

Hastings Old Town Surgery

Quality Report

Roebuck Surgery
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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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



Key findings

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Letter from the Chief Inspector of General Practice

This practice is rated as inadequate

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection on 7 November 2018 as part of our inspection programme. Prior to this we carried out an unannounced focused inspection on 3 October 2018 in response to concerns that were reported to us. Hastings Old Town Surgery was originally inspected following a change in ownership of the practice in 2017.

At this inspection we found:

- The practice did not have a clear system in place to track significant events nor learn from these.
- Arrangements for the security of prescription forms was not sufficient.
- A fire door was found to be held open at the practice.
- Actions taken in response to specific risk assessments were not clear.
- Pre-employment checks undertaken by the practice were not thorough.

- Medicine reviews were not being recorded effectively.
- The practice's overarching governance framework was not effective and did not support the practice to identify and act upon areas for improvement.
- The lack of leadership and oversight in the practice resulted in ineffective systems to identify and proactively manage risks, issues and performance.
- Appraisals for all staff had not been completed.
- The practice did not have a functioning patient participation group.
- The practice had been recognised by the local clinical commissioning group for their success in using care navigation.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they could access care when they needed it.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish and operate effectively a system for identifying, receiving, recording, handling and responding to complaints.

Summary of findings

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure that staff receive appropriate support, training professional development, supervision and appraisal as is necessary to carry out the duties they are employed to perform.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin

the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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

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

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

Hastings Old Town Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager adviser and a member of the CQC medicines team.

Background to Hastings Old Town Surgery

Hastings Old Town Surgery is a dispensing practice that offers general medical services to the people of the Old Town area of Hastings. There are approximately 10,862 registered patients. Services are provided at Roebuck House, 26-27 High Street, Hastings, TN34 3EY.

Services are also provided from a branch practice at Guestling Surgery, Chapel Lane, Guestling, Hastings, TN35 4HN. The branch practice was visited on the day of inspection. The branch surgery holds the dispensary for the service. The practice was able to offer dispensing services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy.

Hastings Old Town Surgery is run by a sole GP lead. The practice is also supported by four further GPs (two male and two female). One of these GPs is a long-term locum GP. Additionally, there are three practice nurses, an advanced nurse practitioner, two health care assistants, a physiotherapist, a clinical pharmacist and five dispensary staff. The team also includes a practice manager, a deputy practice manager, a business manager, medical secretaries

and reception staff most of whom also have some additional responsibilities. The practice currently teaches FY2 doctors (doctors in their second year after qualifying) and medical students.

The practice runs many services for its patients including asthma clinics, child immunisation, diabetes clinics, contraception services, antenatal clinic, flu vaccine clinic and travel vaccinations (not Yellow fever). The practice runs an ear micro suction service and accepts referrals from other local GPs for this. There is a counselling service available in the building.

The provider is registered with the Care Quality Commission (CQC) to provide the following regulated activities: Diagnostic and screening procedures, Treatment of Disease, Disorder and Injury, Maternity and midwifery services, Family planning services and Surgical procedures.

The practice is run from three floors and has lift access. The practice is open from 8.30am Monday to Friday. The surgery is closed between 1.00pm and 2.00pm. The practice closes at 6.30pm on Monday, Tuesday, Wednesday and Thursday and at 5.00pm on Friday. There is access for emergencies between 8.00am and 8.30pm Monday to Friday and 5.00pm to 6.30pm on Friday. Extended hours appointments are offered from 7.30am to 8.00am each morning. The practice had also worked with other practices in setting up an extended hours hub for evening appointments starting 12th November 2018.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that need them. When the surgery is closed patients can access out of hours care via the 111 telephone number. Urgent calls between 8.00am and 8.30am are put through to the duty GP.

The practice population has a higher than the national average number of patients aged over 65 although this is

Detailed findings

lower than the local average. There is a slightly higher than average number of patients with a long-standing health

condition than the local and national average. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than both the local average and national average.

Are services safe?

Our findings

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- There was limited evidence of the management, tracking and learning from significant events.
- Safety systems and processes were not always operated effectively.
- Not all risks to patients were identified and addressed.
- Medicines were not managed safely.

Safety systems and processes

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

- The practice had systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff.
- Training for staff acting as chaperones was not evidenced in the training matrix supplied by the practice. Not all staff had received a DBS check or a risk assessment detailing why one was not required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice had not always carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice did not have an effective system to manage infection prevention and control.
- The practice had some arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

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

- Arrangements were not in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was no effective induction system in place for temporary or permanent staff which was tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, the practice did not hold Naloxone (a medicine used to reverse the effects of opioid medicines) in their emergency medicines supply and no risk assessment was in place for not having this. On the inspection on 3 October 2018, not all emergency medicines were in date.
- Clinicians knew how to identify and manage patients with severe infections including sepsis. However, there was no evidence that non-clinical staff had been trained to recognise potential life-threatening conditions including sepsis.

Information to deliver safe care and treatment

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

At this inspection, there was no backlog of test results. During the inspection on 3 October 2018, there were seen to be 495 test results awaiting scrutiny. Of these, 221 were abnormal results requiring action. We found that the practice had approximately 1,100 patient care records waiting to be summarised which had been outstanding since approximately September 2017.

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols. However, we saw six significant events relating to two week wait referrals that had the same identical learning comments over a five month period.

Appropriate and safe use of medicines

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

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, did not minimise risks.
- Staff did not prescribe, administer or supply medicines or give advice to patients in line with current national guidance.
- The practice had reviewed its antibiotic prescribing and acted to support good antimicrobial stewardship in line with local and national guidance.
- We found that 37% of patients requiring a medicines review had not had one undertaken, which equated to 2,102 patients. Medicines were repeatedly issued beyond the number of times authorised by the prescriber. This included the repeat prescribing of controlled drugs.
- Arrangements for dispensing medicines at the practice did not always keep patients safe. For example, staff were not conversant with contents of the Standard Operating Procedures in areas such as controlled drugs. These procedures, whilst having been reviewed, contained references to organisations no longer in existence.
- The tracking system in place for prescription stationery was not reliable. At this inspection it was found that consulting rooms were kept secure at the main surgery and a tracking system was in place. However, at the branch site consulting rooms were still left unattended and unlocked with prescription forms in non-lockable printers. During the inspection on 3 October 2018, a prescription form could be removed from an open consulting room and there was no tracking of forms in place.
- At this inspection, issues relating to Patient Group Directions were adequately managed. This was an improvement on the findings of the inspection on 3 October 2018, where it was seen that Patient Group Directions (PGDs) were not adequately managed (some had not been signed appropriately whilst one PGD had been replaced in April 2018 but only an electronic copy of this was seen. There was no paper copy and it was not signed).

- At this inspection, we found that emergency medicines were in date. During the inspection on 3 October 2018, it was found that some emergency medicines were out of date.

Track record on safety

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

- Comprehensive risk assessments in relation to safety issues were not in place.
- The practice had not monitored and reviewed activity. This meant that the practice were not able to identify potential risks or provide a clear, accurate and current picture of safety that could lead to safety improvements.
- Safety was not a sufficient priority and there was limited monitoring of safety issues.

Lessons learned and improvements made

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

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were inadequate systems for reviewing and investigating when things went wrong. The practice did not learn and share lessons, identify themes or take action to improve safety in the practice. There was little evidence of learning from events or other action being taken to improve safety. Due to this, opportunities to minimise or prevent harm were missed.
- The practice acted on and learned from external safety events as well as patient and some medicine safety alerts. However, it was seen that patients on sodium valproate that were of child bearing age had not had the risks discussed and documented within their patient notes.

Please refer to the Evidence Tables for further information.

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 groups.

The practice was rated as requires improvement for providing effective services because:

- There was evidence seen of documented gaps in staff training. At the previous inspection on 3 October 2018, regular staff appraisals had not been undertaken. At this inspection, we found that the practice had started to undertake work in this area.

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

Older people:

This population group was rated requires improvement for effective because:

- The issues found would impact on all population groups throughout the practice.

There was evidence of good practice seen including:

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

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for effective because:

- The issues found would impact on all population groups throughout the practice.

There was evidence of good practice seen including:

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

Families, children and young people:

This population group was rated requires improvement for effective because:

- The issues found would impact on all population groups throughout the practice.

There was evidence of good practice seen including:

Are services effective?

(for example, treatment is effective)

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above for three of the target indicators. The practice was 1.5% below the 90% target for children aged two years of age receiving the measles, mumps and rubella immunisation.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

This population group was rated requires improvement for effective because:

- The issues found would impact on all population groups throughout the practice.

There was evidence of good practice seen including:

- The practice's uptake for cervical screening was 74.7%, which was below the 80% coverage target for the national screening programme but above the national average of 72.1%. The practice was aware of their screening figures and contacted patients to assist in increasing screening uptake and placing an alert on patient notes so these could be discussed opportunistically.
- The practice's uptake for breast and bowel cancer screening was in line with the national averages.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective because:

- The issues found would impact on all population groups throughout the practice.

There was evidence of good practice seen including:

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated requires improvement for effective because:

- The issues found would impact on all population groups throughout the practice.

There was evidence of good practice seen including:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.
- The practice performance on quality indicators for mental health was in line with local and national averages.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided, with the exception previously documented in relation to medicine reviews. Where appropriate, clinicians took part in local and national improvement initiatives.

- 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.

Effective staffing

Staff did not always have the skills, knowledge and experience to carry out their roles.

Are services effective?

(for example, treatment is effective)

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- Records of skills, qualifications and training were maintained. These evidenced that staff had gaps in their training involving areas such as clinical governance, infection control for nurses, fire safety, chaperone training and handwashing.
- The practice needed to improve how they provided staff with ongoing support. There was no evidence of an induction programme for newly employed staff members.
- At this inspection, we found that the practice had started to undertake work in relation to appraisals. During the inspection on 3 October 2018, we found that there were gaps in appraisals being undertaken.
- Dispensary staff were appropriately qualified and their competence was assessed regularly. They could demonstrate how they kept up to date.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated and person-centred care. This included when they moved between services, when

they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.

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

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. However, the consent form for minor surgery was a signed paper document that was not scanned into the patient notes.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately.

Please refer to the evidence tables for further information.

Are services caring?

Our findings

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

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

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line with local and national averages for questions relating to involvement in decisions about care and treatment.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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

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.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were challenging for the delivery of services and the practice was in the process of refurbishing new premises to enable care to be given in a more suitable location.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.
- The practice provided dispensary services for people who needed additional support with their medicines, for example, a weekly or monthly blister packs and large print labels.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in the frail and vulnerable patient scheme.
- A GP visited a local Nursing Home each fortnight where approximately 45 of the residents are registered with the practice.
- The advanced nurse practitioner also undertook a fortnightly visit of a care home where the practice had approximately 50 patients.

- The advanced nurse practitioner visited housebound patients and worked with them and their carers on an agreed care plan.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health though medicine reviews were not always undertaken. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular monthly meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Post-natal counselling was available for patients.
- The practice held quarterly meetings with health visitors to discuss potentially vulnerable children.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours each morning and had worked collaboratively with other practices in setting up evening extended hours availability.
- Telephone appointments were available for patients who may find it difficult to attend the practice.
- There was an online system for both booking and cancelling appointments.
- The practice operated a text reminding service to assist in minimising patients not attending appointments.

People whose circumstances make them vulnerable:

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

Are services responsive to people's needs?

(for example, to feedback?)

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- Appointments were available during quieter times for vulnerable patients.
- The practice placed alerts on the system for patients that were cared for and their carers.
- The practice held monthly multi-disciplinary team (MDT) meetings to discuss vulnerable patients care.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients who failed to attend were proactively followed up by a phone call from a GP.
- The practice worked with a local low level mental health community well-being service.
- Counselling was available at the practice.
- Multi-Disciplinary Team (MDT) meetings were attended by the local community psychiatric nurse.

Timely access to care and treatment

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, diagnosis and treatment. However, there were concerns raised in relation to test results not being acted upon in an appropriate timescale which could impact on ongoing care.

- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were above local and national averages for some questions relating to access to care and treatment. For example, the percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment was 80% in comparison to 74% locally and 69% nationally.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance, however, the practice did not always follow their procedure and some response letters were undated. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

Inadequate 

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

Our findings

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

The practice was rated as inadequate for providing safe services because:

- The practice overarching governance framework was not effective and did not support the practice to identify and act upon areas for improvement.
- The lack of leadership and oversight in the practice resulted in ineffective systems to identify and proactively manage risks, issues and performance.

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- The leaders did not always maintain an accurate overview and understanding of key quality and risk areas within the practice. This included health and safety checks, staff training and ensuring learning was shared from complaints, meetings and other incidents.
- Leaders at all levels were visible and approachable. They worked closely with staff, however, there was a disconnect between areas of management which led to difficulties in managing and delivering an effective service.
- There was no effective system in place for identifying, capturing or managing risks and issues. Significant issues that could threaten the delivery of safe and effective care were not identified or adequately managed. This included the effective management and actioning of fire risks and Legionella risk.

Vision and strategy

The practice had a clear vision but no credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values and staff understood their role in achieving these.
- The governance arrangements at the practice were not sufficient to deliver the vision of the service.

- The practice planned its services to meet the needs of the practice population and had worked collaboratively with other local services to deliver extended hours care.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients, however, it was seen that there were lapses in this area in relation to monitoring test results and reviewing medicines.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- Processes were not in place for providing all staff with the development they needed. There were gaps evidenced in training that the practice deemed mandatory.
- There had been no appraisals undertaken since 2016 at the time of the inspection on 3 October 2018. At this inspection, work had begun on appraisals but this issue had still not been sufficiently addressed. Staff were supported to meet the requirements of professional revalidation where necessary.
- Not all staff, including clinical staff, had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and we were informed that staff enjoyed the teamwork that took place at the practice.

Governance arrangements

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

Are services well-led?

Inadequate 

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

- The structures, processes and systems did not support good governance and management and were not effective.
- The governance and management of partnerships, joint working arrangements and shared services promoted co-ordinated person-centred care.
- Staff were clear on their roles and accountabilities in respect of safeguarding.
- Infection prevention and control processes were not always sufficient and evidence was seen that the cleaning schedule was not always adhered to. The chairs in the waiting room were of fabric material with no cleaning schedule was seen to address this.
- Practice leaders had not established policies, procedures and activities to ensure safety.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was not an effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance.
- Practice leaders had oversight of safety alerts, incidents, and complaints.
- Clinical audit had an impact on quality of care and outcomes for patients. At the inspection on 3 October 2018, we were not able to see any two cycle audits that had been undertaken as the information was not available. At this inspection, two audits had been subsequently evidenced.
- The practice had plans in place for business continuity in case of a major incident or disruption but the training matrix did not evidence that training had been undertaken for this issue.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance.

- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- 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 used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.
- The practice had approximately 1,100 patient notes needing to be summarised.

Engagement with patients, the public, staff and external partners

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

- A full and diverse range of staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture.
- There was not an active patient participation group at the practice.
- There was a patient survey undertaken in 2018 by the practice.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- There was not a focus on continuous learning and improvement.
- Staff knew about improvement methods and had the skills to use them.

Are services well-led?

Inadequate 

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

- The practice had not made use of internal and external reviews of incidents and complaints. Learning was shared but no evidence was seen that this was used to make improvements. For example, documenting the exact learning areas in relation to significant events which had similar features over a five month period would indicate that there was no, or insufficient, learning undertaken from these events.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

Please refer to the evidence tables for further information.

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular: • The provider failed to ensure that prescription forms were secured and monitored throughout the practice. • The premises being used to care for and treat service users were not safe for use. In particular, insufficient fire risk assessment activities and Legionella risk assessment activities were taking place which did not address issues found. • Cleaning schedules were not being adhered to in order to aid infection control. • Processes in place for reviewing patients' medicines were not sufficient. • Processes in place for managing test results were not sufficient. • There was no proper and safe management of medicines. In particular, the recording of medicine fridge temperatures was not always undertaken or actioned appropriately when found to be out of range. • No log was kept of emergency medicines checks. Risk assessments were not in place to determine which emergency medicines were stocked. • There was insufficient knowledge and understanding of Standard Operating Procedures in relation to the dispensary. Standard Operating Procedures contained outdated information. • Fire doors were kept open.

Requirement notices

This was in breach of regulation 12(1) (2) 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 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

There were no systems or processes that enabled the registered person to assess, monitor and improve the quality and safety of the services being provided or mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- The provider did not have an adequate process in place for recording, managing and learning from significant events.
- There were no systems or processes that enabled the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.
- The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular, approximately 1,100 patient records needed to be summarised to the provider's computer system.
- There were no systems or processes that enabled the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular, the provider did not have a patient participation group functioning at the time of inspection.

Requirement notices

- The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints from service users and other persons in relation to the carrying on of the regulated activity. In particular, response letters were being sent to complainants with no dates upon them and the practice did not follow their own complaints policy.

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

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

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

- Not all training had been undertaken by staff, for example, but not limited to, fire safety, information governance, major incidents and infection control training.
- Appraisals for all staff had not been completed.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Family planning services

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

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

How the regulation was not being met

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Insufficient pre-employment checks had been undertaken including not carrying out identity checks and not obtaining DBS certificates where appropriate or including a risk assessment that identifies why one was not required.

This was in breach of regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.