

Longfleet House Surgery

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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Inadequate



Overall summary

This practice is rated as inadequate. (Previous inspection September 2017 and November 2017 – inadequate)

The key questions are rated as:

Are services safe? – Requires improvement

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? - Inadequate

We carried out an inspection at Longfleet House Surgery on 8 and 13 September 2017. The overall rating for the practice was inadequate and the practice was placed into special measures. Following the inspection two warning notices were served which related to regulations 12 Safe care and treatment and 17 Good governance of the Health and Social Care Act 2008. We carried out a focused inspection on 29 November 2017 to check whether they practice had met the warning notices. These reports can be found by selecting the 'all reports' link for Longfleet House Surgery on our website at www.cqc.org.uk.

We carried out an announced comprehensive at Longfleet House Surgery on 16 May 2018.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- Although there had been improvements in training provided for information technology systems and chaperone training, we identified shortfalls in the provision of fire safety; learning disability and mental health awareness; consent; privacy and dignity and dementia awareness training. Which were all areas that the practice considered to be mandatory.

- There were notices in the waiting area regarding having one problem for one appointment and a list of what medicines would not be prescribed as determined by the local clinical commissioning group.
- The availability of nursing staff was limited to a set number of days per week.
- The practice was unable to demonstrate fully that appropriate recruitment checks had been carried out for all staff who worked at the practice. There was a lack of information held at Longfleet Surgery for staff that had contracts with other employers and were released to work at Longfleet Surgery.
- The practice was reliant on staff that were not permanently employed by the practice or contracted for a specific number of sessions.
- There were risks of delays in reviewing of patient test results when a GP was absent.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

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

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

This service was placed in special measures September 2017. Insufficient improvements have been made such that there remains a rating of inadequate for well led. Therefore we are therefore considering our options in line with our enforcement procedures. The service will remain in special measures and be kept under review.

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

Population group ratings

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

Our inspection team

Our 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 Longfleet House Surgery

The practice is situated in the town of Poole in Dorset in a purpose built practice building that is privately owned. Longfleet House Surgery is working closely with another practice and are sharing staff including for nursing and practice manager hours.

The current patient list is approximately 3,700 and covers a diverse age group, with a larger than average percentage of elderly patients aged 80 years and over. There are two GP partners at the practice and three salaried GPs. All GPs are male. Patients are able to see female GPs at another GP practice which Longfleet House Surgery works closely with. At the time of inspection there was a pharmacist that worked two mornings per week.

The nursing team who provide support are employed by other practices within the area and consists of an advance nurse practitioner, a practice nurse and a health care assistant. There are no nurses available on site on Thursdays and Fridays. The practice is in the process of recruiting to their vacant practice nurse position.

In addition, there is a practice manager and a deputy manager who both work two days a week at the practice. There is also a team of reception and administration staff.

The practice is supported by Integral Medical Holdings Ltd (IMH) who also provides personnel and training services to the practice.

Out of hours services are provided for patients by using the NHS 111 service.

The practice provides regulated activities from:

56 Longfleet Road,
Poole,
Dorset.
BH15 2JD.

Are services safe?

At our previous inspection on 8 and 13 September 2017, we rated the practice as inadequate for providing safe services as the arrangements in respect of health and safety in relation to patient care, such as: staffing levels, staff safety when working alone

and appointment availability were not adequate. Improvements were also needed in relation to the safety of premises, in particular fire and water safety; and acting on and learning from significant events.

We issued a warning notice in respect of these issues with a timescale for compliance of 24 November 2017. A focused inspection was carried out on 29 November 2017 and the warning notices were deemed to be met.

At this inspection (May 2018) we rated the practice as requires improvement for providing safe services.

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

- Although there had been improvements in training provided for information technology systems and chaperone training, we identified shortfalls in the provision of fire safety; learning disability and mental health awareness; consent; privacy and dignity and dementia awareness training. These were all areas the practice considered to be mandatory.
- The practice was unable to demonstrate fully that appropriate recruitment checks had been carried out for all staff who worked at the practice.
- There were risks of delays reviewing test results when a GP was absent.

Safety systems and processes

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

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All permanent 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. Staff who acted as chaperones were trained for their role and had received a 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.)

- 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 carried out appropriate staff checks at the time of recruitment and on an ongoing basis. We were told that recruitment systems were in place, but the practice was unable to demonstrate fully that all required checks had been done as the information was not held at the practice. There was a lack of information held at Longfleet Surgery for staff that had contracts with other employers and were released to work at Longfleet Surgery.
- There was a system to manage infection prevention and control. The infection control audit had been undertaken by the advanced nurse practitioner in April 2018 and they were developing an action plan to address shortfalls. The overall score was above 90%, which is acceptable in accordance with relevant guidance. The advanced nurse practitioner had noted that information in the audit carried out the previous year was not accurate. The previous year's report stated that there was oversight of the work the contracted cleaners carried out, which included regular audits. However, none of these audits had been completed to date.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- 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.
- Longfleet House Surgery had two permanent GPs and a GP from another practice was contracted to work two sessions at the practice.
- The practice shared a practice manager and deputy practice manager with another nearby practice. The

Are services safe?

practice did not have a permanent nursing team. The two practice nurses, one of who is an advanced nurse practitioner and a healthcare assistant (HCA) were employed by other practices and carried out work at Longfleet House Surgery. Some worked at the practice in addition to their contracted hours as overtime. There was no nursing cover on Thursdays and Fridays

- The practice had a pharmacist who worked ten hours a week at Longfleet House Surgery. They informed us that the day of the site visit was their last day. The practice did not have any plans to recruit to these hours and were unable to confirm how the work the pharmacist had undertaken would be continued.
- Staff had the skills, knowledge and experience to carry out their roles.
- There was an induction system for temporary staff tailored to their role and for newly employed permanent staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

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

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff, but this was not consistent. There was an approach to managing test results, on the day of inspection we found that test results and correspondence had been managed in a timely manner. However, we were told that when a GP was absent or on annual leave there was no system in place to ensure

tests results and correspondence was acted on in a timely manner to ensure consistency of care. There was no evidence to indicate a delay in treatment for patients.

- 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.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.

Track record on safety

The practice had a good track record on safety.

- There were risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture of safety that led to safety improvements.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and acted to improve safety in the practice.
- 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?

The practice was previously rated as inadequate for providing effective services in September 2017. There was limited evidence of audits or quality improvement to help improve patient outcomes; the practice was unable to demonstrate that it had a full understanding of its performance in comparison to other practices and improvements were needed on appraisal and supervision processes for staff.

At this inspection (May 2018) 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:

- Systems and processes in place to monitor performance were not effective.
- Training the practice considered was mandatory was not consistently provided within the timeframes set out.

(Please note: Any Quality and Outcomes (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

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 clinical pathways and protocols.

- Patients' immediate and ongoing needs were 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 used appropriate tools to assess the level of pain in patients.
- 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. However, there were areas of good practice:

- Older patients who are frail or may be vulnerable received an assessment of their physical, mental and social needs. Those identified as being frail had a clinical review including a review of medicines.

- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- All patients who lived in care homes were offered a review of their needs as part of a locality project. They also had care plans in place which had been put into place by the practice. The care plans were reviewed and updated when needed.
- 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. However, there were areas of good practice:

- 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.

Families, children and young people:

This population group was rated requires improvement for effective. However, there were areas of good practice:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- 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):

Are services effective?

This population group was rated requires improvement for effective.

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme. Exception reporting was 12%. The practice was aware of this.

However, there were areas of good practice:

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

This population group was rated requires improvement for effective. However, there were areas of good practice:

- 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.
- 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. However, there were areas of good practice:

- 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. There was a system for following up patients who failed to attend for administration of long term medicines.
- 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.
- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is comparable to the national average.

Exception reporting for this indicator was 5.5%.

(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects)

- 95% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is comparable to the national average. However, exception reporting for this indicator was 16%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example, 100% of patients experiencing poor mental health had received discussion and advice about alcohol consumption. This is above the national average.
- 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 had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for
- patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2016-2017 were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 95%.
- Exception reporting for clinical indicators overall was 12%, this was higher than the previous year's figure of 8% (2015-2016), which is a decline since the inspection in September 2017. For example: cancer 80%; atrial fibrillation 15% and diabetes 15% and for public health indicators.

Are services effective?

- The practice were aware of the need to improve quality of care for patients with diabetes and had begun opportunistic screening and checks. They were unable to demonstrate how they planned to address high exception reporting in other areas.
- We requested detailed information on unverified figures for the period 2017/18, but the practice were unable to provide us with detailed information. The data provided showed only the high level results. The practice explained that they were not confident that figures for the last three months of the QOF period 2017/18 were accurate and had requested the clinical commissioning group to re-run to check.
- There was evidence that the GPs undertook their own audits for their revalidation and appraisal purposes but there was no evidence that these were used for quality improvement within the practice.
- There was a corporate clinical audit programme in development with Integral Medical Holdings Ltd, which was contracted to provide management support to the practice. However, salaried GPs reported that they were not involved in the audit process for the practice. Audits provided by the practice were clinical commissioning group led.

Effective staffing

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions and older people.
- Staff reported that they had access to external training, but for nursing staff this usually had to be sourced and funded by the nurse. The practice provided protected time for in-house training to meet them.
- One nurse said the practice carried out injections for long term contraception and undertakes contraceptive pills review checks. They had initially undertaken these tasks, but then declined to do this, as they were not fully trained and did not consider they were competent to carry out these tasks. The nurse had requested funding to complete a relevant course, but this had been declined by the practice.
- 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. Staff were not consistently encouraged and given opportunities to develop.

- The practice had an induction programme in place and offered annual appraisals. Staff reported that they were not always supported to undertake training to extend their roles, for example in nurse prescribing.
- The approach for supporting and managing staff when their performance was poor or variable had improved, for example, there was now a designated clinical lead in place and the practice was supported by a practice manager and their deputy.

Coordinating care and treatment

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

- We saw records that showed that relevant staff were involved in assessing, planning and delivering care and treatment.
- The practice could not demonstrate that all relevant staff who worked in the practice was involved in multi-disciplinary team (MDT) work and meetings. For example, we were told that staff who undertook home visits were unable to attend MDT meetings due to these always occurring on days they were working at another practice. Records were made available for these meetings and staff were able to access minutes of meetings, but they considered on occasions that patient needs could be discussed more fully at a meeting.
- The practice shared information with relevant professionals when deciding care delivery for people with long term conditions and when coordinating healthcare for patients living in care home. The 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 took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff supported patients to live healthier lives.

Are services effective?

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients receiving end of life care, patients at risk of developing a long-term condition and carers.
- Staff were able to signpost patients to relevant support organisations and there was information on the practice's website and in the reception area about healthy living.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

Consent to care and treatment

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

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

Please refer to the Evidence Tables for further information.

Are services caring?

The practice was previously rated as requires improvement for caring services in September 2017. Improvements were needed to make sure that patients felt cared for, supported and listened to; and the telephone triage system needed reviewing to make sure patients were able to have contact with a clinician when needed.

We found improvements had been made in relation to previous concerns in September 2017. At this inspection (May 2018) 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.

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 could be sourced if needed.

- 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 identified carers and supported them.
- Results from the National GP Patient Survey showed that the practice was in line with satisfaction scores for consultations with nurses and GPs.

Privacy and dignity

The practice respected patients' privacy and dignity.

- The reception area was small and therefore patients could be overheard at the desk by patients in the waiting room.
- There were no female GPs employed at the practice, therefore patients could not always be seen by a GP of the same sex if requested. However, there were arrangements in place for female patients to attend another GP practice to see a female GP if needed and the patient was able to travel. If this was not possible, female patients had to register as a temporary patient at a practice within the locality in order that they could see a female GP.
- Staff recognised the importance of people's dignity and respect.
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Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

The practice was previously rated as requires improvement for responsive services in September 2017. Improvements were needed to promote continuity of care for patients; extended hours appointments were not available; and home visits were not always available.

We found there had been improvements to the concerns identified in September 2017. However, we found other areas which required improvement.

At this inspection (May 2018) we rated the practice, and all of the population groups, as requires improvement for providing responsive services .

Responding to and meeting people's needs

The practice did not always organise and delivered services to meet patients' needs. It took limited account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- There were notices in the waiting area regarding having one problem for one appointment and a list of what medicines would not be prescribed, as determined by the local clinical commissioning group. The language used was not inclusive and did not indicate that a patient's particular circumstances would be taken into account by the practice, as confirmed by staff.
- Additionally, the availability of nursing staff was limited to a set number of days per week.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided 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.

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 GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice, which previously had not been available.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.

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.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.

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

- Staff interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia.

Are services responsive to people's needs?

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 access to initial assessment, test results, diagnosis and treatment.
- 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.
- Pre-bookable extended hours appointments were available on Monday evenings.

Listening and learning from concerns and complaints

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

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. Such as when a trend was identified of clinicians running late on appointment times and patients not being made aware of this. The practice had introduced a protocol for the receptionist to inform patients who were waiting and offer another appointment if needed. We saw this protocol in action at the time of the site visit.

Please refer to the Evidence Tables for further information.

Are services well-led?

We rated the practice as inadequate for well led.

At our previous inspection on 8 and 13 September 2017, we rated the practice as inadequate for providing well led services. The practice did not have suitable systems and processes in place to show that there was clear leadership and clinical responsibility structures. Governance processes were not established to manage risks and performance; and to engage with staff and patients.

We issued a warning notice in respect of these issues with a timescale for compliance of 24 November 2017. A focused inspection was undertaken on 29 November 2017 and the warning notice was deemed to be met.

At this inspection (May 2018) we found that although improvements made at our inspection in November 2017 had been sustained, there was limited progress in some areas, such as engaging with patients. In addition, shortfalls were identified in other areas of the regulation relating to good governance.

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

- Leadership in the practice did not always demonstrate how lines of management and communication were managed.
- Not all clinical staff were involved in clinical audit or quality assurance to develop improvements for patients.
- Staff were not where relevant, involved in the running of the practice and felt isolated in their daily work.
- Some staff considered that they had limited opportunities to develop their skills and competencies.
- There was not a focus on patients' needs such as there was limited involvement and progress on developing and working with the patient participation group.

Leadership capacity and capability

Staff were concerned about a lack of clarity over the roles and responsibilities of the management company, the practice management team and the local group of practices they worked with. We requested further information from the practice after the inspection, but this did not demonstrate how lines of management and communication were managed. In particular performance management, employment and supervision of staff in the practice; both in substantive roles and if they usually worked at other service providers.

Staff reported that they had informal arrangements in place for support, and the partners were not always visible in the practice. The registered manager, who was one of the partners, said they undertook clinical sessions on Fridays at the practice. There were no records provided to confirm this. However, the registered manager said they were contactable by telephone when needed.

The practice had a clinical lead in place and staff were provided with information on GPs who were working in the practice on a daily basis. The clinical lead said they were not involved in discussions about the quality and future of services. One of the salaried GPs said they were not involved with clinical audits the practice undertook.

Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care. The practice provided us with a business plan dated March 2018, but there were no dates for completion; how aims and objectives would be monitored and measured and action taken. One of the goals was to build a nursing team.

- There was a vision and set of values to place patients at the centre of care, but this did not align with some of the working practices. Such as the arrangement for appointments and the availability of nursing staff was limited to a set number of days per week.
- Staff were aware of and understood the vision, values and strategy, but did not feel involved in achieving them. Staff were concerned about a lack of openness regarding plans for the future of the practice, including the development of a local federation of practices.

Culture

Improvements were needed to ensure all staff were valued and included in the running of the practice.

- Staff reported they felt isolated in their day to day work and were stretched. Staff, said they did not consider they were kept fully informed about the future of the practice.
- The practice had a limited focus on the needs of patients. There was limited involvement and progress on developing and working with the patient participation group. In addition exception reporting for the Quality and Outcomes Framework had increased since our inspection in September 2017. This did not demonstrate fully that patients' needs were addressed.

Are services well-led?

- 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 were able to raise concerns and were encouraged to do so. They said however did not have confidence that these would be addressed.
- There were processes for providing staff with the development they need, but this was not consistent across all staff groups. Administration staff were supported to develop their roles, but the nursing team told us that they felt opportunities were limited.
- All staff received an annual appraisal in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Some clinical staff considered they were given protected time for professional development and evaluation of their clinical work. However, nursing staff were not given sufficient opportunities to develop in their role and given training to ensure they had the competencies to undertake work that the practice required to treat patients effectively. For example, in providing contraceptive services.
- The practice promoted equality and diversity. Staff had received equality and diversity training.
- There were positive relationships between staff and teams at location level.

Governance arrangements

The practice was unable to demonstrate fully responsibilities, roles and systems of accountability to support good governance and management.

- There was a shortfall in the provision of a governance framework to support the delivery of the strategy and good quality care. We found that the practice was unable to demonstrate fully how it managed performance, risk and business continuity.
- However improvements had been made to appointment availability, monitoring of complaints and having a designated clinical lead GP, as required at our previous inspection
- The practice relied on staff from other practices to provide a service, in particular nursing staff. The practice

was unable to demonstrate fully that its recruitment processes were safe and appropriate checks had been carried out on all staff, due to records not being held on site.

- Staff were requested to carry out work which they had not received adequate training to complete. A nurse reported that a staff member undertook complex wound dressings for which they had not received appropriate training. Nursing staff had highlighted this to the practice and ensured that the healthcare assistant only changed those wound dressings they were competent to perform.
- There was limited evidence available to ensure that business continuity would be maintained whilst the staff team was developing. For example, there were no plans to replace the pharmacist who was leaving and no information on who would be responsible for managing the ongoing work on medicines management in the practice.

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

- There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. However, the plan for the future did not show what actions would be taken and the timeframes for completion.
- The practice had limited processes to manage current and future performance. Salaried GPs were not consistently involved in audits of work undertaken. There were audits of prescribing and information on actions taken in response to safety alerts. Information from significant events and complaints was analysed and themes or trends identified. When needed appropriate action was taken. Learning was shared via meetings, which were minuted. Staff who were unable to attend the meetings relied on the meetings minutes and there were limited opportunities for reflective discussions.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

Are services well-led?

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

- Quality and sustainability were not routinely discussed with all relevant staff.
- The information used to monitor performance and the delivery of quality care was not consistently accurate and useful. There were limited plans to address any identified weaknesses; action taken to address issues was reactive rather than proactive.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements 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 had limited involvement with patients, the public, staff and external partners to support high-quality sustainable services.

- At our inspection in December 2017 the practice had three members in its patient participation group. This number had not increased at the time of this inspection (May 2018). The practice manager told us there had been no meetings with the group as they preferred to work via email. There were examples of feedback from the group, but little evidence of them working with the practice to drive improvement.
- At our inspection in November 2017, the practice said they were developing an action plan in response to a staff survey. This was not in place at the time of this inspection. We requested a copy of the action plan after the inspection. This was provided, but it did not contain details of how concerns would be addressed, by whom and timescales for monitoring and completion of actions.

- Comments made on the NHS Choices website had been responded to and the practice had carried out an audit of concerns and complaints received, including verbal concerns. When needed action was taken.

Continuous improvement and innovation

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

- Training that the practice considered mandatory which had not been completed at the time of the inspection in September 2017 had been completed, for example chaperone training. There was now a clearer system in place to monitor training required and provided, but this did not demonstrate fully that all mandatory training required by the practice had been undertaken. For example, we found shortfalls in other areas of mandatory training, such as, fire safety learning disability and mental health awareness; consent; privacy and dignity and dementia awareness training.
- Staff reported that access to external role specific training was limited and this had not allowed them to develop in their roles, for example access to contraceptive training.
- Staff reported that they felt isolated in their work and were often left to manage on their own when undertaking routine work. They had informal support arrangements with other staff in the practice, and were able to access support in an emergency or urgent situation. They considered more formal arrangements would enable them to develop in their roles.
- Staff said that they had limited protected time available to review individual objectives, processes and performance.
- Learning was shared and used to make improvements, but staff did not consider they were fully involved. One reason given was being unable to attend meetings to discuss learning face to face and having to rely on written minutes.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Comply with Regulation 17(1) Systems or processes must be established and operated effectively 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</p> <p>How the regulation was not being met:</p> <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.</p> <p>In particular:</p> <ul style="list-style-type: none">• Not all clinical staff were involved in clinical audit or quality assurance to develop improvements for patients.• The system in place to monitor training required and provided did not demonstrate fully that all mandatory training required by the practice had been undertaken. For example areas of mandatory training such as fire safety; learning disability and mental health awareness; consent; privacy and dignity and dementia awareness training. <p>The registered person had systems or processes in place that operating ineffectively in that they failed to enable 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.</p> <p>In particular:</p> <ul style="list-style-type: none">• Leadership in the practice did not always demonstrate how lines of management and communication were managed.

Requirement notices

- Staff were not where relevant involved in the running of the practice.
- There was not a focus on patients' needs such as there was limited involvement and progress on developing and working with the patient participation group.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.

In particular:

- Action plans to develop the service provided did not have sufficient detail to demonstrate how improvements would be achieved. Such as following the staff survey results.
- Some staff considered that they had limited opportunities to develop their skills and competencies.

There was additional evidence of poor governance.

In particular:

- Systems and processes in place to support good governance were not fully embedded, to demonstrate business resilience and ongoing improvement.
- When a GP was absent or on annual leave there was no system in place to ensure tests results and correspondence was acted on in a timely manner to ensure consistency of care.
- There was a lack of information held at Longfleet House Surgery for staff that had contracts with other employers and were released to work at Longfleet House Surgery.

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