were not enough staff to keep patients safe.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services. We found that this service was not providing effective care in accordance with the relevant regulations.

- Data showed that care and treatment was not delivered in line with recognised professional standards and guidelines. For example data showed the practice performed significantly below the national average in respect of patients with Chronic obstructive pulmonary disease (COPD), asthma, mental health and Osteoporosis. The practice had a very high exception reporting figure.
- Reviews of patient and other records identified serious concerns with the management of some of the practices most vulnerable patients.
- Read coding was poorly used. Patients rarely had a review marker on their records and there was evidence they were often not acted on. Clinicians told us this made it very difficult to easily identify issues/concerns for follow up.
- Patient outcomes were hard to identify as little reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- There was little evidence of engagement with other providers of health and social care.

Summary of findings

- There was limited recognition of the benefit of an appraisal process for staff and little evidence to show staff received supervision and had their competency assessed.

Basic care and treatment requirements were not met. For example, the call and recall of patients to the practice was ineffective which meant patients were not being reviewed as they should.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services and improvements must be made.

- Data from the National GP Patient Survey showed patients rated the practice lower than others for most aspects of care.
- Information for patients about the services was available but not everybody would be able to understand or access it.
- We observed members of staff were courteous when speaking with patients. This was aligned with the views of other patients. However, we also noted that patients were not always treated with compassion, dignity and respect by the nature of the complaints received and the very fact that patient's basic needs were not always being met.
- It was evident that staff were doing their best in very difficult circumstances.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services and improvements must be made. We found that this service was not providing responsive care in accordance with the relevant regulations.

- Patients were unable to always access the care they needed. Services were not set up to support patients with complex needs or patients in vulnerable circumstances.
- Patients were frequently and consistently not able to access appointments and services in a timely way. This included emergency appointments. Patients experienced unacceptable waits for some appointments and services.
- Patients were at risk of harm and poor outcomes because they did not always receive the care they needed.
- Information about how to complain was available for patients. However, there was no evidence of any investigations, learning or action points linked to the complaints received. There was evidence of recurring complaints.

Summary of findings

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. We found that this service was not providing well-led care in accordance with the relevant regulations.

- The service had little or no clinical governance systems in place. There was no effective system for identifying, capturing and managing issues and risk. Significant issues that threatened the delivery of safe and effective care were not identified or were identified and not adequately responded to. We saw multiple examples, from significant event records, operational practice reports and clinical meeting minutes that showed risk had been identified yet there was no robust management or follow up of the risk.
- The arrangements for governance and performance management did not operate effectively. The service did not carry out audits to ensure that clinicians working at the service were providing safe and effective care and were given the opportunity to identify opportunities to improve their practice and outcomes for patients. There was no system in place to monitor outcomes of intervention including holding clinicians to account for their clinical decisions. There was no system in place to support peer review and enable shared learning.
- Meetings between clinicians and other staff working at the service did not take place. There were no systems in place to enable effective communication to promote the safety of patients.
- The practice had a fractured staff group. There was high turnover of staff and a high number of staff were off sick. We witnessed at least two members of staff who were clearly upset and distressed whilst at work. When we spoke with them the lack of support, time to do the job and communication from owners of the company was a common theme. There was evidence of a defensive and blame culture.
- There was no clinical leadership at the practice. There was a DMSL leadership and support structure in place but this did not reflect the feedback we received in respect of the level of support and communication staff received.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider is rated as inadequate for providing safe, effective, caring, responsive and well-led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is therefore rated as inadequate for older people.

.There was little evidence to show the care of older people was managed in a holistic way.

- Little attempt had been made to respond to older people's needs and access for those with poor mobility or who were housebound was limited. The practice could not provide any information in respect of home visits.

The leadership of the practice had little understanding of the needs of older people and were not attempting to improve the service for them**.** Services for older people were therefore reactive, and there was a limited attempt to engage this patient group to improve the service.

People with long term conditions

Inadequate

The provider is rated as inadequate for providing safe, effective, caring, responsive and well-led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is therefore rated as inadequate for people with long-term conditions.

- The safety of care for people with long-term conditions was not a priority and there were limited attempts at measuring safe practice.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital. We were told nursing shortages had meant patients in this group had not received the care they should. Performance for indicators related to COPD and diabetes was significantly lower than the national average.
- Performance data suggested the practice had a high rate of unscheduled admissions and A&E attendances with high rates of diabetes and COPD admissions.
- Home visits were not available when patients needed them.
- The care of patients with long-term conditions was not managed in a holistic and co-ordinated way.

Summary of findings

- None of these patients had a named GP as the practice did not have any permanent GPs. Few of these patients had a personalised care plan.
- Structured annual reviews were not always undertaken to check that patients' health and care needs were being met. For example, asthma reviews were carried out by telephone and the practice was unable to confirm how many of the 247 patients at the practice who were diagnosed as having asthma had received an annual review.

Families, children and young people

Inadequate

The provider is rated as inadequate for providing safe, effective, caring, responsive and well-led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is therefore rated as inadequate for the care of families, children and young people.

- The safety of care for families, children and young people was not a priority and there were limited attempts at measuring safe practice. A large percentage of the practice list was children from birth to four years.
- There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- Childhood immunisation rates for the vaccinations given were all below the CCG average for under two year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0.9% to 90.6% compared to the CCG average of 3.7% to 95.9% respectively. There was no comparable data against CCG averages in respect of five year olds. However, the data was low in some areas ranging from 77% to 90%.
- Children were not always offered emergency appointments when needed and were being referred to 111 or A&E unnecessarily.
- There were 68% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2010 to 31/03/2015), which was lower than the national average figure for England (82%).

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The provider is rated as inadequate for providing safe, effective, caring, responsive and well-led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is therefore rated as inadequate for the care of working-age people (including those recently retired and students).

- The age profile of patients at the practice is mainly those of working age people in the second most deprived decile but the services available did not reflect the needs of this group.
- The practice offered extended opening hours. However, access to appointments during this time was not always meeting people's needs.
- There was a low uptake for both health checks and health screening.

People whose circumstances may make them vulnerable

Inadequate

The provider is rated as inadequate for providing safe, effective, caring, responsive and well-led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is therefore rated as inadequate for the care of people whose circumstances may make them vulnerable.

· The safety of care for people whose circumstances may make them vulnerable was not a priority and there were limited attempts at measuring safe practice.

- The practice did not hold a register of patients living in vulnerable circumstances. It was unable to identify the percentage of patients who had received an annual health check. The practice did not routinely work with multi-disciplinary teams in the case management of vulnerable people.

· Of the patients on the practice register with a learning disability only two out of the 18 had been subject to an annual health review.

· Some staff knew how to recognise signs of abuse in vulnerable adults and children. However, there was insufficient attention to safeguarding adults and children. We were told that there were no risk register markers for children on their records to alert staff that patients were deemed at risk. There was no practice safeguarding lead. We saw two specific records which showed safeguarding issues had not been managed appropriately.

Summary of findings

· It did not have the resource in place that allowed clinicians to always follow up patients who may be vulnerable and who had attended accident and emergency (A&E).

People experiencing poor mental health (including people with dementia)

Inadequate

The provider is rated as inadequate for providing safe, effective, caring, responsive and well-led services. Concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is therefore rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

- Data showed outcomes for patients were comparable to the CCG and national average; some above and some below.
- We were told there is good access to mental health services including drug and alcohol services
- The practice did not have the resource in place that allowed clinicians to always follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Staff had not received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line in some areas and below in others when compared to the CCG and national averages. 453 survey forms were distributed and 90 were returned. This equated to 1.7% of the practice population.

- 77% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 65%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and national average 85%.
- 84% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 84% and national average 85%.
- 76% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and national average 78%.
- 20% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 30% and national average 37%.

We spoke with ten patients during the inspection.

- Four patients reported difficulty accessing their named GP and poor continuity of care.
- Four patients reported they had experienced their appointments being cancelled.
- One patient had been refused care of their baby and told to return the following day.
- A parent concerned about their toddler was refused a same day appointment despite having been instructed by the practice to sit and wait to be seen.

Market Hill 8-8 Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a CQC Inspection Manager, second CQC inspector, a CQC pharmacist and a practice nurse specialist adviser.

Background to Market Hill 8-8 Centre

The practice shares occupancy of the Ironstone Centre in Scunthorpe with other practices and healthcare providers. A community car park with associated fees is located outside of the Centre. The practice has an Alternative Provider Medical Services (APMS) contract and has 5149 patients on the practice list. The majority of patients are of white British background. The largest proportion of patients are in the birth to four year age range and 24 to 40 year age range.

The practice scored two on the deprivation measurement scale, which is the second highest decile. The overall practice deprivation score is higher than the England average (the practice is 38.5 and the England average is 23.6). People living in more deprived areas tend to have greater need for health services.

The practice did not have any salaried GPs. They used locum GPs. There was one permanent practice nurse and health care assistant currently working at the practice. Other members of the nursing team were on sick leave. The practice had not had a permanent nurse at the practice since 23 December 2015. Locum nurses were used. There was an assistant practice manager who joined the practice in December 2015 and administrators, some of whom were on sick leave.

The practice is open between 8am and 8pm Monday to Saturday and 10am to 2pm on Sunday. Patients requiring a GP outside of normal working hours are advised to phone the local practice and their call is diverted to the local Out Of Hours Service or NHS 111.

Why we carried out this inspection

We carried out an unannounced comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions in response to concerns raised with us. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. This was an unannounced inspection, carried out in response to concerns identified to us.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an unannounced visit on 6 January 2016. During our visit we:

- Spoke with all the staff present at the practice which included two locum GPs, a locum nurse, two provider operation support managers, an assistant practice manager and two administrators.

Detailed findings

- Spoke with ten patients/carers and observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed a range of other records.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

Safe track record and learning

An effective system was not in place for reporting and recording significant events.

- The practice did not have robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Staff told us they would report any incidents. However, they were not all clear and had not all been made aware of the reporting arrangements.
- There were no processes in place to ensure lessons were shared to make sure action was taken to improve safety in the practice.

We reviewed the significant event records and minutes of meetings that were made available to us. These showed that significant events were not responded to appropriately and we saw evidence of repeated events of the same or similar nature reoccurring. For example, a significant event record dated 31 December 2015 showed medicine was not stored safely due to issues with the fridge temperatures. Following this event, staff had not followed their own procedure or put measures in place to prevent a recurrence. On the day of the inspection we found the same issues in respect of the temperature of the fridge used to store vaccines. These medicines had continued to be used following the significant event. We told the practice to notify Public Health England of this failure immediately who would advise on the best course of action regarding the vaccines and subsequent follow up of any patients who may have been immunised with these vaccines during this period.

When there were unintended or unexpected safety incidents, patients were mostly contacted verbally and offered an apology. However, evidence showed patients did not always receive reasonable support and truthful information. For example, the practice had not made parents aware that the vaccines used on children were potentially unfit for use. There was little or no evidence that patients were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe:

· There was insufficient attention to safeguarding adults and children. There was inconsistent information from staff as to who the identified safeguarding lead was. Minutes of clinical meetings from August and November 2015 identified concern that the practice had not identified a safeguarding lead. We saw two specific records which showed safeguarding issues had not been managed appropriately. We were told that there were no risk register markers for children on the computer system to alert staff that patients were deemed at risk.

· A notice in the waiting room and clinical room doors advised patients that chaperones were available if required. Reception staff had not been trained in chaperoning and we were told by the primary care manager that appointments were being rearranged when a chaperone was requested if one was not available.

- The practice maintained appropriate visible standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However, there was no identified infection control lead and not all staff had completed infection control training. The practice could not provide cleaning schedules in respect of the practice or equipment used. No infection control audit had been undertaken and the infection control policy in place was overdue a review. We saw a handwashing audit had been carried out but there was no evidence of follow up action to address an issue that was identified. The practice did not have an immunisation record for staff.
- We reviewed nine personnel files and found most recruitment checks had been undertaken prior to employment, although there was missing information in most records. Checks through the Disclosure and Barring Service had been carried, although the record in respect of the one member of staff was missing. There were gaps in the records in respect of job descriptions, CV's and application forms.
- The practice did not have a failsafe system for reviewing hospital discharge and clinic letters. Where changes to medicines were recommended or made, these were not highlighted promptly by GPs who could make the necessary changes to patients' records. We saw that an increased dose of medicine for one patient had not

been actioned after three weeks and that a change to medication for another was recommended in July 2015 but was still not actioned. There was no assurance that patient's repeat prescriptions were still appropriate and accurate. The records showed no significant backlog of records for processing, however we were told by one locum GP that in the last three months there had been significant backlogs of up to two weeks.

We looked at records to see if medicines requiring refrigeration had been stored appropriately. Recent records had been completed to monitor refrigeration temperatures, but a maximum-minimum fridge thermometer in one fridge recorded temperatures above those recommended by the manufacturer. A significant event record was completed; however staff did not follow policy or seek NHS guidance on actions following this type of event which meant that it was not possible to demonstrate that the vaccines were safe to use. These medicines had continued to be used following the significant event. Vaccines were administered by the practice nurses using Patient Group Directions (PGDs) that had been produced in line with national guidance.

Prescription pads were securely stored; however there were no systems in place to monitor their use and we saw evidence of their inappropriate use. For example, repeat prescriptions were generated on Nurse Supplementary/ independent prescriber forms when we were told the staff member was no longer at the practice. Blank prescription forms were not handled in accordance with national guidance as these were not tracked through the practice.

Monitoring risks to patients

Risks to patients were not always assessed and were not well managed.

- Patients were at risk of harm because the systems and processes in place had significant weaknesses within them and were not always implemented in a way to keep them safe. There was a health and safety poster in the reception office which identified local representatives. The practice had no up to date fire risk assessments and no log of fire drills. The fire alarm test planned and advertised for the day of the inspection did not take place.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- A risk assessment for legionella carried out on 20 January 2014 by NHS Property Services had identified actions to be taken but there was no evidence that any actions had been taken. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This has been referred to NHS Property Services.
- Staff told us there were not enough staff to maintain the smooth running of the practice and keep patients safe.
- Frequent staff shortages, instability and poor management of locum staff increased the risk to patients who used the service. The practice did not have any salaried GPs and used locums for all sessions. The nursing team was short staffed with a number of recent leavers and high sickness. At the time of the inspection the practice was run on locum GPs and locum nursing staff and a practice manager who commenced the role on 21 December 2015. We were told by staff that there was not enough time to do the work that was required. There was a rota system in place for all the different staffing groups; however this was not effective and failed to ensure there was always enough staff on duty to meet patient's needs. For example, there had been two occasions in December when no clinicians were available at the practice and we saw written and physical evidence to show that access to emergency appointments was not always possible. The rotas and the appointments that had been offered did not always correspond.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and fit for use.

Inadequate

Are services safe?

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not have systems in place to ensure all clinical staff had access to and followed guidelines from the National Institute for Health and Care Excellence (NICE), the local Clinical Commissioning Group (CCG) and local disease management pathways. The practice did not have systems to assure them that assessments and treatment was delivered in line with these guidelines and pathways to support delivery of care to meet the needs of patients.

Our GP specialist advisor looked at eight routine consultations. Five of the eight consultations identified areas of concern and showed that care and treatment did not always reflect current evidence-based guidance, standards and best practice during assessment, diagnosis when people were referred to other services. Examples included a patient who was prescribed anti-biotics after only speaking with a receptionist and not seeing or speaking with a clinician. Another example included a homeless person who was identified as at risk of a deep vein thrombosis. They had been seen by two members of staff on two subsequent occasions following their visit but the existing information requesting an urgent consultation and referral was not acted on. Clinical meeting records also highlighted that guidance was not being followed. For example, in respect of prescribing a certain medicine to pregnant women.

Whilst the records showed the clinical recording was adequate it was evident that read coding was poorly used. Patients rarely had a review marker on their record and there was evidence that if they did they were often not acted on. Clinicians told us this made it very difficult to easily identify issues and concerns for follow up. This had been identified as an issue in clinical meeting minutes in August 2015 as a point for action as no read coding team in place.

Management, monitoring and improving outcomes for people

There was no evidence available to show the practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.7% of the total number of points available, with 25.4% exception reporting which was 17.3% points above CCG Average and 16.2% above England Average (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The lead staff member for QOF was not aware of the high exception reporting figure and could therefore not provide any explanation for the high result. The QOF results showed that overall the clinical indicators were 2.6% percentage points below the CCG Average and 2.5% below England Average, noting the high exception rate. Areas that were significantly below the CCG and England average related to:

- Performance for chronic obstructive pulmonary disease (COPD) related indicators was 74.3% which was significantly lower than the local CCG and England average being 19.8% points below CCG Average and 21.7% below the England Average.
- Performance for diabetes related indicators was 76.9% which was significantly lower than the local CCG and England average being 17.5% points below the CCG Average and 17.6% points below the England Average.
- Performance for mental health related indicators was 84.6% which was lower than the local CCG and England average being 6.7% points below the CCG Average and 8.2% points below the England Average.
- Performance for Osteoporosis: secondary prevention of fragility fractures was 66.7% which was significantly lower than the CCG and England average being 13.3% points below the CCG Average and 14.7% points below the England Average.

CQC intelligence monitoring identified four areas where there was a very large or large variation when compared to national averages. These related to:

- The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) was 0.44 compared to national average of 0.89.
- Effective Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) was 0.4 compared to the national average of 0.29.

Inadequate

Are services effective?

(for example, treatment is effective)

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 59.42% compared to national average of 89.9%
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 67.9% compared to national average of 81.8%.

There was some evidence to show the practice was aware of poor performance in some areas but little or no evidence of action taken to improve performance.

Our GP specialist advisor looked at a six randomly selected patients on the QOF missing patients (work to do) list. Of the six looked at, five had dates for medication reviews which were not done. They also had coding errors which meant patients were being unnecessarily called for tests and examinations which had already been carried out. We were told that searches on patients prescribed medications for long term conditions had not been checked with the registers and therefore the practice could not be confident that all patients were correctly coded and captured on the register for monitoring.

The practice had an ineffective system in place for recalling patients for review to the practice. The practice had recently introduced a new process for recalling patients on the disease registers for a review. We were told the previous system was not working and records showed large variations in respect of the number of patients who should have been reviewed that had not. Clinical meeting minutes dated 25 November 2015 showed that staff were concerned that the months recall letters had been sent to patients but there were no appointments available to book these reviews in. The record noted that asthma reviews would be carried out by telephone and CHD reviews to be stopped with the nurses and possibly moved to the health care assistant.

There was limited monitoring of patient outcomes of care and treatment, including poor clinical audit. Patient outcomes were variable and significantly worse in some areas when compared with CCG and national data. Necessary action was not always taken to improve patient outcomes.

- Clinical audits were carried out but poorly completed. Four of the six observational single cycle audits in the audit folder were not dated and did not demonstrate improvement or ongoing monitoring. Audits were not used routinely to monitor the quality of the service and practice.
- There was no evidence to show the practice participated in local audits, national benchmarking, accreditation, peer review and research.
- There was no evidence to show information about patients' outcomes was used to make improvements.

Effective staffing

Staff did not always have the skills, training, time and support to allow them to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed permanent staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, we were told there was no specific induction for locum GPs.
- The practice had a high level of staff instability, with a high turnover of clinical and non-clinical staff and staff sickness. The practice operated with all locum GPs. At the time of the inspection the practice was run on locum GPs and locum nursing staff and a practice manager who commenced the role on 21 December 2015.
- Staff were not managed or supervised effectively. Records and feedback showed that nursing staff were not effectively supervised. There was no evidence to show locum GPs were supervised or competency assessed, even when there were concerns about performance. There was no clinical leadership on site.
- Most staff did not have a job description.
- We observed a distressed staff group.
- Systems were not in place to ensure staff received mandatory training and other training needed to deliver good quality care. For example, not all staff had received safeguarding adults and children, infection control, fire safety and information governance training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system. Records showed there were significant

Inadequate

Are services effective?

(for example, treatment is effective)

backlogs of summarising of patient records dating back to October 2014. There was also evidence that information received into the practice was not always processed in a timely way and not always acted on appropriately.

There was limited evidence to show the practice worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Minutes of a clinical meetings dated May 2015 showed this had been identified as an issue. There was no further information available to show if any action had been taken to address this. The practice could not provide any evidence to show that regular multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated. There was evidence of palliative care meetings taking place and reviews of patients on the unplanned admissions register.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005.
- Most staff had received training in the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- There was no evidence to show the process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

The practice had identified some patients who may be in need of extra support. However, there was minimal evidence to show this information was used to support patients to live healthier lives and was overlooked. There was no focus on prevention and early identification of health needs and staff were reactive, rather than proactive in supporting patients to live healthier lives.

- Healthy living advice leaflets were located around the practice. None of the patients we spoke with had received healthy living advice leaflets or had been signposted to them following consultation with the GP.
- There were no specific services offered to patients within the practice that reflected the needs of the population.
- Of the patients on the practice register with a learning disability only two out of 18 had been subject to an annual health review.
- The practice was unable to confirm how many of the 247 patients at the practice who were diagnosed as having asthma had received an annual review.
- The practice's uptake for the cervical screening programme was 67.9% which was below the national average of 81.8%. The practice could not demonstrate it had taken action to improve the uptake. One member of staff told us clinical time was an issue in being able to improve uptake of this service.
- Data from The National Cancer Intelligence Network (NCIN) showed the practice uptake of breast and bowel screening was rated as statistically significantly lower than the CCG average.

Childhood immunisation rates for the vaccinations given were all below the CCG average for under two year olds. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0.9% to 90.6% compared to the CCG average of 3.7% to 95.9% respectively. There was no comparable data against CCG averages in respect of five year olds. However, the data was low in some areas ranging from 77% to 90%. The practice did not have a system in place for addressing the uptake issue. We were told by one staff member they had planned to put an extra clinic on but due to staff availability this was not possible. We were also told clinical time to manage this area was an issue.

Flu vaccination rates for the over 65s were 69% compared to the national average of 73%. Rates for patients identified at risk were 45% compared to the national average of 49%.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous when speaking with patients. We spoke with one member of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, we also noted that patients were not always treated with compassion, dignity and respect by the nature of the complaints and feedback received and the very fact that patients basic needs were not always being met. Some of this was explicable in certain aspects given the enormous pressure the staff were working under.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could be overheard in the corridor as there was no background noise. Conversations at the reception desk could be overheard. The reception area was located in an access corridor for the Ironstone Centre.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed that they could offer them a private room to discuss their needs.

Results from the national GP patient survey published 2 July 2015 were largely below the CCG and national average in respect of patients feeling they were treated with compassion, dignity and respect and for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 83% said the GP gave them enough time compared to the CCG average of 86% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 74% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 81% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed questions about their involvement in planning and making decisions about their care and treatment were below the CCG and national averages. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%
- 82% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. However, we noted an appointment being offered on the basis of a parent being able to speak English. There was no offer of a translation service being offered to afford the patient an earlier appointment. No notices were displayed informing patients this service was available.

The patient records we looked at showed there was minimal use of care planning and patient involvement in care planning.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had identified 38 patients as carers. Written information was available within the practice which directed carers to the various avenues of support available to them, including the offer of flu vaccinations. Staff were unclear whether patients were contacted following a bereavement.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Minimal effort was made to understand the needs of the local population. The practice could not demonstrate that it had taken account and responded to the individual needs of its patients when planning and providing care, placing patients at risk of worse outcomes.

- The practice was open between 8am and 8pm Monday to Saturday and 10am – 2pm on Sunday. Access to appointments during this time was not always meeting people's needs.
- The practice could not provide us with any information relating to home visits. The two GPs we spoke with told us they had never carried out a home visit whilst they worked at the practice. Records showed a patient on the unplanned admissions register had been refused a home visit.
- Same day appointments were not always available for children and those with serious medical conditions.
- There were disabled facilities available to patients.

Access to the service

The practice was open between 8am and 8pm Monday to Saturday and 10am – 2pm on Sunday. Despite the offer of services during this time there was significant evidence in complaint records, discussions with staff and observations on the day of the inspection that patients could not access a clinician in a timely way for both routine and emergency appointments. There was evidence this had had an impact on patients. There had been two instances in December 2015 where no clinicians were available. Patients, staff and records confirmed difficulty in accessing appointments in a timely way. The records we looked at confirmed that the number of appointments being offered to patients was low. On the day of inspection (6 January 2016) the next available routine appointment available was 19 January 2015, 13 days later.

One GP told us they were asked to call all the patients from the practice who attended A&E the previous day. They reported that there were many inappropriate A&E and NHS 111 calls and contacts. Patients they had spoken to said they called 111 as they couldn't get an appointment, could not get through via the telephone or were told by the practice to attend A&E as these were no appointments. Performance data suggested the practice had a high rate of unscheduled admissions and A&E attendances with high rates of diabetes and COPD admissions.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages with the exception of seeing a GP they prefer.

- 20% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 30% and national average 37%.
- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 77% patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average 73%.
- 93% said the last appointment they got was convenient compared to the CCG average of 94% and national average of 92%.
- 73% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and a national average of 85%.
- 77% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63% and national average of 65%.
- 65% feel they don't normally have to wait too long to be seen compared to the CCG average of 59% and national average of 58%.

Listening and learning from concerns and complaints

The practice did not have an effective system in place for handling complaints and concerns.

- Information was available to help patients understand the complaints system.
- There was no evidence of any investigations, learning or action points linked to complaints despite many of them being related to serious matters such as emergency appointments being cancelled, a baby not able to get an emergency appointment, a patient being prescribed antibiotics without being seen or speaking with a GP and patients being hospitalised due to the delay in being able to access appointments. Recurring

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

themes featured on the complaint records; specifically in respect of attitudes of GPs and access to appointments. People's concerns and complaints did not lead to improvements in the quality of care.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice could not provide evidence of a clear vision to deliver high quality care and promote good outcomes for patients. Staff were not aware of a practice development plan. The fractured staffing arrangement did not lead itself to delivering good outcomes for patients.

Governance arrangements

The service had little or no clinical governance systems in place. There was no effective system for identifying, capturing and managing issues and risk. Significant issues that threatened the delivery of safe and effective care were not identified or were identified and not adequately responded to. We saw multiple examples, from significant event records, operational practice reports and clinical meeting minutes that showed risk had been identified yet there was no robust management or follow up of the risk.

The arrangements for governance and performance management did not operate effectively. The service did not carry out audits to ensure that clinicians working at the service were providing safe and effective care and were given the opportunity to identify opportunities to improve their practice and outcomes for patients. There was no system in place to monitor outcomes of intervention including holding clinicians to account for their clinical decisions. There was no system in place to support peer review and enable shared learning. Meetings between clinicians and other staff working at the service did not take place. There were no systems in place to enable effective communication to promote the safety of patients.

Leadership and culture

There was no clinical leadership at the practice. There was a fractured staff group with high turnover of staff and a high number of staff on sick leave. The practice staffing arrangements were unstable with several staff leaving, including both the long term salaried GPs and one of the nurse practitioners. There was no evidence to show the provider was trying to address the reasons for the staffing instability. We witnessed an apparent high level of upset and distress with at least two members of staff. Lack of support, time to do the job and communication from the owners of the company was a common theme. There was evidence of a defensive and blame culture.

There was no evidence to show that quality and safety was the top priority for leaders and known risks were not being acted on. Records showed leaders were aware of but not acting on and/or following up on what was happening at the practice. For example, we identified that patients rarely had a review marker on their records and there was evidence that if they did they were often not acted on. Clinicians told us this made it very difficult to easily identify issues/concerns for follow up. This had been identified as an issue in clinical meeting minutes in August 2015 as a point for action as no read coding team was in place. There was no evidence to show this had happened which meant locum GPs did not have robust oversight of patients medical conditions.

When there were unexpected or unintended safety incidents these were not managed appropriately despite them being reported centrally to DMSL. We saw many examples that showed incidents of the same or similar nature reoccurred at the practice.

There was a leadership and support structure in place but this did not reflect the feedback we received in respect of the level of support and communication staff received.

- Staff told us communication was poor at the practice. The locum GPs told us they had never met with the nursing team and in some instances never engaged with them.
- There was poor collaboration between the practice and DMSL.
- We were told that clinical meetings took place once a month. There was some evidence available to support this although the frequency was not in line with what we were told.
- We observed a culture of blame and defensiveness when speaking with some staff.
- Inconsistent management was described as an issue at the practice.
- Some staff did not feel supported.

Seeking and acting on feedback from patients, the public and staff

The practice invited feedback from patients, the public and staff. Positive comments were displayed in a corridor within the practice and facilities were available to allow patients

Are services well-led?

Inadequate

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

to provide feedback. However, we saw many examples in records such as NHS Choices, complaint records, meeting minutes and staff supervision records that issues raised were not always responded to and addressed.

Continuous improvement

There was little or no evidence of innovation or service development. There is minimal evidence of learning and reflective practice.