

Tynemouth Medical Practice

Inspection report

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

Ratings

Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Inadequate 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as Inadequate overall. (Previous rating March 2016 – Good)

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Inadequate

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Tynemouth Medical Practice on 26 July 2018. This inspection was carried out as part of our inspection programme.

At this inspection we found:

- None of the staff had undertaken all training and necessary updating of training to be certain that they had the skills, knowledge and experience to deliver effective care and treatment, including: basic life support, fire safety, health and safety, infection prevention and control, information governance and safeguarding of adults and children.
- None of the staff files contained all of the recruitment information we would expect to find, including: application form or CV, proof of identity, job description, signed contract of employment, DBS check or risk assessment in lieu, or evidence of having completed an induction programme.
- The majority of staff had not received up-to-date safeguarding training appropriate to their role.
- DBS checks were not undertaken for non-clinical staff, and most clinical staff files showed no evidence of DBS checks.
- The childhood immunisation uptake rates were below the minimum target percentage of 90%, with some significantly below the target. The practice's uptake for cervical cancer screening programme was significantly below the 80% coverage target for the national screening target.
- The practice's GP patient survey results were significantly below local and national averages in some areas.
- Patients complained about rude and uncaring staff.
- Most practice policies we saw had not been reviewed within the last 12 months or at all.

- Patients experienced great difficulty in contacting the practice by phone, in accessing appointments and long waits to be seen.
- The prescriptions box in reception contained 26 out of date prescriptions dating back to June 2016 which had not been followed up or destroyed. Reception staff told us they would be given out to patients if requested.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure specified information is available regarding each person employed

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

- Review and carry out patient surveys to gather information to help identify patients' concerns.
- Review and re-establish the patient participation group to gather feedback from patients.
- Review and address the issues highlighted in the national GP survey in order to improve patient satisfaction.
- Review and consider installing a hearing loop to support patients with impaired hearing.
- Review patient comments on the NHS Choices website and respond in a timely way.

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

Overall summary

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

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

Background to Tynemouth Medical Practice

Tynemouth Medical Practice is situated within NHS Haringey Clinical Commissioning Group. The practice holds a Personal Medical Services contract (Personal Medical Services agreements are locally agreed contracts between NHS England and a GP practice) and provides a range of enhanced services including: child health and immunisation; minor illness clinic; smoking cessation clinics; and clinics for patients with long term conditions.

The practice is located at 24 Tynemouth Rd, Tottenham, London N15 4RH.

The practice website can be found at:
www.tynemouthmedicalcentre.nhs.uk.

The practice is registered with the Care Quality Commission to carry on the regulated activities of Treatment of disease, disorder or injury; Diagnostic and screening procedures; Surgical procedures; Family planning; Maternity and midwifery services.

The practice had a patient list of approximately 10,500 at the time of our inspection.

The staff team at the practice includes two full-time and one part-time GP partners (one male and two female) and a five salaried GPs (working a mixture of full and part-time). Between them the GPs work the equivalent of five full-time GPs. The clinical team is completed by a

part-time female advanced nurse practitioner, three female practice nurses (one full-time and two part-time) and a part-time female trainee practice nurse. It is a teaching and training practice providing placements for medical students, and trainee GPs.


The non-clinical staff consist of a full-time practice manager, a full-time deputy practice manager, a full-time reception supervisor and 10 administrative and reception staff (who work a mixture of full-time and part time-hours).

The practice is open:

Monday to Thursday: 8.00am – 1.00pm and 2.00pm to 7.30pm


Friday: 8.00am – 1.00pm and 2.00pm to 6.30pm

Appointments are available: Monday to Friday mornings 9.00am – 12.15pm, and afternoons 2.30pm - 5.45pm. The practice offers GP and nurse extended hours appointments between 6.30pm – 7.30pm Monday to Thursday evenings. There is an on-call doctor available between 8.00am – 6.30pm each day. The practice provides extended hours appointments between 6.30pm – 7.30pm on Monday to Thursday evenings. In addition, patients of the practice can access GP and Nurse



appointments at one of three local hubs. Appointments at local hub locations are available Monday to Friday 6.30pm - 8.00pm and weekends between 8.00am and 8.00pm.

To assist patients in accessing the service appointments can be booked in-person, by phone and via an online



booking system. Urgent appointments and home visits are available each day and GPs also provide telephone consultations for patients. During evenings and weekends, when the practice is closed, patients are directed to dial NHS 111 to access an Out of Hours service delivered by another provider.

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- There was no effective system in place to monitor uncollected prescriptions, and there was no process in place to monitor prescription security in the practice.
- Not all staff had received up-to-date safeguarding training appropriate to their role.
- None of the staff had undertaken all required training and updating of training to be certain that they had the skills, knowledge and experience to deliver effective care and treatment, including: basic life support, fire safety, health and safety, infection prevention and control, information governance and safeguarding of adults and children to an appropriate level.
- The practice did not have an effective system to manage infection prevention and control.
- Clinical staff files did not all contain up to date evidence of registration with a governing body, or of up to date medical indemnity cover.
- DBS checks were not undertaken for non-clinical staff, and most clinical staff files showed no evidence of DBS checks.
- The practice safeguarding policy was not up to date and contained the name of a retired GP as the safeguarding lead.
- There was no consistent method for monitoring whether clinical test results were received, or acted upon.
- There was a lack of clinical supervision of nursing staff.
- The vaccines fridge was overstocked.
- Sinks in clinical rooms used for hand washing were not clinical sinks.
- The practice was unable to provide evidence of equipment calibration or electrical PAT testing within the last 12 months.
- There were no cleaning schedules to ensure that all necessary cleaning was undertaken.
- Staff had not been trained to deal with spillages of bodily fluids.

Safety systems and processes

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

- The practice did not have appropriate systems to safeguard children and vulnerable adults from abuse. The majority of staff had not received up-to-date safeguarding training appropriate to their role, and learning from safeguarding incidents was not available to staff. Only one member of staff acted as a chaperone. The practice told us they had received their training for the role whilst working for another employer. That staff member had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice chaperone policy had not been updated since 2012.
- The practice did not consistently carry 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.
- There was no effective system in place to monitor uncollected prescriptions. The prescriptions box in reception contained 26 out of date prescriptions dating from June 2016. There was evidence of a lack of medicines reviews for patients, with one dating from 2013. Some of the overdue medicines reviews related to elderly patients and young children.
- Prescription paper was not adequately managed. We found a stack of prescription paper that had been placed under a telephone in an unlocked room.
- The practice did not have arrangements to ensure that equipment and electrical items were safe and in good working order.

Are services safe?

- Cleaning of the premises was undertaken by cleaners employed by the landlords. Although the practice looked visibly clean there were no cleaning schedules to ensure that all necessary cleaning was undertaken. Nor were there cleaning schedules for specific clinical equipment such as the spirometer. However, staff we spoke with said equipment was cleaned after each use.
- Staff we spoke with, including the nurse who was the infection prevention and control lead, had not received training in how to clean up spillages of bodily fluids and told us they would call a cleaner. There was a cleaner on-site during the practice's opening hours who had access to and training in the use of spillage kits to clean up spillages of bodily fluids. But, as the practice had no one available with training in the use of spillage kits it was unable to show how it would cope with a spillage if the landlord's cleaner was otherwise engaged.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

The systems in place to assess, monitor and manage risks to patient safety were inadequate.

- The practice did have a comprehensive induction procedure, but there was no evidence that staff employed within the last 12 months had gone through it.
- The practice was equipped to deal with medical emergencies but staff were not suitably trained in emergency procedures, such as basic life support. However, staff we spoke to could explain their responsibilities should an emergency occur.
- Arrangements were 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.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including bacterial meningitis.

Information to deliver safe care and treatment

Staff had some of the information they needed to deliver safe care and treatment to patients.

- We saw evidence that GPs made timely referrals in line with protocols. Nursing staff were sending samples for testing. However, there was no consistent method for monitoring whether results were received, or acted upon and we were not assured that patients were informed of their results, or that this was done in a timely manner.
- There was a lack of clinical supervision of nursing staff. One of the nurses would report clinical issues to the GPs to discuss, but this system did not take account of any clinical issues the nurse might fail to identify. Nor did it apply to the work of the other nurses.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- 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.

Appropriate and safe use of medicines

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

- The vaccines fridge was overstocked, this can reduce airflow around the vaccines causing them to go outside of the acceptable storage range of 2-8 degrees Celsius.
- The practice did not hold all emergency medicines necessary to handle emergencies: it did not stock benzylpenicillin for treatment of possible bacterial meningitis, or atropine used to treat symptomatic bradycardia which may occur as a result of contraceptive coils being fitted and minor operations.

Are services safe?

- Patients' health was monitored in relation to the use of medicines, but issues with access to appointments meant there was a lack of continuity of care and patients found it difficult to access an appointment with the same GP even where the GP had initiated tests.
- Staff prescribed and administered medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.

Track record on safety

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

- The practice did not undertake comprehensive risk assessments in relation to safety issues.

Lessons learned and improvements made

The practice learnt and made improvements when things went wrong when they were reported.

- The practice had systems for reviewing and investigating when things went wrong. The practice had a system for recording and learning from incidents.
- However, not all staff we spoke to understood their duty to raise concerns and report incidents and near misses.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all of the population groups as inadequate for providing effective services overall

The practice was rated as inadequate or providing effective services because:

- The childhood immunisation uptake rates were significantly below the target percentage of 90%.
- The practice's uptake for cervical screening was significantly below the 80% coverage target for the national screening programme.
- The practice's uptake for breast cancer screening was significantly below the national average.
- The practice's performance on quality indicators for mental health was below local and national averages.
- The practice's performance on quality indicators for long term conditions was in one area significantly below local and national averages.
- The practice did not have a consistent approach to providing staff with ongoing support.
- Personnel files did not consistently show that staff had up to date records of skills, qualifications and training.
- There was limited evidence of improvements made as a result of quality improvement activity.

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.

- 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:

- The concerns identified with the effectiveness of the practice affected all population groups.
- Older patients who were 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:

- The concerns identified with the effectiveness of the practice affected all population groups.
- The practice's performance on quality indicators for long term conditions was below local and national averages. For example, just 50% of patients with atrial fibrillation who would benefit from anti-coagulation drug therapy were receiving this, compared to a local CCG average of 81% and the national average of 88%.
- 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.

Families, children and young people:

- The concerns identified with the effectiveness of the practice affected all population groups.

Are services effective?

- Childhood immunisation uptake rates were in some areas significantly below the target percentage of 90% or above.
 - The practice was aware of its poor performance but it had not taken action to improve its immunisation uptake.
 - The practice told us that during the data collection period, it had employed a nurse who no longer worked at the practice.

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

- The concerns identified with the effectiveness of the practice affected all population groups.
- The practice's uptake for cervical screening was 53%, which was below the 80% coverage target for the national screening programme.
- The practice's uptake for breast cancer (52%) screening was below the national average.
- The practice had failed to submit any of its data relating to performance for cancer screening to Public Health England during the data collection period for the most recently published data and was unaware of this until it began to prepare for the inspection.
- During the data collection period it had employed a nurse who no longer worked at the practice.
- 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:

- The concerns identified with the effectiveness of the practice affected all population groups.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

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

- The concerns identified with the effectiveness of the practice affected all population groups.
- The practice's performance on quality indicators for mental health was below local and national averages. For example, 64% of patients diagnosed with dementia had had a face-to-face review of their care plan in the preceding 12 months, compared to a local average of 85% and the national average of 84%.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability.

Monitoring care and treatment

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

Are services effective?

- The practice was unaware that it had failed to submit its QOF data for the data collection period 1 April 2016 – 31 March 2017 to NHS Digital until we announced this inspection. NHS Digital collects and analyses national data about the NHS and social care.
- The practice was not actively involved in quality improvement activity. There was some evidence of audit, but it demonstrated limited impact on quality of care and outcomes for patients.

Effective staffing

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

- There was an induction programme for new staff, but personnel files showed most staff had not undergone this programme.
- Most staff who had been employed for more than 12 months had not received regular appraisals.
- Personnel files showed that most staff did not have up to date records of skills, qualifications and training.
- Staff were able to speak with managers on a one to one basis and in practice meetings. In addition, the practice had held an away day to give staff the opportunity to openly discuss any issues.

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. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.
- 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 took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice held regular meetings with the local palliative care team.

Helping patients to live healthier lives

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

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

Consent to care and treatment

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

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

Are services effective?

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as inadequate for caring.

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

- There was no hearing loop in reception to assist patients with hearing difficulties.
- The practice's GP patient survey results were in some areas significantly below national averages.
- Patients complained about rude and uncaring staff.

Kindness, respect and compassion

Not all staff treated patients with kindness, respect and compassion.

- Feedback from patients was negative about the way staff treated people. Comments on the NHS Choices website and patients we spoke to on the day of inspection mentioned that reception staff were sometimes rude or gave them misleading advice. They also complained about uncaring and rude nurses.
- The practice national GP patient survey results were mixed when compared to local and national averages for questions relating to kindness, respect and compassion. For example, they were comparable to others for the GPs treating patients with care and concern but below average for the nursing staff in the same area. The practice was below average for the percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who had just moved to the local area.

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).

- The practice's GP patient survey results for GPs were in line with local and national averages for questions relating to involvement in decisions about care and treatment. However, the results for nurses were below the local and national averages. The practice told us that
 - At the time the data was collected (January to March 2017) it employed a nurse who was no longer working at the practice at the time of our inspection.
- A telephone interpreting service was available and interpreters could be booked to be available on the telephone for patient appointments. Sign language interpreters could be booked to attend appointments. However, there was no hearing loop in reception to assist patients with hearing difficulties.
- Staff helped patients and their carers find further information and access community and advocacy services.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

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

- The practice's GP patient survey results were below significantly local and national averages for questions relating to access to care and treatment.
- There was no evidence that the practice learned lessons from individual concerns and complaints.
- Patients experienced difficulty in contacting the practice by phone, in accessing appointments and experienced long waits to be seen.
- Issues with access to appointments affected all population groups.

Responding to and meeting people's needs

The practice had not sufficiently organised services to meet patients' needs.

- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours. However, patients told us: they often waited 25-40 minutes for the phone to be answered; appointments were cancelled, sometimes at short notice, without an offer of an alternative appointment; they had never been able to make an appointment using the online system; and that there were often long waits to be seen. On the day of inspection one patient waited two and a half hours for her appointment for her young child to be seen.
- The facilities and premises were appropriate for the services delivered.
- The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- The concerns identified with the responsiveness of the practice affected all population groups.
- All patients over 75 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. However, patients told us that they had significant difficulties in arranging appointments with their named GP.

- The practice offered home visits to meet the needs of older patients and urgent appointments for those with enhanced needs. The GPs also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.

People with long-term conditions:

- The concerns identified with the responsiveness of the practice affected all population groups.
- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- The concerns identified with the responsiveness of the practice affected all population groups.
- Parents or guardians telephoning the practice with concerns about a child under the age of five were offered a same day appointment when necessary. However, one patient we spoke to on the day of inspection had to wait two and a half hours for her appointment for her young child to be seen.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk.

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

- The concerns identified with the responsiveness of the practice affected all population groups.
- The needs of this population group had been identified and the practice had adjusted the services it offered to provide extended opening hours and evening and weekend appointments available at local hubs. However, patients told us they experienced significant difficulties in contacting the practice to arrange an appointment, either by phone or via the online system. In addition, there were long delays, often over an hour, to be seen having arrived at the practice.

Are services responsive to people's needs?

People whose circumstances make them vulnerable:

- The concerns identified with the responsiveness of the practice affected all population groups.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

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

- The concerns identified with the responsiveness of the practice affect all population groups.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated mental health and dementia clinics.

Timely access to care and treatment

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

- Patients we spoke with and comments from the NHS Choices Website confirmed that:
 - Patients reported difficulty using the appointment system. Patients said that it was very difficult to get through to the practice by phone in the morning and their calls were often answered after all appointments had been allocated. The practice

offered online appointment booking. However, patients told us that despite trying at different times on different days they had never been able to book an appointment using the online system.

- patients faced long waiting times, and cancellations were not managed appropriately. For example, when appointments were cancelled patients were not offered a suitable alternative appointment.
- The practice's GP patient survey results were below local and national averages for questions relating to being able to get an appointment, getting through to the practice by phone and the overall experience of making an appointment.
 - The practice was aware that its performance for access to care was below local and had been selected to participate in two local initiatives aimed at improvement of access and quality of care.
 - We were told that the practice had a high annual patient turnover of approximately 25%, this was as a result of patients moving in and out of the area, and patient dissatisfaction with the service.
 - The practice experienced difficulties in recruiting staff at all levels which impacted on access and continuity of treatment.

Listening and learning from concerns and complaints

Information about how to make a complaint or raise concerns was available. However, there was no evidence that the practice learned lessons from individual concerns and complaints and also from analysis of trends. Nor was the practice able to show that it acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Are services well-led?

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

The practice was rated as inadequate for providing well-led services because:

- Leaders lacked awareness of issues and priorities relating to the quality of services.
- The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.
- Staff had not received induction programmes.
- None of the staff had undertaken all training and necessary updating of training to be certain that they had the skills, knowledge and experience to deliver effective care and treatment, including: basic life support, fire safety, health and safety, infection prevention and control, information governance and safeguarding of adults and children to an appropriate level.
- Most practice policies we saw had not been reviewed within the last 12 months or at all, and some policies contained out of date information.
- There was no effective strategy to ensure there were sufficient staff at all levels.
- There was no evidence of shared learning from incidents or complaints or of changes made as a result.
- The practice did not have appropriate and accurate information.
- There was limited evidence of improvements made as a result of quality improvement activity.

Leadership capacity and capability

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

- Leaders were not aware of issues and priorities relating to the quality of services. The practice was unaware that it had failed to submit QOF Data to NHS Digital, or cancer screening data to Public Health England, for the most recently published data collection period.
- The practice did not have effective systems or processes in place to enable it to assess monitor and improve the quality and safety of the services being delivered.

Vision and strategy

The practice did not have a clear vision and strategy to deliver high quality, sustainable care.

- The practice did not have a supporting business plan to achieve priorities.

- There was no effective strategy to ensure there were sufficient staff at all levels, and the practice had experienced a high turnover of staff in the last 12 months. We were told that the practice had been unable to recruit sufficient reception staff, and a part-time GP to replace those who had left the practice.
- Staff were not aware of any vision, values and strategy and their role in achieving them.

Culture

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

- There were some processes for providing all staff with the development they need. Staff were supported to meet the requirements of professional revalidation where necessary, but not all staff had received regular appraisals.
- Only one member of staff had received equality and diversity training.
- 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.

Governance arrangements

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

- Staff were not clear on their roles and accountabilities. Not all staff had received training in respect of safeguarding and infection prevention and control, and some we spoke to were not all able to describe the actions they should take in regard to safeguarding issues or how to deal with any infection prevention and control issues.
- None of the staff had undertaken all training and necessary updating of training to be certain that they had the skills, knowledge and experience to deliver effective care and treatment, including: basic life support, fire safety, health and safety, infection prevention and control, information governance and safeguarding of adults and children to an appropriate level.

Are services well-led?

- The practice had some policies, procedures and activities to ensure safety, but had not assured themselves that they were operating as intended. For example, the fire safety policy had last been reviewed in January 2016, the training policy had not been updated since implementation in 2012.
- Structures, processes and systems to support good governance and management were not clearly set out, understood or effective.

Managing risks, issues and performance

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

- The practice had some processes to manage current and future performance. There was no evidence of shared learning from incidents or complaints or of changes made as a result.
- The practice had undertaken some audit activity, but it demonstrated limited impact on quality of care and outcomes for patients. Most of the audits undertaken were single-cycle audits with no evidence of changes made to improve services or care. The two-cycle audit the practice had undertaken, a review of recorded pulse checking within a 12-month period of patients with atrial fibrillation, showed very limited performance gains between the first and second cycles, and there was no evidence of review, discussion, learning and changes made to improve care.

Appropriate and accurate information

The practice did not have appropriate and accurate information.

- The practice did not review its performance for QOF, Child immunisations uptake, cancer screening programmes uptake or conduct patient surveys.
- The practice did not submit data or notifications to external organisations as required.

- There were arrangements in place in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The practice did not have a patient participation group (PPG) to represent the views of patient in the practice.
- The practice did not engage with patients via patient surveys, such as the NHS Friends and Family Test. Nor did it respond to patients who had left comments on the NHS Choices website.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

- The practice did not make use of internal and external reviews of incidents and complaints.
- The practice was due to participate in the Closer to Home Integrated Network (CHIN). CHIN provides a network of services within GP surgeries that would otherwise only be accessible via a referral.
- It had also been chosen to take part in the Quality Improvement Support Teams (QIST) programme. QIST assesses patient needs and service delivery within practices. Following the review, it makes recommendations to improve access to and delivery of care.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: The registered provider had failed to ensure that it: <ul style="list-style-type: none">employed sufficient numbers of suitably qualified, competent, skilled and experienced persons to meet patient demand as evidenced by the low patient satisfaction scores in the national GP patient survey. This was in breach of regulation 18(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: The responsible person had: <ul style="list-style-type: none">Not completed all staff recruitment checksEnsured all staff who needed one had received regular appraisals.Not ensured that staff undertook all required training to be certain that they had the skills, knowledge and experience to deliver effective care and treatment. Nor had they undertaken risk assessments in lieu of training staff.

This section is primarily information for the provider

Requirement notices

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

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider had not ensured that:</p> <ul style="list-style-type: none">• It completed regular comprehensive infection prevention and control audits.• all staff had received up to date safeguarding training appropriate to their role• clinical staff files contained up to date evidence of registration with a governing body, or of up to date medical indemnity cover.• staff underwent induction programmes.• Staff had undertaken all training and necessary updating of training to be certain that they had the skills, knowledge and experience to deliver effective care and treatment, including: basic life support, fire safety, health and safety, infection prevention and control, information governance and safeguarding of adults and children to an appropriate level.• Carried out DBS checks for non-clinical staff, and most clinical staff, or produced suitable risk assessments for the lack of a DBS check.• Taken action to improve uptake of childhood immunisation to meet the target percentage.• Taken action to improve uptake of cancer screening programmes to meet the coverage target for the national screening target.• Acted on low GP patient survey results.• Learned lessons from individual concerns and complaints.• Regularly reviewed and updated practice policies.

This section is primarily information for the provider

Enforcement actions

- Undertaken regular PAT testing of electrical equipment or re-calibration of equipment.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met:

The Provider had not established adequate systems and processes to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social care Act 2008 (Regulated Activities) Regulations 2014

In particular:

- Leaders lacked awareness of issues and priorities relating to the quality of services.
- The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.
- Staff had not undergone suitable induction programmes or necessary training.
- Most practice policies we saw had not been reviewed within the last 12 months or at all.
- There was no effective strategy to ensure there were sufficient staff at all levels.
- There was no evidence of shared learning from incidents or complaints or of changes made as a result.
- The practice did not have appropriate and accurate information.
- There was limited use of audit to improve quality of care.

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