Dr Bajen and Dr Blasco - Also known as Rochford Medical Practice

Quality 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 service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Requires improvement
Are services responsive to people's needs?	Requires improvement
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 announced comprehensive inspection at Dr Bajen and Dr Blasco, otherwise known as Rochford Medical Practice on 29 April 2016. Overall the practice is rated as inadequate.

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

- The two GPs registered as a partnership with the Care Quality Commission were in a legal dispute, did not communicate with each other and were not taking joint responsibility for the management and leadership of the practice. This dispute pervaded through the practice and impacted on staff working at the practice, creating an unhappy working environment. One GP did not work every day and the other GP had been stopped from providing clinical care. Therefore the practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.
- Staff morale was extremely low, they did not feel supported and the disagreement between the partners had a negative impact on the management and performance of the practice at all levels.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. There was no policy in place for the safe storage of vaccines and as a result there were inadequate systems in place to ensure vaccines were stored in line with recognised guidance.
- Due to a lack of robust procedures, we could not be assured that patients on high-risk medicines were being monitored effectively.
- Appropriate recruitment checks on staff had not consistently been undertaken prior to their employment. Infection control audits did not identify or address all concerns identified. There were no policies or risk assessments in place for the control of substances hazardous to health.
- Staff were not clear about reporting incidents, near misses and concerns, records were brief and did not demonstrate learning outcomes.

Summary of findings

- There was a lack of audit activity or other quality improvement systems in place to identify where the practice could improve. The practice was aware of national data but had not taken action to address areas for improvement.
- Staff training was ad-hoc and not being managed effectively. There was little support, especially for non-clinical staff and training records were disorganised. Some clinical staff had not received up to date basic life support training and not all staff were aware of safeguarding procedures.
- There were no robust patient recall systems in place, due to a lack of leadership and staff structure, staff were not sure who was responsible for identifying or contacting patients who required health checks or reviews.
- The nursing team attended multidisciplinary meetings. The GPs rarely attended and meetings were not documented in sufficient detail to ensure information could be shared or patient records could be updated. There was a lack of oversight by GPs at the practice of the care and treatment decisions made at the meetings.
- There was no robust system in place to ensure all staff were aware of new national guidelines or patient safety alerts.
- Prescriptions were not all stored securely and there was no system in place to monitor their use.
- Most patients were positive about their interactions with staff and said they were treated with compassion and dignity, although some patients had experienced difficult situations with reception staff.
- The system for managing complaints was not effective. Records were incomplete, some were missing and there was no evidence of analysing complaints or sharing learning outcomes.
- The practice tried to identify carers but had limited engagement with these patients to offer them further support. There was no policy to actively contact families suffering bereavement to offer support.
- National data showed patients were satisfied with access to appointments, although we were told on the day of our inspection of difficulties in getting appointments and access via the telephone.
- The practice had a patient participation group; however this was now very small and met infrequently.
- Staff did not feel supported and were overwhelmed by their workload; there was limited engagement with staff to understand how they were feeling and what support they needed.

The areas where the provider must make improvements are:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure that the system for managing complaints is reviewed so that they are recorded, analysed, learning identified and shared and that patients receive a suitable explanation and an apology where relevant.
- Ensure there is an overarching governance framework including risk assessments, policies and procedures that are regularly reviewed and available to staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Take action to address identified concerns with infection prevention and control practice and the safe storage of vaccines.
- Provide staff with appropriate support, training and supervision to enable them to carry out their roles effectively and keep patients safe. Ensure that staff training is monitored and up to date, including basic life support and safeguarding training. Ensure recruitment arrangements include all necessary employment checks for all staff.
- Put systems in place to ensure all clinicians are kept up to date with national guidance, guidelines and that they respond appropriately to patient safety alerts.
- Implement a robust system for reviews for patients on high risk medicines.

Summary of findings

- Carry out clinical audits including re-audits to ensure that areas for improvements have been identified and actioned.
- Ensure all prescriptions are stored securely and implement a system to monitor their use.
- Significantly improve the leadership structure at the practice so that the governance systems and processes are effective. Ensure there is leadership capacity to deliver all improvements.

The areas where the provider should make improvement are:

- Continue to identify patients who are carers and provide them and those patients suffering bereavement with appropriate support, advice and guidance.
- Improve engagement with the patient participation group in order to seek patient feedback.
- Implement a programme of regular staff meetings to seek feedback and engage staff with the future of the practice and ensure these are recorded.

At the time of publication enforcement action was being considered in line with the CQC's enforcement policy.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

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

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- Staff were not clear about reporting incidents, near misses and concerns. Although the practice carried out investigations when they did identify unintended or unexpected safety incidents, this was inconsistent and not documented in sufficient detail to demonstrate learning outcomes or actions taken. When things went wrong, we could not be assured that all patients received reasonable support, truthful information, and an apology.
- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. There was no robust system to ensure patient safety alerts were being acted on effectively. There was no risk assessment in relation to the control of substances hazardous to health.
- There was no policy in place for the safe storage of vaccines; as a result insufficient measures were in place to ensure vaccines were suitably stored.
- There was a lead member of staff for safeguarding and staff understood their responsibilities; however there was insufficient evidence to ensure staff had been suitably trained.
- Infection control audits had been carried out but had failed to identify all areas requiring improvement.
- Non-clinical staff were no longer acting as chaperones as they had not been trained for the role and had not received a disclosure and barring service check. Due to this, only clinical staff were acting as chaperones.
- Prescriptions were not all stored securely and there was no system in place to monitor their use.
- Recruitment checks were not robust and did not always include proof of identification, or proos of a Smart card, or references.
- Nursing and non-clinical staff told us that their workload was overwhelming and had been for some time and that they felt staff numbers were not sufficient to meet the needs of patients.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

Summary of findings

- Data showed patient outcomes were mixed compared to the local and national averages. There was very little GP input to improve this data and the nursing team were largely responsible. Areas for improvement had been identified but no actions had been taken.
- There was no robust system in place to ensure staff were up to date and referring to national guidelines.
- There was no robust patient recall system in place. Due to the lack of leadership and staff structure, there was some confusion regarding whose responsibility it was to recall patients for health checks, screening or patient reviews.
- The practice was not carrying out clinical audits and there were no quality improvement systems in place to identify where they might improve the care and treatment provided to patients.
- There was limited engagement with other providers of health and social care.
- Multidisciplinary working was taking place but rarely attended by a GP and record keeping was very limited and sometimes absent.
- Staff training was ad-hoc and there was no monitoring system in place to ensure staff were up to date as per the practice policies. Some staff had to undertake mandatory training in their own time as their workload did not allow for it during normal working hours. Some staff had not been trained appropriately to carry out their role.
- Staff had received annual appraisals.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made.

- Data from the national GP patient survey, published in January 2016, showed patients rated the practice comparable to or above others for most aspects of care.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all patients we spoke to felt supported by reception staff.
- Information for patients about the services was available.
- Staff relied on an internet search engine to translate for patients when needed.
- The practice identified 1% of its patient list as carers but did not proactively offer these patients any additional support.
- There was no policy to proactively contact families suffering bereavement to offer additional support.

Summary of findings

Are services responsive to people's needs?

Requires improvement

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

- The practice had not reviewed the needs of its local population in the last year and had limited engagement with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services.
- Although national patient data reflected that access to appointments was above average, patients we spoke with told us of difficulties accessing appointments and getting through on the phone. Many patients were unsatisfied with having to phone very early, at 6.30am, to secure a same day appointment.
- The practice was well equipped to treat patients.
- Information about how to complain was available for patients. There was a designated person responsible for handling complaints but records were incomplete, some were missing and there was no evidence of analysing complaints or sharing learning outcomes.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- The leadership at the practice was inadequate and directly linked to the on-going dispute between the two GPs registered with the Care Quality Commission as the partnership responsible for the practice. They were unable to lead effectively as they refused to work with each other, discuss and respond to issues and manage their staff appropriately.
- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to any vision or strategy but instead told us they were trying to cope with the day to day pressures within the practice.
- There was no clear leadership structure and staff did not all feel supported by management within the practice. There was a lack of attention to governance by either of the GP partners.
- There was a poor working environment due to a breakdown in the partnership and staff were struggling to cope with the pressure they were under.
- The practice had a number of policies and procedures to govern activity, but they did not have review dates in place and some were out of date and did not reflect current practice. Some policies were missing, for example there was no policy available for the safe storage of vaccines and this had led to a lack of safety systems being implemented.

Summary of findings

- The practice had not held regular governance meetings and issues had been discussed at ad-hoc meetings. The practice manager and nursing staff told us they were trying to improve this.
- The practice had not proactively sought feedback from staff or patients. There was a small patient participation group; however they met infrequently and there was no evidence of recent meetings to show engagement or suggestions for improvement.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However there were some examples of good practice.

- We were told that the care of older patients was important to the practice. We saw evidence that the nursing team offered older people health checks, however due to their overwhelming workload, this could not be ensured. GPs visited care homes on a weekly basis and offered to see patients if required.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to local and national averages, for example 78% of patients with hypertension had their last recorded blood pressure, taken in the preceding 12 months, as 150/90mmHg or less which was similar to the local average of 79% and slightly lower than the national average of 84%.
- Home visits were available when required.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management.
- Practice performance was generally below average for dealing with patients with diabetes. For example; 68% of patients with diabetes, on the register, had their last IFCC-HbA1c reading as 64mmol/mol or less, in the preceding 12 months (01/04/2014 to 31/03/2015), this was below the CCG average of 75% and the national average of 78%.
- Longer appointments and home visits were available when patients needed them.Patients with a long term condition had a named GP.
- For those patients with the most complex needs, the nursing team worked with relevant health and care professionals to try

Summary of findings

to deliver a multidisciplinary package of care. A GP was rarely involved in this process and the meetings were not adequately documented to ensure patient records were updated or reviewed to ensure they were receiving the most appropriate care and treatment.

- There was no robust system in place to ensure structured annual reviews were undertaken to check that patients' health and care needs were being met.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- We could not be assured of robust systems being in place 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 A&E attendances.
- Some staff had not received child safeguarding training.
- Immunisation rates were below CCG averages for most standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice cervical screening rates were above local and national averages.
- The advanced nurse practitioner offered a service to fit contraceptive implants and coils.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered a range of extended opening hours to suit the needs of working aged people.
- The practice offered online services including appointments.

Summary of findings

- There was limited information regarding health promotion and screening to reflect the needs for this age group within the practice although the nursing team tried to share information with patients when possible.
- Screening rates for breast and bowel cancer were below local and national averages.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice made efforts to identify patients living in vulnerable circumstances and had a register of patients with a learning disability.
- The practice offered longer appointments, when requested, for patients with a learning disability. We were not provided with any evidence of these patients receiving routine health checks.
- The nursing team worked with other health care professionals in the case management of vulnerable patients; however these meetings were not adequately documented to ensure information could be shared or that patient records could be updated.
- There was limited information available within the practice about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant. However not all staff had received safeguarding training.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for providing safe, effective and well-led services and requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- 78% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is lower than the CCG average of 80% and the national average of 84%.
- 78% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record. This was comparable to the local average of 77% but lower than the national average of 88%.
- The nursing team told us they worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including dementia, however due to a lack of documentation we were unable to confirm this.
- There was limited information available within the practice to inform patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- We could not be assured there was a robust system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with or above local and national averages. 322 survey forms were distributed and 129 were returned. This represented a 40% completion rate.

- 85% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and the national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 88% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards, most of which were positive about the standard of care received and the caring, respectful staff. Some comment cards expressed concerns regarding access to appointments and getting through on the phone.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable; however some patients told us of problems when dealing with reception staff, difficulties in getting appointments and they did not like having to call so early in the morning, at 6.30am, in order to book a same day appointment.

Areas for improvement

Action the service MUST take to improve

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure that the system for managing complaints is reviewed so that they are recorded, analysed, learning identified and shared and that patients receive a suitable explanation and an apology where relevant.
- Ensure there is an overarching governance framework including risk assessments, policies and procedures that are regularly reviewed and available to staff to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Take action to address identified concerns with infection prevention and control practice and the safe storage of vaccines.
- Provide staff with appropriate support, training and supervision to enable them to carry out their roles effectively and keep patients safe. Ensure that staff training is monitored and up to date, including basic life support and safeguarding training. Ensure recruitment arrangements include all necessary employment checks for all staff.
- Put systems in place to ensure all clinicians are kept up to date with national guidance, guidelines and that they respond appropriately to patient safety alerts.
- Implement a robust system for reviews for patients on high risk medicines.
- Carry out clinical audits including re-audits to ensure that areas for improvements have been identified and actioned.
- Ensure all prescriptions are stored securely and implement a system to monitor their use.

Summary of findings

- Significantly improve the leadership structure at the practice so that the governance systems and processes are effective. Ensure there is leadership capacity to deliver all improvements.

Action the service SHOULD take to improve

- Continue to identify patients who are carers and provide them and those patients suffering bereavement with appropriate support, advice and guidance.
- Improve engagement with the patient participation group in order to seek patient feedback.

Implement a programme of regular staff meetings to seek feedback and engage staff with the future of the practice and ensure these are recorded.

Dr Bajen and Dr Blasco - Also known as Rochford Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Bajen and Dr Blasco - Also known as Rochford Medical Practice

Dr Bajen and Dr Blasco, otherwise known as Rochford Medical Practice, is located in the centre of Rochford town centre. The practice is located within a purpose built building which is shared with another GP practice. There is ample car parking available, for which charges apply; there are also good public transport links with a train station nearby. The practice has a list size of approximately 8,900 patients.

There are two GP partners; however at the time of our inspection, only one of these was practising due to undertakings from the General Medical Council. There were several locum GPs covering the remaining GP sessions. The nursing team comprised an advanced nurse practitioner, two practice nurses, one of whom is an independent prescriber, a healthcare assistant and a phlebotomist. The non-clinical staff included a practice manager, four administrative staff and eight part-time receptionists.

The practice is a training practice for nurses only and one nurse is a qualified mentor to carry out this role.

The practice is open between 6.30am and 7pm Monday to Thursday, 6.30am and 6.30pm on Friday and from 8.30am to 11.30am on Saturdays. Appointments are available at various times during these hours depending upon which staff are on duty. When the practice is closed, patients are signposted to out of hour's services by calling 111. These services are provided by Integrated Care 24 (IC24).

This practice was inspected under our previous methodology in 2014 at a time when we did not award ratings. They were initially found to be non-compliant with regulations due to issues with infection control and issues related to staff recruitment, support and supervision. The practice was re-inspected, again in 2014 and found to be compliant.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 April 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, a healthcare assistant, a phlebotomist, the practice manager, administrators and receptionists.
- Observed how patients were being cared for and talked patients in the waiting area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a basic system in place for reporting and recording significant events.

- Not all staff understood the principles of identifying or reporting significant events. There was not a recording form used to record significant events. We reviewed two significant events from the last 12 months, these were recorded in brief but did include details of who the incident was shared with and some brief details of proposed actions. They did not always document communication with the patient involved. Although we were assured the provider complied with the Duty of Candour, due to a lack of organised systems we could not always find written evidence of an apology, explanation or support offered when things went wrong.
- We found evidence of incidents occurring within the practice which had not been recorded as significant events, for example a staff member having a serious accident.
- The practice did not provide us with a thorough analysis of the significant events.

We were told that patient safety alerts and MHRA alerts were received by the practice manager and distributed to staff; however there was no record of this and no system in place to ensure actions were taken in response to these alerts.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Robust arrangements were not in place to safeguard children and vulnerable adults from abuse. Practice specific policies were available but did not have review dates in place and were out of date as the safeguarding lead stated in the policy was no longer practising. The policies did not clearly outline who to contact for further guidance if staff had concerns about a patient's welfare; however these were available elsewhere. The advanced nurse practitioner was the lead member of staff for safeguarding; staff were aware of this and knew where to find the relevant contact details. This member of staff attended safeguarding meetings when required and would provide reports where necessary for other agencies. Staff demonstrated they understood their responsibilities, we were told that staff had received training but there was insufficient evidence, such as certification, to demonstrate that all staff had received training on safeguarding children and vulnerable adults relevant to their role.
- A notice in the waiting room and in consultation rooms advised patients that chaperones were available if required. Non-clinical staff who previously acted as chaperones had not been trained for the role but had a training course booked for June 2016; the practice had acknowleged this lack of training and in response, we were told that nursing staff were carrying out this duty.
- The practice maintained basic standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy in clinical areas. The practice employed a cleaner and a basic cleaning schedule was available but we did not find any completed cleaning schedules to demonstrate how and when the practice was cleaned. The practice nurse was the infection control clinical lead. There was an infection control policy in place which stated that all staff received annual infection control training but there was no evidence of all staff having annual training. Annual infection control audits were undertaken as well as bi-monthly infection control inspections, but these had failed to identify examples of poor infection control such as a curtain in a consultation room having not been replaced since January 2014.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not ensure that patients were kept safe (including obtaining, prescribing, recording, handling, storing, security and disposal of medicines). The practice had carried out medicines audits, with the support of the local CCG medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were not all securely stored and there were no systems in place to monitor their use.
- The practice did not have a cold-chain policy in place to ensure the safe storage of vaccines, only the actual fridge temperature was being recorded, no minimum or maximum temperatures were recorded, the thermometer was not reset and therefore the maximum temperature was shown as 29oC on one fridge and as 12oC on a second fridge.

Inadequate

Are services safe?

- Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They had received mentorship and support from the advanced nurse practitioner and external organisations for this extended role. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific direction from a prescriber.
- We reviewed six personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification or a copy of the individual's smart card, references and the appropriate checks through the Disclosure and Barring Service were not available for all staff. Clinical staff did have evidence of registration of the relevant professional bodies.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy. The practice had a fire risk assessment and had carried out a recent fire drill. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had some other risk assessments in place to monitor safety of the premises such as infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). There was no risk assessment in place for the control of substances hazardous to health.
- Arrangements were in place for planning the number of staff and mix of staff available. There was a rota system in place for all the different staffing groups. There was only one partner practising at the time of our inspection, the remaining GP sessions were covered by locum GPs. We were told by nursing and non-clinical staff that they felt overwhelmed by their workload.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Despite a policy for all clinical staff to have annual basic life support training, in line with recommendations by the National Resuscitation Council, the senior GP partner and the advanced nurse practitioner had not received training since 2014. Most non-clinical staff had received basic life support training within the last three years.
- There were emergency medicines available in the practice and these were shared with the second GP practice in the building. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises which was shared by both practices in the building. There was emergency oxygen with adult and children's masks available. A first aid kit and accident book were also available.
- The practice had a basic business continuity plan in place for major incidents such as power failure or building damage; however this plan was very brief and did not include emergency contact numbers for staff or organisations such as utility suppliers.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice told us they assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. Clinical staff took responsibility for keeping up to date with new guidelines; however the practice did not have a robust system in place to ensure this was consistent. There was no system in place to monitor that these guidelines were followed through risk assessments, audits or random sample checks of patient records.

Management, monitoring and improving outcomes for people

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 from 2014/2015 were 92% of the total number of points available; this was comparable to the CCG average of 90% and the national average of 95%. Exception reporting was comparable to local and national averages across all domains. (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).

Data from 2014/2015 showed:

- Performance for diabetes related indicators was mixed in comparison to the local and national averages. For example, 69% of patients with diabetes, on the register, had their last cholesterol level recorded (measured within the preceding 12 months) as 5 mmol/l or less (01/04/2014 to 31/03/2015) which was lower than the CCG average of 77% and the national average of 81%. 80% of patients with diabetes, on the register, had their last blood pressure reading (measured in the last 12 months) recorded as 14/80 mmHg or less (01/04/2014 to 31/03/2015) which was better than the CCG average of 72% and comparable to the national average of 78%.
- Performance for mental health related indicators was mixed in comparison to the local and national averages. For example, 78% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) which was comparable to the CCG average of 77% but below the national average of 88%.

The practice was aware of this data and it had been discussed in a previous meeting but no actions had been taken to improve patient outcomes. We were told that QOF data was the responsibility of the nursing team who did their best to monitor the data but felt they were unable to be fully responsible for it whilst managing their own workloads.

There was no evidence provided by the practice to demonstrate quality improvement.

- The practice was unable to provide any evidence of clinical audits to demonstrate where improvements were implemented or monitored.
- There was no evidence of the practice participating in local audits, national benchmarking, accreditation, peer review or research, other than prescribing audits with the local medicine management team.

Effective staffing

Whilst staff we spoke with had the skills, knowledge and experience to deliver care and treatment, there were insufficient systems in place to assure the practice that the skills and knowledge were kept up to date.

- The practice had an induction checklist for all newly appointed staff. This covered administrative topics, and basic guidance on health and safety and information governance.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff; clinical staff told us their training needs were met, but non-clinical staff told us they had to fit in ad-hoc training around their workload as they were too busy. Records of staff qualifications were disorganised and could not demonstrate the practice's awareness of staff training or qualifications. We were not assured that staff had received the required training to carry out their roles or that it was being monitored.
- Due to a lack of robust systems to assess staff training needs, learning needs were identified on an ad-hoc basis. Most staff had received an appraisal within the last 12 months.

Inadequate

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and support from other nursing staff.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- There was confusion regarding who was responsible for identifying patients who were due to have health checks or reviews; due to a lack of a robust recall system we could not be assured that patients received routine care when required; however data from 2014/2015 demonstrated practice performance was in line with practices locally and nationally.

Nursing staff worked together and with other health and social care professionals to try to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Meetings took place with other health care professionals, although they were often not attended by the GP partner as he was unavailable. The meetings were not always documented and when they were, notes were very brief and did not provide sufficient information to support patient care.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff we spoke to were aware of Gillick competency and felt confident in assessing young people's capacity.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The advanced nurse practitioner gained written consent for fitting coils and implants; this was recorded and scanned into patient records. The GP gained verbal consent for joint injections and recorded this accordingly.

Supporting patients to live healthier lives

The practice tried to identify patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers and those at risk of developing a long-term condition; however there was no evidence of what additional support was then offered to these patients.
- The nursing team took a lot of responsibility for patients with long-term conditions and did their best to offer personal, caring services to these patients.
- The health care assistant was responsible for carrying out health checks and identifying patients requiring advice on their diet, smoking and alcohol cessation. This member of staff was able to provide smoking cessation advice and won Advisor of the Month for a regional organisation in August 2015.

The practice's uptake for the cervical screening programme was 92%, which was better than the CCG average of 87% and the national average of 82%. The nursing team offered telephone reminders for patients who did not attend for their cervical screening test, ensured results were received for all samples sent for the cervical screening programme and followed up women who were referred as a result of abnormal results.

The practice was not actively encouraging its patients to attend national screening programmes for bowel and breast cancer screening. National data published in March 2015 showed the practice had lower screening rates for breast cancer and bowel cancer compared with the CCG and national averages:

- 66% of females aged 50 to 70 years were screened for breast cancer in the previous 36 months (three year coverage); this was below the CCG average of 72% and the national average of 72%.

Inadequate

Are services effective?

(for example, treatment is effective)

- 53% of patients aged 60 to 69 years were screened for bowel cancer in the previous 30 months (2.5 year coverage); this was below the CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were mostly slightly below CCG averages. For example:

- The percentage of childhood PCV vaccinations given to under one year olds was 95% compared to the CCG percentage of 97%.
- The percentage of childhood MMR vaccinations given to under two year olds was 92% compared to the CCG percentage of 95%.

Patients had access to appropriate health assessments and checks; however there was no robust system in place to ensure patients were informed of this. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years which were carried out by the health care assistant who would inform a colleague of any concerns identified during the checks.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were helpful to patients and treated them with dignity.

- The premises were shared with a second practice. The building had been divided between the two and patients were made aware of where to sit and which rooms were allocated to each practice. There were also separate reception desks for each practice. A sign asked patients to stand back from the reception desk in order to protect patient confidentiality.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

We received 15 patient Care Quality Commission comment cards, most of these were positive about the service experienced and mentioned caring and respectful staff. Some were less positive regarding access to appointments.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected by clinical staff. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Patients we spoke with told us they had difficulties communicating with reception staff who could be abrupt at times.

Results from the national GP patient survey, published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 86% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to by clinical staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the national GP patient survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided basic facilities to help patients be involved in decisions about their care:

- Staff told us that an internet search engine was used to translate information when required.
- A range of information was available in the waiting room which was shared by both GP practices in the building.

Patient and carer support to cope emotionally with care and treatment

Requires improvement

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 97 patients as carers, which represents 1% of the practice list. There was flexibility for these patients to make appointments but we did not see any evidence of additional services being offered to carers. We found very little information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, there was no system in place to routinely contact the family. If the family contacted the practice, support was offered through a local bereavement counselling service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had not recently reviewed the needs of its local population or engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered early morning appointments from 6.30am for patients who needed appointments before work.
- There were longer appointments available, when requested, for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A GP visited care homes on a weekly basis and saw patients registered there if required.
- Same day appointments were available for children and those patients with medical problems that required same day consultation; however we were told by staff and patients that they had to call at 6.30am to get a same day appointment.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities available for disabled patients and a hearing loop available at reception.
- Translation services were very basic, an internet search engine was used to translate, and this service was not advertised.

Access to the service

The practice was open between 6.30am and 7pm Monday to Thursday, 6.30am and 6.30pm on Friday and from 8.30am to 11.30am on Saturdays. Appointments were available at various times during these hours depending upon which staff were on duty. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 95% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

People told us on the day of the inspection that they were not always able to get appointments when they needed them. Patients told us of difficulties in getting through on the phone and a shortage of appointments; patients were upset that they were expected to call at 6.30am to get a same day appointment.

The practice had a system in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. A note was recorded by reception staff and passed onto the GP who called the patient to determine the need for a home visit.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made.

Listening and learning from concerns and complaints

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

- Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England; however it was a generic policy and not practice specific.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; a patient complaint information form was available, information was also available in the practice leaflet and on the practice website.
- Verbal complaints were not recorded but dealt with at the time by the practice manager.

We looked at five complaints received in the last 18 months and found two of these records were incomplete as the original complaints had been mislaid. The complete records did show that the complaint was dealt with in a timely way and the person affected was told about actions

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

taken to address the complaint. We did not see any evidence of lessons learnt from individual concerns and complaints or from analysis of trends being shared with staff.

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

Due to a complete breakdown in the GP partnership, the practice was unable to demonstrate a vision or strategy for the future, therefore staff did not feel engaged with how the practice operated on a day to day basis or how the practice would operate in the future.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of the strategy and good quality care. The GP partners at the practice were not ensuring that the governance at the practice was effective and did not discuss issues together to enable the practice to manage their systems and processes effectively.

Many areas that we identified as requiring improvement or inadequate practice had occurred because of the long standing disagreement between the two partners registered with the Care Quality Commission. This included a lack of managerial capacity provided by the partners and there were communication issues between them and the staff working there.

Consequently we found that;

- Staff were working in silos; there was very limited interaction between the different clinical and non-clinical groups. There was a staff structure but it was not always clear who had responsibility for certain roles.
- Practice specific policies did not have review dates in place; some were out of date due to incorrect information contained within them. Some policies were missing, for example, cold-chain, and some policies were not being implemented, for example the frequency of training updates was not in line with practice policies.
- There was no comprehensive understanding of the performance of the practice, the nursing team held the responsibility for most areas including safeguarding, QOF, infection control, patient reviews and health checks but were unable to maintain this responsibility whilst dealing with a large patient list size. There was a lack of oversight of performance by both of the partner GPs.
- There was no programme of continuous clinical and internal audit to monitor quality or to make improvements.
- There were basic arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however this was not robust enough to identify some basic risks including curtains in clinical rooms requiring replacement for infection control purposes. Other risks that required attention included those associated with patients on high-risk medicines, action required as a result of patient safety alerts, the safe storage of vaccines, the training of staff to enable them to carry out their roles and keep patients safe, employment checks for staff, ensuring clinical staff were up to date with the latest NICE guidance and the review and analysis of complaints and significant events.

Leadership and culture

On the day of inspection the partners in the practice did not demonstrate they had the experience, capacity and capability to run the practice and ensure high quality care. The relationship between the partners had broken down and was affecting all staff and making the working environment unbearable. There was a lack of leadership from both partners and staff felt unsupported and struggling to cope with the day to day workload.

The provider was aware of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice made efforts to ensure that when things went wrong with care and treatment, the practice gave affected people reasonable support, truthful information and a verbal and written apology

There was no clear leadership structure in place and staff did not always feel supported by management.

- Staff told us that practice meetings had been on an ad-hoc basis due to the workload.
- Whilst staff felt comfortable talking to their peers we were told it was difficult to approach management about their concerns.
- Staff told us they did not always feel respected, valued or supported by management in the practice. Staff felt overwhelmed by the workload and the difficulties experienced particularly due to the breakdown of the partnership.

Are services well-led?

Inadequate

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

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

The practice valued feedback from patients, the public and staff; whoever this was not proactively sought.

- The practice had a patient participation group (PPG); however this group was now very small and met infrequently. They had not carried out patient surveys or been able to submit proposals for improvements to the practice management team. The practice manager was aware of this and was trying to encourage patients to join this group.
- Due to the existing workload for staff, gaining feedback was very limited. Staff appraisals and ad-hoc meetings gave opportunity for feedback; however we saw evidence of concerns being raised but no actions taken in response.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found that the registered person did not operate effective governance and assurance processes to monitor the service. Many policies were out of date and did not align with current practice. There was not an effective recording system in place for ensuring vaccines were suitably stored and that the cold chain was maintained. There were not sufficient systems and processes such as regular audits of the service provided to access, monitor and improve the quality and safety of the service. There was not an effective system in place to ensure safety alerts were acted on. Significant events were not being adequately identified, recorded or analysed. There was not an effective system in place for dealing with complaints. Staff training records were incomplete.