

# Goodwood Court Medical Centre

## Quality Report

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Date of inspection visit: 4, 8 and 9 June 2015

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

## Ratings

### Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Inadequate



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an un-announced comprehensive inspection at Goodwood Court Medical Centre on 4, 8 and 9 June 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe, effective, caring, responsive services and being well led. It was also inadequate for providing services for older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia).

We found the provider to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations breached were:

Regulation 12: Safe care and treatment

Regulation 13: Safeguarding service users from abuse and improper treatment

Regulation 15: Premises and equipment

Regulation 16: Receiving and acting on complaints

Regulation 17: Good governance

Regulation 18: Staffing

Regulation 19: Fit and proper persons employed

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

- Patients were at serious risk of harm because the practice had not provided sufficient suitably qualified staff to meet their needs.
- Patients were at serious risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection control practice had not been taken.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Medicine management practices were unsafe and placed patients at serious risk of harm. This included requests for prescriptions. These had not been processed in a timely manner to ensure patients had access to their medicines.

# Summary of findings

- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Urgent appointments were usually available on the day they were requested. However patients said that they had to wait a long time for non-urgent appointments and that it was very difficult to get through to the practice when phoning to make an appointment. Patients often experienced long delays when waiting to be seen by the GP.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.
- There were multiple breaches of regulations relating to safe; a safe track record; learning and improvement from safety incidents; reliable safety systems and processes; medicines management; cleanliness and infection control; staffing and recruitment; monitoring safety and responding to risk, and arrangements to deal with emergencies and major incidents.
- There were multiple breaches of regulations relating to effective; management, monitoring and improving outcomes for people; effective staffing; working with colleagues and other services; consent to care and treatment; and health promotion and prevention.
- There were multiple breaches of regulations relating to responsive; responding to and meeting people's needs; access to the service; listening and learning from concerns and complaints.
- There were multiple breaches of regulations relating to well-led; vision and strategy; governance arrangements; leadership openness and transparency; and seeking and acting on feedback from patients, public and staff.

If the provider had continued to be registered with the Care Quality Commission, this location would have been placed into special measures. The areas where the provider must have made improvements are:

- Ensure staffing levels are sufficient to meet the needs and size of the patient group.
- Ensure safe medicine management systems are in place to protect patients.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure all staff is supported by means of supervision and appraisal.
- Ensure audits of practice are undertaken, including completed clinical audit cycles.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure systems are in place to respond to the concerns and complaints raised by patients and other stakeholders
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.

On the basis of the concerns identified at this inspection we took enforcement action. The CQC applied for and were granted an urgent order to cancel the registration of the provider. This was subject to appeal by the provider in the First Tier Tribunal. An initial appeal was made but subsequently withdrawn. The order stands and the provider's registration has been cancelled.

As part of this action CQC liaised with NHS England to ensure measures were put in place to provide support, care and treatment for the patients affected by this closure. Patients previously registered with Goodwood Court Medical Centre were transferred to another local practice.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services. Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. The infection control practices did not keep staff and patients safe. There was insufficient information about safety because there was a significant lack of information available in the practice. The practice did not have sufficient staffing to meet the needs of the practice and patient list. Medicines management practices were unsafe and placed patients at serious risk of harm. There were multiple breaches of regulations relating to; a safe track record; learning and improvement from safety incidents; reliable safety systems and processes; medicines management; cleanliness and infection control; staffing and recruitment; monitoring safety and responding to risk; and arrangements to deal with emergencies and major incidents.

Inadequate



### Are services effective?

The practice is rated as inadequate for providing effective services. Patient outcomes were hard to identify as little or no reference was made to audits and there was no evidence that the practice was comparing its performance to others; either locally or nationally. There was minimal engagement with other providers of health and social care. There was limited recognition of the benefit of an appraisal process for staff. There were multiple breaches of regulations relating to effective; management, monitoring and improving outcomes for people; effective staffing; working with colleagues and other services; consent to care and treatment; and health promotion and prevention.

Inadequate



### Are services caring?

The practice is rated as inadequate for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

We found that the significant shortfalls in staffing, lack of planning and monitoring the practice had caused significant impact on the level of service provided to patients. Long waiting times for appointments and delays when attending the practice to see a GP had caused patients to feel frustrated and unhappy with the practice.

Inadequate



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services. Patients reported considerable difficulty in accessing a named GP and identified poor continuity of care. Appointment systems were not working well so patients did not receive timely care when they needed it. Limited information about how to complain was available for patients and did not explain the process properly. There was uncertainty in the practice as to who was the designated person responsible for handling complaints and these were not being responded to. A significant backlog of complaints had not been addressed by the practice. There were multiple breaches of regulations relating to responsive; responding to and meeting people's needs; access to the services; and listening and learning from concerns and complaints.

Inadequate



## Are services well-led?

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. There was no clear leadership structure and staff did not feel supported by management. The practice had no policies and procedures to govern activity. The practice did not hold regular governance meetings. The practice had not proactively sought feedback from staff or patients since 2012 and did not have a patient participation group (PPG). Staff told us they had not received regular performance reviews and did not have clear objectives. There were multiple breaches of regulations relating to well-led; vision and strategy; governance arrangements; leadership openness and transparency; and seeking and acting on feedback from patients, public and staff.

Inadequate



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for older people. There were multiple breaches of regulations relating to; a safe track record; learning and improvement from safety incidents; reliable safety systems and processes; medicines management; cleanliness and infection control; staffing and recruitment; monitoring safety and responding to risk; and arrangements to deal with emergencies and major incidents. There were multiple breaches of regulations relating to effective; management, monitoring and improving outcomes for people; effective staffing; working with colleagues and other services; consent to care and treatment; and health promotion and prevention. There were multiple breaches of regulations relating to responsive; responding to and meeting people's needs; access to the services; listening and learning from concerns and complaints. There were multiple breaches of regulations relating to well-led; vision and strategy; governance arrangements; leadership openness and transparency; and seeking and acting on feedback from patients, public and staff.

Inadequate



### People with long term conditions

The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for patients with long term conditions. There were multiple breaches of regulations relating to; a safe track record; learning and improvement from safety incidents; reliable safety systems and processes; medicines management; cleanliness and infection control; staffing and recruitment; monitoring safety and responding to risk; and arrangements to deal with emergencies and major incidents. There were multiple breaches of regulations relating to effective; management, monitoring and improving outcomes for people; effective staffing; working with colleagues and other services; consent to care and treatment; and health promotion and prevention. There were multiple breaches of regulations relating to responsive; responding to and meeting people's need; access to the service; listening and learning from concerns and complaints. There

Inadequate



# Summary of findings

were multiple breaches of regulations relating to well-led; vision and strategy; governance arrangements; leadership openness and transparency; and seeking and acting on feedback from patients, public and staff.

## Families, children and young people

The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for Families, children and young people. There were multiple breaches of regulations relating to; a safe track record; learning and improvement from safety incidents; reliable safety systems and processes; medicines management; cleanliness and infection control; staffing and recruitment; monitoring safety and responding to risk; and arrangements to deal with emergencies and major incidents. There were multiple breaches of regulations relating to effective; management, monitoring and improving outcomes for people; effective staffing; working with colleagues and other services; consent to care and treatment; and health promotion and prevention. There were multiple breaches of regulations relating to responsive; responding to and meeting people's needs; access to the service; listening and learning from concerns and complaints. There were multiple breaches of regulations relating to well-led; vision and strategy; governance arrangements; leadership openness and transparency; and seeking and acting on feedback from patients, public and staff.

Inadequate



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

The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for working age patients (including those recently retired and students). There were multiple breaches of regulations relating to; a safe track record; learning and improvement from safety incidents; reliable safety systems and processes; medicines management; cleanliness and infection control; staffing and recruitment; monitoring safety and responding to risk; and arrangements to deal with emergencies and major incidents. There were multiple breaches of regulations relating to effective; management, monitoring and improving outcomes for people; effective staffing; working with colleagues and other services; consent to care and treatment; and health promotion and prevention. There were multiple breaches of regulations relating to responsive; responding to and meeting people's needs; access to the service; listening and learning from

Inadequate



# Summary of findings

concerns and complaints. There were multiple breaches of regulations relating to well-led; vision and strategy; governance arrangements; leadership openness and transparency; and seeking and acting on feedback from patients, public and staff.

## People whose circumstances may make them vulnerable

The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for patients whose circumstances may make them vulnerable. There were multiple breaches of regulations relating to; a safe track record; learning and improvement from safety incidents; reliable safety systems and processes; medicines management; cleanliness and infection control; staffing and recruitment; monitoring safety and responding to risk; and arrangements to deal with emergencies and major incidents. There were multiple breaches of regulations relating to effective; management, monitoring and improving outcomes for people; effective staffing, working with colleagues and other services; consent to care and treatment; and health promotion and prevention. There were multiple breaches of regulations relating to responsive; responding to and meeting people's needs; access to the service; listening and learning from concerns and complaints. There were multiple breaches of regulations relating to well-led; vision and strategy; governance arrangements; leadership openness and transparency; and seeking and acting on feedback from patients, public and staff.

Inadequate



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

The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice is therefore rated as inadequate for patients experiencing poor mental health (including patients with dementia). There were multiple breaches of regulations relating to; a safe track record; learning and improvement from safety incidents; reliable safety systems and processes; medicines management; cleanliness and infection control; staffing and recruitment; monitoring safety and responding to risk; and arrangements to deal with emergencies and major incidents. There were multiple breaches of regulations relating to effective; management, monitoring and improving outcomes for people; effective staffing; working with colleagues and other services; consent to care and treatment; and health promotion and prevention. There were multiple breaches of regulations relating to responsive; responding to and meeting people's needs; access to the service; listening and

Inadequate





# Summary of findings

learning from concerns and complaints. There were multiple breaches of regulations relating to well-led; vision and strategy; governance arrangements; leadership openness and transparency; and seeking and acting on feedback from patients, public and staff.

# Summary of findings

## What people who use the service say

We spoke with six patients during the inspection and feedback was very mixed. Patients told us that they felt listened to and involved in their care when seeing either a GP or nurse. All felt that they were treated with respect and their dignity was maintained during consultations and treatment.

Patients reported long delays in obtaining a routine appointment and waiting times in the surgery were often long. Patients also told us of the confusion and disorganisation which occurred when appointments were delayed or had to be cancelled due to a lack of GPs.

We reviewed recent GP national survey data available for the practice on patient satisfaction. The evidence from the survey showed patients were satisfied with how they

were treated and this was with compassion, dignity and respect. We noted that 90% of patients had responded that the nurse was good at treating them with care and concern, whilst 80% of patients reported that the GP was good at treating them with care and concern. Data from the national patient survey showed that 61% of patients rated their overall experience of the practice as good compared to a CCG and national average of 85%. We also noted that just 49% of patients indicated they would recommend the practice to someone new in the area compared to a CCG and national average of 78%. This reflected the level of concerns in terms of obtaining appointments and being able to contact the practice by telephone.

# Goodwood Court Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, CQC inspectors and specialist advisors: a specialist nurse advisor, a practice manager advisor and a pharmacist inspector.

## Background to Goodwood Court Medical Centre

Goodwood Court Medical Centre provides primary medical services to approximately 10,000 registered patients. The practice delivers services to a higher number of patients who are aged 15 to 45 years, when compared with the local clinical commissioning group (CCG) and England average. Care is provided to a small number of patients living in local residential and nursing homes. The practice delivers services to patients living within a population of average deprivation levels.

Care and treatment is delivered by one GP partner. This is due to the long term absence of another GP partner. A salaried GP also works in the practice however they had commenced maternity leave. The practice employs a team which comprises a nurse practitioner, two practice nurses and two healthcare assistants. GPs and nurses are supported by the practice manager and a team of reception and administration staff.

The practice has opted out of providing Out of Hours services to its own patients and uses the services of a local Out of Hours service.

Services are provided from

52 Cromwell Road

Hove

Brighton and Hove

BN3 3ER

The practice has a branch surgery located at The Eaton Centre, 3 Eaton Gardens, Hove, BN3 3TL. However this was closed at the time of our inspection due to flooding.

During this inspection we found that the regulated activity Family Planning was being carried out. The provider is not registered to provide the activity under Health and Social Care Act (Registration) Regulations 2009. This was brought to the provider's attention at the inspection.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. We brought the date of this inspection forward and carried it out unannounced as we had received significant concerns about the practice.

## How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Healthwatch and the NHS Brighton and Hove Clinical Commissioning Group

# Detailed findings

(CCG). We carried out an unannounced visit on 4 June 2015. Subsequent visits took place on 8 and 9 June 2015. During our visits we spoke with a range of staff, including the lead GP partner, the practice manager, practice nurses and administration staff.

We observed staff and patient interaction and spoke with six patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We also reviewed the personal care or treatment records of patients.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

# Are services safe?

## Our findings

### Safe track record

The practice could not demonstrate that it prioritised safety or that it used a range of information to identify risks and improve patient safety. For example, we found that incidents recorded in the accident/incident book, staff disciplinary concerns, as well as 135 complaints received from patients had not been responded to and used to inform the practice on areas of risk.

We were unable to find any records of significant event meetings or discussions in relation to events that had taken place in the practice. We identified at least three significant events that had taken place. These included an incident of aggression, an issue of breach of confidentiality and the closure of the branch facility. An incident recorded in the accident book that raised concerns about patient and staff safety had not been reviewed or discussed in any forum to ensure the practice learnt from this and put measures in place for the future.

The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents. However they were not confident that concerns raised would be acted upon.

### Learning and improvement from safety incidents

The practice did not have a robust system in place for reporting, recording and monitoring significant events, incidents and accidents. We asked to see the records of significant events that had occurred during the last two years. This could not be provided and the GP we spoke to was unable to tell us how many incidents had taken place if any, over this period. During the inspection we noted that an incident had taken place with a patient and there was another incident regarding patient records. Whilst some information had been recorded in patient's notes and the accident / incident book, no other actions had been taken. The practice did not have practice meetings and was unable to demonstrate that time was dedicated to review actions from past significant events and complaints. There was no evidence that the practice had learned from these events.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received relevant role specific training on safeguarding. We asked members of medical, nursing and administrative staff about their most recent training. Staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of normal hours. Contact details of local authority safeguarding teams were easily accessible.

The lead GP partner was the lead in safeguarding vulnerable adults and children. They had been trained in both adult and child safeguarding and could demonstrate they had the necessary competency and training to enable them to fulfil these roles. All staff we spoke with were aware who the lead was and who to speak to within the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

We were told that staff were required to chaperone patients. There was no chaperone policy, and no information on this service for patients. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). Reception staff would act as a chaperone if nursing staff were not available. Receptionists had not undertaken training to help them understand their responsibilities when acting as chaperones. Not all staff undertaking chaperone duties had been subject to a risk assessment or to a criminal records check via the Disclosure and Barring Service (DBS). (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). This placed patients at risk of harm.

### Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was no

## Are services safe?

policy for ensuring that medicines were kept at the required temperatures. (This policy should describe the action to take in the event of a potential failure). Records showed that the practice relied on an electronic data logging device to monitor fridge temperatures. These results were not checked regularly and the practice could not be sure that the fridges were maintaining safe operating temperatures. The lack of appropriate checks meant that medicines may not be safe to administer to patients placing them at risk of harm.

Processes were not in place to check medicines were within their expiry date and suitable for use. Some the medicines we checked were not within their expiry dates. The practice staff could offer no explanation for this.

On the 8 June 2015, the first day of our inspection, we found medicines in a consultation room adjacent to the patient waiting area. Whilst the room had a system for securing access via keypad entry, the room was unlocked on our arrival. The room contained a number of medicines for named patients, including a used vial of medicine for injection. Staff told us that they did not know how the medicines had come to be in this room. The lead GP partner told us he was unaware of the medicines and could not offer any explanation for this. This meant staff at the practice had not tracked how and when medicines had been used.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms for use in printers were not handled in accordance with national guidance as these were not tracked through the practice and not kept securely at all times. For example, the unlocked consultation room had printable prescription forms on a desk in the room. The lack of appropriate systems for monitoring and securing these prescriptions meant that there was a risk of unauthorised access and improper use of these documents.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that were in date. The health care assistants administered vaccines and other medicines. Patient Specific Directions (PSDs) required when healthcare assistants carry out these functions were not in place. When we spoke with a healthcare assistant they did not know if these directions were in place. The nurse practitioner produced a copy of these directions,

however they had not been signed by the prescriber or health- care assistant. There was no evidence that nurses and the health- care assistant had received appropriate training and had been assessed as competent to administer the medicines referred to, either under a PGD or in accordance with a PSD from the prescriber. A member of the nursing staff was qualified as an independent prescriber. They told us that they did not receive regular supervision at the practice. The nurse had taken steps to access external peer group support in order to keep updated in the specific clinical areas of expertise for which they prescribed.

Concerns had been raised by patients and staff about the processing of repeat prescription requests. A number of staff from administrative and clinical areas of the practice told us of a backlog with this process. We were told that prescription requests had mounted up, dating back to 20 May 2015 and staff concerns regarding this had not been responded to. We saw evidence of emails from staff requesting that this was attended to as they had run out of space to house them in the reception office. During our inspection we overheard calls from patients asking when their prescriptions would be ready. The practice manager confirmed this was a problem. The practice manager told us that when they arrived in the practice on the day of our inspection the requests dated prior to 1 June 2015 had gone. Neither the practice manager nor the lead GP partner could explain what had happened to the outstanding requests.

We spoke with the lead GP partner who told us that there was a delay of three days in processing prescription requests. The lead GP partner confirmed that all other requests had been processed and they knew nothing about a large backlog of requests.

On 8 June 2015, the second day of our inspection, we saw that the prescription requests dating back to the 1 June 2015 remained on the table in the reception administration area and had not been attended to.

On 9 June 2015 we observed that the table in the reception administration area held 11 piles of documents dated from 1 June 2015 to 9 Jun 2015 and an “urgent” pile. These were mainly repeat prescription requests. A number of phone calls were taken from patients during the day which resulted in repeat requests being transferred from the “date

## Are services safe?

received” pile to the “urgent” pile. The delays in ensuring patients received their prescriptions meant that they were unable to obtain medicines required to treat their medical conditions. This placed patients at serious risk.

The practice kept some medicines to be administered to individual patients when attending the practice. When we checked a cupboard containing these medicines we identified that:

- Four stock drugs were past their expiry dates.
- Two individually dispensed items were past their expiry dates
- One ampoule had been mis-stored in a box of the same drug but of a different dose.
- One product had not been kept refrigerated as required by the manufacturer.

### Cleanliness and infection control

We observed the premises to be clean and tidy in most areas. We saw there were cleaning schedules in place and cleaning records were kept. One consulting room was in a very untidy and unclean state. The shelving and surfaces were dusty, one sharps box was full and dated back to 2013.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement measures to control infection. For example, personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice’s infection control policy.

The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. Staff received training about infection control specific to their role. We saw evidence that the lead had carried out a recent audit. This was the only audit carried out at the practice. The audit recorded a score of 100%, meaning no improvements were needed. At this inspection we saw that a consultation room was dirty and presented a risk to patients and staff. This indicates that the infection control audit had been ineffective and therefore patients were at risk. The consultation rooms had washable privacy curtains. The date for replacement was April 2015. We asked what action the practice took with regard to these

and we were told that they were disposed of rather than cleaned. The practice did not have replacements available and there were no records to show how this was to be actioned.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice did not have a policy for the management, testing and investigation of legionella (a bacterium which can contaminate water systems in buildings). There were no records to confirm the practice was carrying out regular checks to reduce the risk of infection to staff and patients.

### Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested. The records we saw confirmed that the last testing took place in November 2014. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example weighing scales, spirometers, blood pressure measuring devices and the fridge thermometer.

### Staffing and recruitment

The practice did not have a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. Records we looked at were not consistent and not all contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, we looked at seven staff records and found that five of these records did not contain the information required by regulations. The records for two new nursing staff recruited by the nurse practitioner included proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

The practice had little information to support locum GPs working in the practice. We asked to see the records for three locum GPs who had worked at the practice in recent weeks. These records could not be provided. The records for administration staff were also incomplete or were not in



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place. For example, we asked to see the personnel records of a staff member who carried out administrative and reception tasks in the practice. The practice manager told us they did not hold any records for that person. We were told by the practice manager that the lead GP partner had taken over this role, however when asked, the lead GP partner said that this was the role of the practice manager.

We asked about the arrangements for planning and monitoring the number of staff and the mix of staff needed to meet patients' needs. There were no arrangements in place to predict and arrange cover for staff shortages.

Staff told us there were not enough staff to maintain the smooth running of the practice and there were concerns that there were not enough staff on duty to keep patients safe. Neither the practice manager nor registered manager could show us records to demonstrate that actual staffing levels and the skill mix met planned staffing requirements.

On the first day of our inspection we found that only one GP was available to cover the practice that day. On our arrival there were no GPs present at 8.30am. Reception staff told us that nobody was available and the registered manager was due in just before 9.00am. The practice had patients waiting to be seen. The nurse practitioner had been called in to assist and was working in a triage role covering the list of patients that had been booked to see a locum GP who was unable to attend the practice. When we examined the plans for the rest of that week and the following week, we found similar levels of cover for the practice. The lead GP acknowledged the staffing shortage and told us that a plan would be put in place to improve GP cover for patients.

On 8 June 2015, the second day of our inspection, we found the levels of GP cover to be of significant and immediate concern and placed patients at risk of harm. We found that with the exception of two patients, all patients had either been seen by the nurse practitioner or another individual who was not a GP or nurse. We were told by staff that this person was identified to them as a physician's assistant. We asked to see the individual's recruitment checks and the lead GP provided a CV. No other information could be seen as the practice had not carried out robust checks on this individual. There was no evidence that he was qualified to practise as a GP or a physician's assistant. The records we saw confirmed that this individual had seen nine patients. We looked at the consultation records for these patients and found that this

individual had seen and offered advice to patients in areas that there was no evidence he was qualified to assess. As a result of this concern being reported to NHS England they contacted these patients to arrange appropriate consultations with a GP.

A nurse practitioner was present at the time CQC inspected the practice and they were found to be appropriately skilled and experienced to carry out their role. Further investigation identified a pattern of the lead GP partner and one locum working each day. On the first two days of our inspection we found that only the lead GP partner was present. The inspectors found that this was insufficient for the list demand. On 9 June 2015 when our pharmacy inspector visited the practice we found only one locum GP was available to meet the needs of the patient list.

### Monitoring safety and responding to risk

The practice did not have systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. The practice had a health and safety policy. Some health and safety information was displayed for staff to see and there was an identified health and safety representative. The practice could not demonstrate that this person had been trained or had the necessary skills to carry out this role.

Risks associated with service and staffing changes (both planned and unplanned) were not documented or addressed. We saw that the practice was significantly short of both clinical and administrative staff. Whilst we were told by the lead GP partner that they were trying to address the staffing shortage, no evidence of a formal assessment and rationale for the safe provision of services for patients had been produced.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Records showed that staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used in cardiac emergencies). When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. We checked the pads for the automated external defibrillator and they were within their expiry date.



## Are services safe?

Emergency medicines were available in the practice and all staff knew of the locations. We saw records for these emergency medicines and whilst the practice had identified three medicines had expired, replacement stock had not been obtained.

The practice had a branch and this had been closed for some time due to flooding. A business continuity plan was not in place to deal with emergencies that may impact on the daily operation of the practice.

The practice had carried out risk assessments in January and April 2015 that included actions required to maintain safety in the kitchen, boiler room and reception. There was no fire risk assessment and the practice had not ensured risks were adequately addressed. For example, the areas identified, such as the kitchen also contained a significant number of electrical items namely the server and computer systems. The risk assessment did not adequately address how this area was to be monitored and safety maintained.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GP and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. We saw minutes of clinical meetings for nurses and health care assistants which showed that current guidance and clinical best practice was then discussed and implications for the practice's performance and patients were identified. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.

Interviews with the GP showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

During this inspection it was not possible to access information on how the practice monitored patient needs and reviewed information to improve outcomes for patients. When asked, the practice could not show us any clinical audits that had been undertaken in the last two years. (A clinical audit is a way to find out if healthcare is being provided in line with standards and lets care providers and patients know where their service is doing well, and where there could be improvements). The practice could not demonstrate that they were reviewed their practice against the national and local standards to ensure safe outcomes for patients.

The team was not making use of clinical audit tools, clinical supervision and staff meetings to assess the performance of clinical staff. The staff we spoke with were unaware of any expectations in terms of clinical audit.

The practice had a palliative care register and had regular multidisciplinary meetings to discuss the care and support needs of patients and their families. We saw the minutes of three of these meetings and noted that the lead GP had not attended two of the last three meetings that had taken place. These meetings had been attended by the nurse practitioner.

### Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed staff records and saw that, for the records we reviewed, staff were up to date with attending mandatory training courses such as annual basic life support. We noted that due to the severe shortage of GPs the practice could not demonstrate a good skill mix was in place. For those locum GPs engaged by the practice, little information was available to demonstrate that they fulfilled the needs of the practice due to poor recruitment information.

The lead GP was up to date with their yearly continuing professional development requirements and had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

Annual appraisals were not in place to identify learning needs for staff. Our interviews with staff confirmed that the practice was not proactive in providing training and support for staff. We noted that the advanced nurse practitioner, employed on a locum basis, had put training and development on the agenda for nurses and health care assistants and had set up meetings to review their practice.

Practice nurses and health care assistants had job descriptions outlining their roles and responsibilities and we found evidence that, in most cases, they were trained appropriately to fulfil these duties. For example, one staff member told us that they carried out procedures in relation to family planning services, however we found no evidence that they had been trained in procedures they described to us. Nurses had received training in administration of vaccines, cytology and wound care. Those with extended roles, for example, seeing patients with long term conditions such as diabetes, were also able to demonstrate that they had appropriate training to fulfil these roles.

Staff files we reviewed showed that where poor performance had been identified, action had been taken to manage this in some cases. For example we noted that there had been significant delays in dealing with performance and disciplinary matters which meant that

# Are services effective?

## (for example, treatment is effective)

two staff members had been unable to work for an extended period. The lead GP advised that they were seeking the support of another practice to address this situation due to their significant staff shortage.

### Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage those of patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice did not have a policy available outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications, however they were able to describe their roles. We reviewed patient records and found that discharge summaries and letters from outpatients were seen and actioned on the day or within two days of receipt. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles, however they felt the system did not work well. Staff reported concerns to the inspection team about a large build-up of reports, paperwork and prescription requests that had gone unattended to for some weeks. They told us that these documents were in the practice on the evening prior to our inspection on 4 June 2015 but had disappeared by the next morning. When correspondence, reports and prescriptions had not been responded to patients may not receive appropriate and timely care and treatment placing them at serious risk.

The practice held multidisciplinary team meetings every six to eight weeks to discuss patients with complex needs. For example, those with end of life care needs. These meetings were attended by district nurses, social workers, palliative care nurses and decisions about care planning were documented in a shared care record. Staff felt this system worked well. We noted that for the records of the last three meetings held since December 2014, a GP was in attendance on only one occasion. Care plans were in place for patients with complex needs and shared with other health and social care workers as appropriate.

### Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner.

The practice had also signed up to the electronic Summary Care Record. (Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours).

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from the hospital, to be saved in the system for future reference. We did not see evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

### Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it.

The practice did not have a policy for documenting patients' consent. We did note that the patients view was recorded within the notes of consultations.

### Health promotion and prevention

The practice's performance for the cervical screening programme was 69.14% for 2013/14 which was below the national average of 81.29%. There is a risk that patients who were at risk would not be identified. We were unable to establish what steps the practice was taking to follow up patients who had not attended for their screening appointment.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance. Performance for 2013/14 was average for the majority of immunisations where comparative data was available. For example Flu vaccination rates for the over 65s were 68.57%, and at risk groups 42.8%. These were similar to national averages.

## Are services effective?

(for example, treatment is effective)

The data for childhood immunisation rates for the vaccinations given to children under the age of two years was unavailable to CQC at the time of the inspection. The practice was unable to provide this information during the inspection. The practice did provide evidence that records

were maintained in respect of these procedures after the first day of the inspection. Only one record was made available to the inspectors which did not demonstrate a complete and accurate record was maintained.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We spoke with six patients during our inspection. Whilst feedback on the practice was mixed, some patients told us they felt the practice offered a caring service and staff were helpful and took the time to listen to them. They said staff treated them with dignity and respect. Interactions we observed on the day of our inspection also confirmed that patients were treated with dignity and respect. Some patients felt let down by the practice, having had appointments cancelled when they turn up to the surgery as a GP was unavailable to see them.

We reviewed recent GP national survey data available for the practice on patient satisfaction. The survey was based on 113 responses. The evidence from the survey showed patients were satisfied with how they were treated and this was with compassion, dignity and respect. We noted that 90% of patients had responded that the nurse was good at treating them with care and concern, whilst 80% of patients reported that the GP was good at treating them with care and concern. Data from the national patient survey showed that 61% of patients rated their overall experience of the practice as good compared to a CCG and national average of 85%. We also noted that just 49% of patients indicated they would recommend the practice to someone new in the area compared to a CCG and national average of 78%. This reflected the level of concerns in terms of obtaining appointments and being able to contact the practice by telephone.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatment in order that confidential information was kept private. The main reception area and waiting room were combined but a screen had been placed around the reception desk window in order to improve the level of privacy for patients speaking with a receptionist. Some telephone calls were

taken away from the reception desk so staff could not be overheard. Staff were able to give us practical ways in which they helped to ensure patient confidentiality. This included not having patient information on view, speaking in lowered tones and asking patients if they wished to discuss private matters away from the reception desk.

We found that the significant shortfalls in staffing, lack of planning and monitoring the practice had caused significant impact on the level of service provided to patients. Long waiting times for appointments and delays when attending the practice to see a GP had caused patients to feel frustrated and unhappy with the practice.

### **Care planning and involvement in decisions about care and treatment**

We reviewed GP national survey data available for the practice. The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. We noted that 83% of patients had responded that the nurse was good at involving them in decisions about their care. The survey found that 77% of patients said the last GP they saw was good at involving them in decisions about their care. Both of these results were comparable to the local clinical commissioning group and national average.

Patients we spoke with on the first day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

On the 8 June 2015, the second day of our inspection we saw that a number of patients were seen by an individual who was not a GP or a nurse practitioner. Patients were not told that the person they would see was not a GP and did not have the opportunity to seek an alternative consultation with a qualified GP. This meant patients were not given appropriate information to make decisions on their treatment and care.

Staff told us that translation services were available for patients who did not have English as a first language. We noted that the practice website included a facility to translate the contents into 90 different languages.

## Are services caring?

### **Patient/carer support to cope emotionally with care and treatment**

The results of the most recent national GP survey showed that 80% of patients said the last GP they saw or spoke to was good at treating them with care and concern and that 90% of patients said the nurses were good at treating them with care and concern. We noted that 83% of respondents said the last GP they saw was good at listening to them and 91% of respondents said the last nurse they saw was good at listening to them. Comments we received from patients on the day of our inspection were also positive and aligned with these views.

New carers were encouraged to register with the practice. We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room signposted patients to a number of support groups and organisations. The practice website provided further information to carers, including ways to access respite care and financial benefits.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had last conducted a patient survey in March 2012. At that time the survey report indicated that the practice had established a virtual patient participation group of 132 members. (A virtual patient participation group does not meet, but provides support to the practice by providing electronic and written feedback when requested). The practice website included information about the virtual patient participation group and invited patients to join the group.

Results of the 2012 survey and a corresponding action plan were available on the practice website. The action plan highlighted a number of proposed actions such as improving the communication of blood test results to patients and the development of improved services for patients with long term conditions and those experiencing poor mental health. However, progress towards completing the proposed actions had not been reviewed or recorded. We were told that the practice had no current VPG or PPG in operation and there were no systems in place to consult with the wider patient group.

### Tackling inequity and promoting equality

Staff told us that translation services were available for patients who did not have English as a first language. We noted that the practice website included a facility to translate the contents into 90 different languages.

The practice was situated in premises within a complex of residential flats. Patient services were provided from the ground floor level. The practice made use of another unit within the complex to store records and carry out administrative functions. The practice was accessed via a sloping pathway which made it suitable for wheelchair users. Access was via a single door which opened automatically. We noted the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to the treatment and consultation rooms. Toilet facilities were accessible for all patients and contained grab rails for those with limited mobility and an emergency pull cord. Baby changing facilities were available for mothers with young babies

### Access to the service

We were told the practice was open from 8am until 8pm on Mondays, Tuesdays and Wednesdays and from 8am to 6.30pm on Thursdays and Fridays. Patients could call to make appointments from 8am. There were also online facilities for patients to book appointments. Appointments could be booked up to two weeks in advance. However on the 4 June 2015 we observed that access to appointments of advance booking was extremely limited and not appointments were available until 15 June 2015. The advanced nurse practitioner provided appointments for patients with minor ailments. At the time of our inspection the advanced nurse practitioner was providing a triage service in response to the shortage of GP sessions.

Some patients reported difficulty in accessing the practice by phone. Results of a recent GP patient survey showed that just 47% of respondents found it easy to get through to the practice by phone, compared with a local clinical commissioning group average of 77%. The survey indicated that just 45% of patients described their experience of making an appointment as good. We reviewed feedback provided by patients on the NHS Choices website. The practice had received 59 ratings with an overall rating of 1.5 stars. Feedback on the NHS Choices website reflected the difficulties patients had experienced in obtaining a routine appointment and accessing the practice by phone. Some patients described how their appointment had been cancelled at short notice.

Staff told us that there were insufficient GPs within the practice to support the number of routine and urgent appointments required. On the day of our inspection all pre-bookable appointments for the next two weeks had been taken. Patients we spoke with on the day of our inspection told us they experienced difficulty in obtaining a timely appointment.

Information was available to patients about appointments on the practice website. This included how to arrange home visits, how to book appointments and the number to call outside of practice hours. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Patients were advised to call the out of hours' service.

Concerns were raised about the practice's ability to provide home visits to patients. Staff told us that they were concerned that home visit requests had not been responded to. We looked at patient records and spoke with the lead GP partner. We were told by the GP partner that



# Are services responsive to people's needs?

(for example, to feedback?)

the visits identified had been undertaken but not written up on the patient record. The records had not been completed a week after the home visits took place. Patients were at risk of inappropriate care as incomplete records meant that other practitioners would be unaware of the patients latest consultation, healthcare need and treatment prescribed. Patients and their representatives were contacted and confirmed that the GP had attended.

## **Listening and learning from concerns and complaints**

We reviewed a written notice in the practice waiting area which described the process should a patient wish to make a complaint. However, we were unable to see evidence of a practice policy to support staff in the management of complaints. There was limited information on how to make a complaint on the practice website. A Friends and Family test suggestion box was available within the patient waiting area.

Written information available to patients in the waiting area and on the practice website indicated that the practice manager handled all complaints in the practice. However, the practice manager told us they no longer handled complaints received. They told us the lead GP partner now handled all complaints.

We reviewed the practice complaints log and the written letters of complaint for those received since 2012. We noted that 135 complaints had been received. The practice manager told us that these did not include complaints received since March 2015. We were unable to confirm the number and nature of complaints received since March 2015. The practice complaints log indicated that a written acknowledgement had been sent in relation to only five of the complaints received since 2012. We saw no evidence that any of the complaints had been discussed, investigated or reviewed. There was no record of learning from complaints. The practice did not hold meetings to discuss complaints. The practice manager told us that none of the complainants had been sent a written response.

The lead GP partner was unaware of the number of complaints received by the practice and could not give an explanation as to why none of these had been responded to. They told us that they had taken two of these complaints dating back to September 2014 to discuss with the practice manager. However, they had not taken any action on these as the practice manager had been away and they wanted to discuss the complaints before deciding what action to take.



# Are services well-led?

Inadequate 

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

## Our findings

### **Vision and strategy**

The practice had no clear vision to deliver high quality care and promote good outcomes for patients. There was no business or strategic plan.

We spoke with six members of staff and they all expressed concerns about the future of the practice and the lack of any clear structure and communication.

### **Governance arrangements**

The practice did not have policies and procedures in place to govern. The nurse practitioner had developed policies to address day to day clinical issues to ensure nursing and health- care assistants carried out their roles in accordance with national guidelines. The practice manager had introduced a health and safety policy to address this aspect of the practice.

There was some leadership in place with named members of staff in lead roles however this was ineffective. For example, there was a lead nurse for infection control and the GP partner was the lead for safeguarding. The feedback from staff was very mixed. Most told us they did not feel valued or well supported. They all knew who to go to in the practice with any concerns, however the information we received showed that they were not confident that these concerns would be addressed.

The GP and practice manager did not have systems in place to monitor the quality of the service.

The practice did not have a programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. Additionally, processes were not in place to review patient satisfaction and action had not been taken, when appropriate, in response to feedback from patients or staff.

The practice did not hold regular staff meetings where governance issues were discussed.

There was lack of clarity between the practice manager and lead GP on who was responsible for human resource policies and procedures. We were given conflicting information on who had responsibility for managing and overseeing recruitment processes in the practice. Records

we saw did not demonstrate that the practice had safe systems for recruiting staff and this had not been identified by the practice, despite a previous inspection by CQC in 2013 that highlighted failures in this area.

### **Leadership, openness and transparency**

Staff did not feel involved in discussions about how to run the practice and how to develop the practice. The staff we spoke with were unsure of how the practice was to develop. They felt their concerns were not being addressed by the lead GP partner. Our observations found that staff managed their own roles without any form of co-ordination from the GP partner.

Team meetings were not held with any regularity. Staff told us that there was a supportive culture within the practice team, however they had not had the opportunity to raise any issues at team meetings. We also noted that some protected learning sets took place. We asked to see the records of these and one set of minutes was provided for a meeting that took place on 14 May 2015.

### **Seeking and acting on feedback from patients, public and staff**

The practice could not demonstrate that they encouraged and valued feedback from patients. It did not have a patient participation group (PPG) to gather patient feedback, surveys were not undertaken and complaints received had not been responded to.

We also saw that the practice had not reviewed its' results from the national GP survey to see if there were any areas that needed addressing. The practice was not actively encouraging patients to be involved in shaping the service delivered at the practice.

The practice did not engage with the staff team to gather their views as there were no forums to gather this information. For example an annual staff survey, meetings, appraisals and discussions.

### **Management lead through learning and improvement**

Staff told us that the practice supported them to maintain their clinical professional development through training. The practice nurse was taking steps to improve support and mentoring for nurses and healthcare assistants. We looked at nine staff files and saw that appraisals did not take place and staff did not have a personal development plan.

## Are services well-led?

Inadequate 

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

The practice had not completed reviews of significant events and other incidents