Kings Edge Medical Centre

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?	Inadequate
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kings Edge Medical Centre on 19 February 2016. Overall the practice is rated as Inadequate.

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

- Patients were at 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.
- There were also serious concerns relating to incident reporting, safeguarding, chaperoning, infection control, vaccines and medicines management, recruitment, health and safety, staffing, dealing with emergencies, emergency medicines, risk monitoring and actioning referrals in a timely way.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others, either locally or nationally.
- Patient feedback was mostly negative about their interactions with staff and said they were not always treated with dignity and compassion.
- The appointment system was not working well so patients did not receive timely care when they needed it.
- The practice was unable to demonstrate how they handled complaints within the practice.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

The areas where the provider must make improvements are:

- Develop and implement a vision and strategy to improve services for patients and ensure governance processes are in place to monitor safety and risk.

Summary of findings

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses. Ensure staff are aware of and comply with the requirements of the Duty of Candour in the event of a notifiable safety incident.
- Ensure robust systems and processes are established and operated effectively to safeguard children and vulnerable adults from abuse.
- Ensure recruitment arrangements include all necessary employment checks for all staff, for example, Disclosure and Barring Service (DBS) checks or risk assessments for all staff providing a chaperone service for patients.
- Take action to ensure premises and equipment are kept clean, properly maintained and comply with the guidance from legislation about the prevention and control of infections.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Carry out continuous quality improvement processes for example two cycle clinical audits to ensure improvements have been achieved.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure staff understand the Mental Capacity Act 2005 and related guidance.

The areas where the provider should make improvement are:

- Consider improving communication with patients who have a hearing impairment.
- Advertise within the practice the provision of the translation service for patients.
- Improve processes for making appointments.
- Proactively identify and support patients who are carers

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

On 23 February 2016 we served the practice a Section 31 of the Health and Social Care Act 2008 ("the Act") notice to impose these conditions in relation to their registration as a service provider. Kings Edge Medical Centre are not to carry out any regulated activities at the location for a period of three months. We will inspect the practice again in three months to consider whether sufficient improvements have been made.

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 an analysis of unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved. Patients did not receive reasonable support or a verbal and written apology.
- Patients were at risk of harm because systems and processes were not in place to keep them safe, e.g. safeguarding, recruitment, fire safety, equipment safety, infection control, medicine management, safety alerts, chaperoning, staffing, anticipating events and dealing with emergencies.

Are services effective?

Inadequate

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

- Data showed that care and treatment was not delivered in line with recognised professional standards and guidelines. For example, the percentage of patients with atrial fibrillation who were currently treated with anticoagulation therapy was 60%, compared to the national average of 98%.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement 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 and not all staff had received basic mandatory training in for example Basic Life Support, Safeguarding and Infection Control.
- Basic care and treatment requirements were not met and put patients at significant risk of harm. We found 1091 letters dating back as far as May 2015 had not been actioned. 218 of these letters were concerning and related to abnormal results requiring urgent action.
- Staff were performing duties outside of their responsibility and competence

Summary of findings

Are services caring?

Inadequate

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

- Data from the national GP patient survey showed patients rated the practice significantly lower than others for many aspects of care. For example, the percentage of patients who stated that the last time they saw or spoke to a GP, the GP was very good at treating them with care and concern was 58%, compared to a national average of 85%.
- Feedback from patients on how they were treated included examples of where they were not treated with respect and where staff lacked compassion.
- There was insufficient information available to help patients understand the services available to them and patients reported not feeling involved in decision making about their care.

Are services responsive to people's needs?

Inadequate

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

- The practice had not reviewed the needs of its local population and could not demonstrate how it worked together with the CCG.
- Patients reported considerable difficulty in accessing a named GP and poor continuity of care.
- Appointment systems were not working well so patients did not receive timely care when they needed it.
- The practice was not well equipped to treat patients who did not have English as a first language and they asked patients to rebook appointments with relatives to act as translators.
- Information about how to complain was available for patients but was difficult to understand for some patients and a policy was not available. There was a designated person responsible for handling complaints but we were not assured that there was an effective system in place to handle complaints.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to a vision or strategy.

Summary of findings

- The partners at the practice demonstrated a lack of understanding of the day to day management of the practice in the absence of the practice manager.
- The practice did not implement a number of policies and procedures to govern activity and those that were implemented did not have review dates.
- Although some issues were discussed at ad hoc meetings, the practice could not demonstrate that they held regular governance meetings.
- There was limited evidence to show the practice had proactively sought feedback from staff or patients and there were inconsistencies regarding when the Patient Participation Group (PPG) was formed and how often they met. There was no information within the practice or practice website to advertise the PPG.
- Staff told us they had not received regular performance reviews and action plans were not always followed up.

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 safety of care for older people was not a priority and there were limited attempts at measuring safe practice.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were poor. For example, the percentage of patients with hypertension in whom the last blood pressure reading in the last 12 months was normal was 74%, compared to the national average of 83%.
- We saw evidence which showed that basic care and treatment requirements were not met. For example, due to the extra administrative time it would take, the practice failed to keep a register of older people requiring additional support.
- The care of older people was not managed safely or holistically. The practice failed to maintain an accurate, complete and contemporaneous record of the care and treatment provided to patients and the decisions taken in relation to their treatment.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions.

- The percentage of patients with diabetes on the register, whose average blood glucose levels were within normal range in the last 12 months was 66%, compared to a national average of 77%.
- The practice undertook joint home visits with the palliative care nurse for patients in need of end of life care.
- Very few of these patients with long term conditions had a named GP and personalised care plan.
- Structured annual reviews were not undertaken to check that patients' health and care needs were being met. The practice did not undertake routine QOF checks on housebound patients.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people.

Summary of findings

- There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- Patients told us that children and young people were not treated in an age-appropriate way. For example, the GPs declined joint working with midwives health visitors and they failed to make referrals as required.
- The practice reported a high fertility rate with more than 100 pregnancies a year. However, young people requiring contraception were often denied this service.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 71%, compared to the national average of 81%.

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 age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not reflect the needs of this group.
- There was no access to early morning appointments and patients reported difficulties booking appointments online.
- The practice offered telephone, electronic and fax prescription requests.
- There was a low uptake for both health checks and health screening.

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 practice did not hold a register of patients living in vulnerable circumstances. It was unable to identify the percentage of patients who had received an annual health check. The practice had not worked with multi-disciplinary teams in the case management of vulnerable people.
- Some staff knew how to recognise signs of abuse in vulnerable adults and children, but they were not aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.

Summary of findings

- The practice failed to offer an interpreting service for patients who had difficulty understanding English and patients told us they were often put at a disadvantage as a result of this. These patients were often sent away and advised to bring a friend or relative who could translate for them.

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 practice had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The percentage of patients with mental health problems who had a comprehensive agreed care plan documented in their notes was 76%, compared to the national average of 88%.
- There were inconsistencies relating to whether the practice carried out advance care planning for patients with dementia. GPs coded dementia care plans as having been reviewed but when we looked at patient notes, there was no evidence of this.
- The practice had not told patients experiencing poor mental health about support groups or voluntary organisations. The GP told us that he would not refer patients to a counsellor as he took on that role himself.
- The practice did not have a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- There was no evidence to show that staff had received training on how to care for people with mental health needs and no dementia training was available.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016 and contained data collected from January-March 2015 and July-September. This data showed the practice was performing significantly below local and national averages. 390 survey forms were distributed and 107 were returned. This represented 2% of the practice's patient list.

- 41% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 57% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 61% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 38% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 27 comment cards which were mostly positive about the standard of care received. However, some highlighted issues with staff attitude, difficulty getting through the phones and issues with the practice online service such as booking appointments and misleading information regarding the availability of electronic prescription requests.

We spoke with two patients during the inspection who raised concerns about the standard of care and treatment they received. They highlighted issues with getting appointments and long appointment waiting times. They felt they could not see a GP of their choice, appointments were rushed and reception staff were permitted to tell the GPs when their appointments exceeded the allocated time. Some felt the GPs got irate with them if they had difficulty understanding English and were not aware of how to complain. They also told us that GPs were over prescribing medicines for them, gave prescriptions easily and did not allow them to make informed decisions about their care. We were not provided with evidence of their friends and family test results.

Kings Edge 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 specialist adviser and two CQC inspectors.

Background to Kings Edge Medical Centre

Kings Edge Medical Centre is located in Brent, London and holds a Personal Medical Services (PMS) contract and is commissioned by NHS England (London). The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, diagnostic and screening procedures, surgical procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is staffed by four part time GPs, three female and one male. The senior GP and an associate GP work four sessions at 16 hours a week, two other GPs work 12 hours a week and another GP works 4 hours a week. The practice also employs a full-time practice manager who is also a non clinical partner, three practice nurses and a newly appointed healthcare assistant (HCA) who work a combination of full and part time hours as well as four reception and administration staff. The practice is also a teaching practice for medical students from two colleges.

The practice is open between 9.00am and 6.30pm on Monday, Tuesday, Thursday and Friday and between 9.00am and 12.00pm on Wednesday. Between 6.30pm and 9.00am the answerphone redirects patients to NHS 111. Extended hours surgeries are offered on Thursday between 6.30pm and 8.00pm.

The practice has a list size of 4,476 patients and provides a range of services including childhood vaccinations, ECG monitoring, 24 hour blood pressure monitoring and inhouse phlebotomy. The practice also provides public health services including flu vaccinations and travel vaccinations. The practice provides care and treatment once a week to 20 patients in one nursing home.

The practice is located in an area where the majority of the population is relatively young and aged between 20-44 years of age.

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 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 19 February 2016. During our visit we:

- Spoke with a range of staff including two GPs, practice manager, one practice nurse, HCA and three receptionists.

Detailed findings

- Spoke with two patients who used the service and three members of the PPG.
- Observed how patients were being cared for.
- 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.
- Made observations around the practice.

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

The system in place for reporting and recording significant events was ineffective and failed to protect patients from harm.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system, but not all staff were aware of this. The incident recording form did not support the recording of notifiable incidents under the duty of candour. Staff were not aware of the Duty of Candour or what it meant. (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).
- We saw evidence that when things went wrong with care and treatment, patients were not informed of the incident, did not receive reasonable support, truthful information, a written apology and were not told about any actions to improve processes to prevent the same thing happening again. For example, we saw evidence where patients were referred incorrectly and given inappropriate treatment for minor ailments and despite raising these concerns, no action was taken to prevent the same thing recurring.
- The practice carried out an analysis of the significant events but they did not provide us with evidence to show how lessons learned were shared with staff and there was no evidence of any learning shared within the practice.

Although the practice manager told us that she circulated safety alerts, we found staff were not aware of this and were unable to recall any alerts they had received. There was no evidence from practice meeting minutes that they discussed patient safety alerts or significant events. A GP at the practice told us that she was not involved in significant event analysis and learning was not shared with her. We did not see evidence to support that lessons were shared and action was taken to improve safety in the practice. For example, a significant event had occurred at the practice which had led to the General Medical Council (GMC) carrying out an investigation relating to some GPs not offering and recording the presence of a chaperone. This matter had been concluded with no further action however, the GP was continuing to decline offering chaperones and not all staff were offering or documenting the presence of a chaperone in clinical notes.

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:

- Arrangements that reflected relevant legislation and local requirements were inconsistent and not in place to safeguard children and vulnerable adults from abuse. The GP told us that there were no children or vulnerable adults on the register and he declined joint working with health visitors or social services, whilst another GP was unable to identify any vulnerable patients. However, the practice manager identified 14 vulnerable patients on the practice list who required GP reviews and referrals to the multidisciplinary team. We were not provided with a safeguarding policy on request and there were inconsistencies with staff awareness of who the lead member of staff for safeguarding was. For example, the practice nurse told us the safeguarding lead was the person who undertook their safeguarding training from the CCG, whereas the practice manager told us it was two of the GPs. The lead GP told us that he was the only safeguarding lead at the practice and he did not attend any safeguarding meetings and provide reports where necessary for other agencies.
- Not all clinical and non clinical staff had received training on safeguarding children and vulnerable adults relevant to their role and they were unable to identify the different forms of abuse or demonstrate that they understood their responsibilities. GPs were trained to child protection or child safeguarding level 3. The practice nurses were trained to child safeguarding level 3.
- There was a notice in the waiting room advising patients that chaperones were available if required. Not all staff were offering chaperones or documenting if they were offered. For example, the senior GP told us that he did not offer chaperones as this was not necessary. Staff who acted as chaperones were trained for the role but not all had received a Disclosure and Barring Service (DBS) check or were risk assessed. The practice was unable to provide us with a copy of the senior GP's DBS

check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice had not maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy however, the carpets around the practice were visibly dirty. There was no evidence to show that the plastic curtains in the nurse's room were changed every six months as the log book had recorded entries from the last 10 days only. The log book showed the wash basins had only been cleaned once in the last 10 days and there were no records to show when specific equipment such as the propulse (ear irrigator) was last cleaned.
- The practice nurse was unclear who was the lead for infection control and we saw three separate infection control policies in place, two that were not dated and one dated December 2015 without a review date, that listed different people as the lead for infection control. The practice did not liase with the local infection prevention teams to keep up to date with best practice. Infection control training had been identified as part of their mandatory staff induction training for new employees but not all staff had received up to date training. Some of the staff were unable to demonstrate understanding of why this training was necessary for their role. There was an infection control review in place but annual infection control audits were not undertaken.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes in place for handling repeat prescriptions which included the review of high risk medicines did not keep patients safe. For example, the senior GP was unaware of his clinical responsibilities for monitoring patients on high risk medications such as methotrexate and did not follow NICE guidelines. The practice did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. The medicines audits described by the GP did not constitute audits but rather a list of patients whose medicines required altering. We saw evidence that the GPs were altering patients medicines without reviewing the patient or any previous adverse effects they had to the medication.
- Vaccines were stored in two refridgerators which were not suitable for storing vaccines and which were secured with padlocks and kept in a conservatory next to a hot radiator with an electronic temperature gauge placed inside each fridge. Temperature was recorded daily in February 2016 but we found prior to this, the last recording had been between April and August 2015. There had been no minimum or maximum temperature range recorded and we noted that temperature recordings taken on three separate occasions between June and August 2015 had been out of the normal range but were not acknowledged as such. The practice nurse and practice manager were unable to identify what the correct temperature range should be.
- Blank prescription forms and pads were not securely stored and there were no systems in place to monitor their use. For example, blank prescriptions that were kept in the printer or in an unlocked cupboard in reception were not logged and staff told us that they just collected them as needed. The GP told us that he kept prescription pads at his home or in his car. Patient Group Directions (PGDs) had been incorrectly adopted by the practice. For example, there had been no PGDs to allow nurses to administer medicines in line with legislation but we saw one Patient Group Direction (PGD)signed by the Health Care Assistant (HCA). We did not see evidence of Patient Specific Directions (PSDs) for the HCA. (PSDs are a written instructions signed by GPs to allow specified healthcare professionals to supply or administer medicines to specific patients.
- We reviewed nine personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were inadequately assessed and not well managed.

- The procedures in place for monitoring and managing risks to patient and staff safety were inadequate. There was no health and safety poster or policy available

which identified local health and safety representatives. A fire alarm test had been carried out in the last six months but the practice did not have up to date fire risk assessments and did not carry out regular fire drills. All electrical equipment had not been checked to ensure the equipment was safe to use and clinical equipment was not checked to ensure it was working properly. It was unclear when the last risk assessment for control of substances hazardous to health was carried out as the record was incomplete with no recorded date. A Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) risk assessment had been carried out three weeks prior to inspection but we were not provided with a copy of this on request.

- Arrangements in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs were inadequate. There was a rota system in place for all the different staffing groups and the practice manager told us that all staff would provide cover if required but this was inadequate. At the time of inspection, two members of staff were away on holiday for four weeks. We found patient results and letters for the attention of one of these staff members, the GP, were not actioned in their absence and there was no evidence of any protocol in place to manage this.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers and panic buttons in all the consultation and treatment rooms which alerted staff to any emergency.
- Not all staff received up to date annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen but there was no evidence to show that they were checked on a regular basis. The defibrillator did not contain pads and neither the clinical and non clinical staff were able to open the defibrillator or demonstrate knowledge of its use. The oxygen masks had no child masks in place and the adult masks had been opened and not fit for use.
- A first aid kit and accident book were available but we found the accident book contained inaccurate information. For example, the reception staff had completed the accident book for an incident they had not witnessed. When asked to recall this incident including what action was taken, they were unable to do so.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. We found two emergency medicines, Ipratropium (a bronchodilator used to enlarge the airways) and Glucagon (for hypoglycaemic episodes) had expired by one month. The Glucagon had been stored in the emergency box instead of the fridge.
- The practice told us that they had a business continuity plan in place for major incidents such as power failure or building damage but they did not provide us with evidence of this.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not assess needs and deliver care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice did not have systems in place to keep all clinical staff up to date. We found there were no clear procedures within the practice for staff to follow evidence based practice. The GPs told us that they had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs however, they were unable to recall the latest guidelines they had read or how they had used them to deliver care and treatment and demonstrated an unwillingness to adhere to these. When we asked the GPs what treatment they would recommend for certain conditions, they advised incorrectly against the NICE guidelines. We saw evidence of incorrect prescribing and high risk monitoring that did not follow evidence based guidelines and put patients at risk. For example, a patient requiring methotrexate monitoring had not been reviewed and a letter from the hospital dated two months earlier, advising the correct medication dosage to be prescribed for the patient had not been actioned.
- The GPs told us that the practice did not undertake any monitoring of guidelines or ensure they were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice did not use 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). We found the practice nurse did not understand why she needed to know about QOF and told us that she did not refer to any QOF nor use it in her work, despite being identified by the practice as the QOF lead. The most recent published results were 77% of the total number of points available.

There were some areas where exception reporting was significantly higher than the CCG or national averages. 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).

For example:

- The exception reporting for depression was 40%, compared to the CCG average of 22% and national average of 25%.
- The exception reporting for cervical screening was 10%, compared to the CCG average of 8% and national average of 6%.

All the GPs we spoke to did not demonstrate a comprehensive undertstanding of the performance of the practice. During our interview, we shared with the GP the most recent published practice QOF data but he failed to acknowledge the high exception reporting and maintained that their exception reporting was low. He also told us that he did not perform routine QOF checks for housebound patients as this was the responsibility of the district nurses.

QOF data from 2014/2015 showed:

- Performance for diabetes related indicators was lower than the national average. For example, the percentage of patients with diabetes on the register, in whom the last blood pressure reading was normal was 65%, compared to the national average of 78%.
  - The percentage of patients with diabetes on the register, who had influenza immunisation in the preceding 12 months was 83%, compared to the national average of 94%.
- Performance for mental health related indicators was lower than the national average. For example, the percentage of patients with dementia whose care had been reviewed face to face in the preceding 12 months was 78%, compared to the national average of 84%.
  - The percentage of patients with mental health conditions who had received a comprehensive agreed care plan, documented in their notes was 76%, compared to the national average of 88%.

The following QOF indicators showed a large variation and were highlighted for further enquiry:

Inadequate

Are services effective?

(for example, treatment is effective)

- The percentage of patients with atrial fibrillation who were treated with anticoagulation therapy was 60%, compared to the national average of 98%. We saw evidence that some patients who required anti coagulation treatment were not given this treatment. When we discussed these findings with the GP we were told that they were allergic to them however, there was no alert on the patients notes that this was the case.

There was no evidence of quality improvement including clinical audit.

- We saw poor documentation relating to audits. We found there were no completed audits where the improvements made were implemented and monitored.

Effective staffing

Not all staff had the skills, knowledge and experience to deliver effective care and treatment.

- We found staff were performing duties outside their responsibilities and competence. For example, the newly appointed healthcare assistant (HCA) and two non clinical staff members confirmed that they triaged patient calls for appointment requests. There was nothing in place to facilitate this and they told us that they use their judgement only. We also found some of the GPs were not following evidence based guidelines and were prescribing the incorrect treatment for ailments such as chest and ear infections.
- The practice had an induction programme for newly appointed staff such as the HCA. The HCA was currently undergoing her induction training and this had covered such topics as safeguarding, fire safety, basic life support and equality and diversity. She was also due to commence her mandatory care certificate standards training.
- 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. Two of the practice nurses had also attended immunisation update training.
- The staff told us they identified their own learning needs through appraisals however, we found the appraisal forms were not robust and any action plans identified were not always followed up. We did not see evidence of any appraisals for the GPs but their revalidation was not yet due. Not all staff had received an appraisal within the last 12 months.
- Not all staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Most of the staff told us that they had access to and made use of e-learning training modules but they were not offered any protected learning time and any mandatory training was done in their own time.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not available to relevant staff in a timely and accessible way 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 that were not followed up. We found the GPs were not actioning letters or in a timely way and there was nothing in place for when they were absent from work. For example, one of the GPs was away for four weeks but there was no process in place to ensure letters addressed to them were actioned. There was poor documention of patient notes and no evidence of required treatment and monitoring having been carried out by the GPs. There were 1091 letters dating back as far as May 2015 that had not been actioned. 218 of these letters related to abnormal results, some of which required urgent action but we found the GP was unwilling to take responsibility for them and told us that this was the practice manager's responsibility despite this being a clinical issue. We found patients were at significant risk of harm because:
  - Urgent test results requiring a repeat tests were not actioned and patients were put at risk of cardiac arrest.
  - Patients were given incorrect antibiotics and therefore at an increased risk of sepsis.
  - Urgent diabetic medication reviews were not being carried out.
  - They failed to act on an abnormal glucose test result that had been received. The patient had required an

urgent review of their medication however, there had been no follow up appointment with the patient or evidence that this abnormal result had been acted upon.

- Incorrect samples received by the hospital requiring retests had not been actioned and there were no records of this entered in patient notes. This posed a possible risk of a misdiagnosis.
- Patients receiving treatment for thyroid problems had not been monitored or received the required blood tests in the last six months. The patients had been last reviewed nine months prior.
- They had not acted on abnormal liver results. There had been no record in patients notes or evidence that these patients had been reviewed.

- When the GP had blood tests to file, patients were booked on the system as if they had an appointment, then would appear on the screen as a DNA (did not attend) as if they had actually missed the appointment.
- The GPs coded dementia care plans as having been reviewed but when we reviewed patient notes there was no evidence that these reviews had actually taken place. One of the reception staff was responsible for ensuring two week wait referrals were actioned in a timely way and followed up patients to ensure they had received their appointment.

The practice had minimal joint working with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, monthly meetings took place with the district nurses, diabetes nurse specialist, palliative care nurse and care coordinators when care plans were routinely reviewed and updated for patients with complex needs however, the GP declined joint working with the health visitors and counsellors.

Consent to care and treatment

Staff did not seek patients' consent to care and treatment in line with legislation and guidance.

- All the staff we spoke to did not demonstrate knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Patients were not supported when it came to making decisions in line with the act nor was there evidence that practice staff apart from the newly appointed HCA, had undertaken training within this area. The practice was unable to provide us with evidence of their consent forms.
- When providing care and treatment for children and young people, staff did not carry out assessments of capacity to consent in line with relevant guidance. For example, when asked what action they would take if a young person asked for contraception, the GP told us that he would not take responsibility for such a request and would discourage the patient.This was corroborated by data published in 2014/2015 which showed the practice had a 100% QOF exception reporting rate for contraception and this was significantly higher than the CCG average of 2% and national average of 3%.

Supporting patients to live healthier lives

The arrangements in place to identify patients who may be in need of extra support were inadequate. For example:

- The practice did not undertake joint home visits with the palliative care nurse for patients receiving end of life care.
- Despite the practice having a carers list and protocol in place, we found the GP was not actively supporting them or signposting them to the relevant service. Carers details were recorded on patient records but there was no evidence of any interaction with them.
- Patients requiring advice on their weight were referred to the dietician only as the GP felt other relevant services such as weight loss groups were not suitable.
- The practice told us that they identified smokers opportunistically and the practice nurse was the smoking cessation lead who led a stop smoking clinic.
- The practice's uptake for the cervical screening programme was 71%, which was lower than the national average of 81%. The practice told us that there was a policy to offer telephone reminders for patients who did not attend for their cervical screening test but we were not provided with a copy of this on request.
- The practice was not proactive in encouraging uptake of the screening programme. The practice nurse told us

Inadequate

Are services effective?

(for example, treatment is effective)

that she was responsible for carrying out cervical smears however, she did not use information in different languages, so if patients were unable to understand English, they would be sent home to return with a relative.

- The practice was not proactive in encouraging its patients to attend national screening programmes for bowel and breast cancer screening. The nurse was unable to identify what failsafe systems were in place to ensure results were received for all samples sent for the cervical screening programme however, the practice followed up women who were referred as a result of abnormal results.

Most of the childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 55% to 75% compared to the CCG averages ranging from 44% to 68% and five year olds from 39% to 87% compared to the CCG averages ranging from 55% to 81%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The nurse told us that when abnormalities or risk factors were identified, she would promptly refer the patient to the GP.

Inadequate

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients but we found not all were treated with dignity and respect.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. However, we observed reception staff were permitted to walk into the consultation rooms during patient consultations without knocking the door to inform the GP they had gone over their allocated time with the patient.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Conversations taking place in the reception area could be easily overheard. However, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

The CQC comment cards we received from patients were mostly positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, however, some highlighted issues with staff attitude, difficulty getting through the phones and issues with the practice online service such as booking appointments and misleading information regarding the availability of electronic prescription requests.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and highlighted issues with accessing appointments and staff attitude.

Results from the national GP patient survey showed patients felt they were not treated with compassion, dignity and respect. The practice was significantly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 71% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 65% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 80% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 58% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 71% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 52% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.
- 38% of patients said they would recommend their GP surgery to someone who had just moved to the area compared to the national average of 79%.

When we highlighted these results to the practice, they told us that they were not aware of the GP patient survey and only relied on the Friends and Family test. We found this data corroborated with patient views on the day however, they did not provide any explanations as to what action they would take to improve the survey results.

Care planning and involvement in decisions about care and treatment

The patients we spoke with on the day of inspection told us they did not feel involved in decision making about the care and treatment they received. They also told us they did not feel listened to and supported by staff. They also felt they did not have sufficient time during consultations to make an informed decision about the choice of treatment available to them. Results from the patient survey aligned with these views.

The system in place for care plans was unsatisfactory. We found the GP was unable to provide examples of a personalised care plan. We also found non-clinical staff were permitted to update patient care plans.

Results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were significantly lower than local and national averages. For example:

Inadequate

Are services caring?

- 55% 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%.
- 51% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 58% of patients said the last GP they saw was good at treating them with care and concern compared to that national average of 85%.
- 59% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice could not demonstrate that they analysed and responded to information gathered from the patient survey, including taking action to address issues where they had been raised. We observed a patient satisfaction survey had been placed in the waiting area however, this related to practice led survey results dating back to 2008/9 rating the patient satisfaction at 76%.

The practice did not provide facilities to help patients be involved in decisions about their care:

- Practice told us that staff spoke a range of different languages however, we found patients were not offered interpreters and the practice did not use any interpreting service. The practice also had a high population of Romanian speaking patients and had recruited a Romanian speaking nurse who only worked four hours a week. Outside these working hours, when patients required interpreters, they were often sent away and advised to bring a friend or relative who could translate for them. Patients told us that the GPs often got irate with them when they had difficulty understanding English.
- There were no information leaflets available in easy read format.

Patient and carer support to cope emotionally with care and treatment

There were limited patient information leaflets and notices available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was not available on the practice website.

The practice had a protocol to identify if a patient was also a carer. They also maintained a carers folder at the reception desk which included blank letters to carers and a blank referral form to a health practitioner. The practice had identified 0.2% of the practice list as carers. The practice was unable to provide examples of how they used the register to improve care for carers. The GP told us that he had no interaction with carers.

Staff told us that if families had suffered bereavement, they would refer them to the GP who would deal with this. The practice did not provide information about bereavement services. The GP was unable to demonstrate what bereavement support was offered and told us that the death rate at the practice was less than 1%.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We were not provided with evidence to demonstrate how the practice worked with the CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account some of the needs of different patient groups. For example:

- Patients over 65 years of age were referred to an elderly care coordinator.
- There were longer appointments available for patients with a learning disability.
- Urgent same day home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Double bookings with the practice nurse and GP were available for first immunisations and postnatal checks to avoid the patients attending the surgery twice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

However, we found the practice did not plan and deliver services to take into account some of the patient groups.

- The practice undertook joint home visits with the palliative care nurse for patients in need of end of life care.
- There was no hearing loop available. Patients were often sent away and advised to bring a relative or friend to translate for them.
- There was a diasabled toilet available for patients however, there was no emergency pull cord for use in the event of an emergency.
- The practice did not have lowered desks at reception for wheelchair users.
- The practice had not told patients experiencing poor mental health about support groups or voluntary organisations. The GP told us that he would not refer patients to a counsellor as he took on that role himself.
- Young people were often denied contraceptive advice by the GP despite the practice reporting a high fertility rate and over 100 pregnancies a year.
- The practice offered electronic and fax prescription requests as well as postal requests for stable patients. For patients unable to attend the surgery, they made arrangements with the local pharmacy to issue repeat prescriptions.

Access to the service

We found there was limited access to GP services provided by the practice on Wednesdays after 12.00pm and between 8.00am and 9.00am everyday when the practice was closed and patients were redirected to NHS 111 via an answerphone message. The practice was open between 9.00am and 6.30pm on Monday, Tuesday, Thursday and Friday and between 9.00am and 12.00pm on Wednesday. Extended hours surgeries were offered on Thursday between 6.30pm and 8.00pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly lower than local and national averages.

- 61% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 41% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 39% of patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 18% of patients felt they did not normally have to wait to long to be seen compared to the CCG average of 42% and national average of 58%.

People told us on the day of the inspection that they were unable to get appointments when they needed them and found it difficult to contact the surgery by phone. Patients also told us that they usually had to wait betwen an hour to an hour and a half to be seen for their appointment.

The practice did not have an adequate system in place to assess:

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Clinical and non-clinical staff were not aware of their responsibilities when managing requests for home visits. The healthcare assistant and two reception staff confirmed that they triaged telephone calls for appointment requests. There was no protocol in place to support this in the practice and when asked to describe the process, they said they used their judgement only.

Listening and learning from concerns and complaints

We were not assured that the practice had an effective system in place for handling complaints and concerns.

- They were unable to provide us with evidence of their complaints policy but we were provided with a patient complaint form that was in line with national guidance.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- The practice provided a complaint guide and form to help patients understand the complaints system.

The practice informed us that they had only received one complaint in the last 12 months. We were not provided with evidence of this and therefore unable to assess if complaints were satisfactorily handled, dealt with in a timely way and if lessons were learnt as a result to improve the quality of care.

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 did not have a specific vision to deliver high quality care and promote good outcomes for patients.

- The practice did not have a mission statement which was displayed in the waiting areas and staff did not know or understand what values were in place
- The practice did not have a robust strategy and supporting business plans which reflected the vision and values.

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care and outlined the structures and procedures in place. We found:

- There was no clear staffing structure and that staff were not aware of their own roles and responsibilities. We found non clinical staff were undertaking clinical responsibilities such as triaging phone calls and updating patient care plans. The practice nurse was not aware of what the quality outcomes framework (QOF) was despite being the designated QOF lead.
- Practice specific policies such as the safeguarding or health and safety policy were not implemented and available to all staff.
- A comprehensive understanding of the performance of the practice was not maintained. The GP could not demonstrate a comprehensive understanding of the practice and told us the practice manager was responsible for the monitoring of the performance of the practice. During our interview, we shared with the practice manager, the GP patient survery results of which she had not been aware of. The performance results displayed by the practice dated back to 2008/9.
- We were not provided with evidence of a programme of continuous clinical and internal audit used to monitor quality and to make improvements. The GP was unable to demonstrate any improvements that had been made as a result of audit.
- There were no robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice were unable to demonstrate that they had the experience, capacity and capability to run the practice and ensure high quality care. The GP demonstrated a lack of understanding of the day to day management of the practice in the absence of the practice manager. We found conflicting reports with what both the GP and the practice manager told us with regard to the management of the practice. For example, with regards to the 1091 letters and results that had not been actioned since May 2015, the GP told us that this was the practice manager's responsibility and not his despite this being a clinical issue. We observed the GP was unable to confidently navigate the computer system without input from the practice manager.

The partners told us that they encouraged a culture of openness and honesty. However, there were no systems in place 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.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff we spoke to told us they felt supported by management.

- Staff told us the practice held regular weekly team meetings but they were unable to provide evidence of this. The practice meeting minutes we reviewed were not current and did not have standing agenda items such as significant events, complaints and from interviews with staff, therefore, we were not assured staff were kept up to date with essential practice information.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at weekly team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.

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

We were not assured that the practice encouraged and valued feedback from patients, the public and staff. There was limited evidence that it proactively sought patients' feedback and engaged patients in the delivery of the service.

- We did not see a poster in the waiting room or practice website that advertised the Patient Participation Group (PPG) for patients to join and we did not see any PPG meeting minutes displayed around the practice or on the practice website. When we spoke with members of the PPG, we received conflicting accounts of when they were formed and how often they met. For example, one PPG member told us that the PPG was formed 10 years ago, whilst another told us it was set up a year ago and attended meetings held every three months. However, we saw documentary evidence from another member of the PPG stating that the PPG was being formed in August 2015 and after this, only one introductory meeting had taken place. The PPG told us that they submitted proposals for improvements to the practice management team. For example, they suggested the implementation of a patient comments book at the reception desk whereby patients could record their comments or complaints. We observed this book was available for all to view and none of the comments had been read, signed or actioned.
- We were not provided with evidence of feedback from staff gathered through an annual staff survey, staff meetings or appraisals. However, staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

The practice manager acknowledged the need to improve and identified acknowledged that the main challenges to delivering good quality care was the lack of external joint working. However, she was unable to identify what steps the practice would take to ensure this.