Dr R Suntharalingam

Quality Report

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Date of inspection visit: 6 May 2015
Date of publication: 09/07/2015

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?	Inadequate
Are services well-led?	Inadequate

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Suntharalingam on 6 May 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice to require improvement for providing caring services. It was inadequate for providing safe, effective, responsive and well led service and therefore inadequate for providing services to the older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances, and people experiencing poor mental health (including people with dementia).

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 infection prevention control risks had not been identified and there were no records maintained to demonstrate cleaning had been conducted.
- Staff had not received training and development and there were no systems to assess staff competence to conduct their clinical roles and responsibilities.
- There were insufficient systems and processes in place to ensure medicines were in date and suitable for use.
- The lead GP and staff were not clear about reporting incidents, near misses and concerns. Where significant incidents had occurred such as the theft of the GP's medical bag containing medicines from an insecure vehicle. It had not been reported to the police or lessons learnt to mitigate the potential of the incident happening again. There were no records of investigations being conducted or learning and communication with staff.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example, there was an absence of systems in place to ensure patients' clinical needs were reviewed in a

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timely and appropriately manner such as in response to changes in medication and reviewing patients with one or more long term condition. We found patients had new medications added to their prescriptions without prior discussion with them.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Urgent appointments were usually available on the day they were requested. However patients said that they sometimes had to wait a long time for non-urgent appointments and that the nurse's appointments were often booked or cancelled at short notice.
- The practice had a clear leadership structure, but insufficient awareness and an absence of formal governance arrangements to ensure the safe and effective delivery of care. For example, staff told us no records of meetings were maintained or available to us when we asked the practice manager. The GP failed to take responsibility for ensuring the safe and appropriate appointment and supervision of clinical staff.

The areas where the provider must make improvements are:

- Ensure systems and processes are in place to ensure a clean and safe environment for patients.
- 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 and guidelines.
- Ensure suitable arrangements are in place to ensure equipment is safe and suitable for use
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision e.g. medicines are in date and suitable for use.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure there is leadership capacity to deliver all improvements

The areas where the provider should make improvement are:

- Staff should be risk assessed to ascertain if a criminal records check through the Disclosure and Barring Service are required.
- Legionella risk assessments should be undertaken
- The practice should maintain accurate records for meetings.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

I have also served a notice on the provider placing conditions on their registration, which they must comply with. The conditions are that the practice must close their patient register, therefore, new patients are not permitted to register with the practice for a period of six months.

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 did not know how to report incident, near misses and/or concerns other than making verbal disclosures to the practice manager or the GP. Significant events such as the theft of medicines were not recorded investigated or reviewed. When things went wrong, lessons learned were not communicated and so safety was not improved. Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. Staff had not received safeguarding training for children or vulnerable adults contrary to the practice policy. They had a lack of understanding and awareness of safeguarding practices and procedures. Children and vulnerable people at risk were not clearly identifiable and information was not appropriately shared with partner services or practice staff to keep them safe. Staff were not recruited robustly and checks to assure their suitability to work had not been carried out. One practice nurse was not formally employed and therefore not covered by insurance to work at the practice. We found an absence of systems to ensure safe patient care such as medicines inappropriately retained and some out of date and unsuitable for use. We found insufficient systems in place to ensure the practice was safe and infection risks were minimised.

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. Patient outcomes were difficult to identify as patient records were incorrectly coded. The staff were not familiar with how to conduct searches of their patient record system to identify unmet patient needs. There was little understanding or awareness of how the practice compared in its performance to others, either locally or nationally. We found no care plans in place and no evidence of engagement with other providers of health and social care. There was no recognition of the benefit of an appraisal process for staff other than the GP and little support for any training that may be required.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services. The GP National Patient Survey 2014/2015 and the practice survey 2013 showed disparities in patient experiences of the practice. However, both rated the practice highly for the GP and

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reception staff being caring. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We also saw that staff treated patients with kindness and respect and confidentiality maintained. However, we found patients were not always consulted or their consent obtained for tests and changes to their medication.

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 was unaware of their patient demographic and had no plan in place in order to meet their needs and secure improvements where needed. Feedback from patients on the day of the inspection and recorded on the comments cards completed by patients highlighted the GP and practice nurses was not always available quickly, although urgent appointments were usually available the same day. Some patients reported difficulties in accessing appointments and cancelled appointments. The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain, but staff were unaware of how such complaints or concerns should be recorded other than reporting to the practice manager. The practice policy required written complaints to be recorded, investigated and responded to. We found no evidence that complaints had been acknowledged, investigated, learning identified and the outcomes shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led and improvements must be made. It did not have a clear vision and strategy. Staff we spoke with were clear about their responsibilities but were unaware of decisions made by the GP. Whilst the reception and administrative staff felt supported by the practice manager, the practice manager was not being actively supported by the GP who had failed to adequately support them in addressing capability and conduct procedures for staff. The practice had a number of policies and procedures to govern activity, but these were out of date and had not been reviewed within the previous two years. The practice did not hold governance meetings and we found no evidence issues were discussed with clinical staff in the practice or with other healthcare professionals such as the district nursing team or health visitors for example.

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The six population groups and what we found

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

Older people

Inadequate

The provider was rated as requires improvement for caring overall and this includes this population group. The provider was rated as inadequate for safety, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 no attempts at measuring safe practice. We saw evidence which showed that basic care and treatment requirements were not met such as scheduling reviews and developing care plans for patients. The care of older people was not managed in a holistic way. The leadership of the practice had little understanding of the needs of older people and was not attempting to improve the service for them. Services for older people were therefore reactive, and there was a no evidence of an attempt to engage this patient group to improve the service.

People with long term conditions

Inadequate

The provider was rated as requires improvement for caring overall and this includes this population group. The provider was rated as inadequate for safety, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as inadequate for the care of people with long-term conditions. Longer appointments were available on request as were home visits. All patients had a named GP however there were no personalised care plans in place. Information was not appropriately shared with the out of hours provider so as to ensure safe and coordinated care outside of normal working hours. Structured annual reviews and health checks were not undertaken to check that patients' health and care needs were being met.

Families, children and young people

Inadequate

The provider was rated as requires improvement for caring overall and this includes this population group. The provider was rated as inadequate for safety, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as inadequate for the care of families, children and young people. There were no systems to identify and follow up

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patients in this population group who were living in disadvantaged circumstances and who were at risk. Staff had not received training in safeguarding contrary to the practice policy and were unaware of the escalation procedures should they have concerns. There was inconsistent availability of nursing staff to deliver the practice immunisations programme and legal requirements for the safe and appropriate administration of vaccinations had not been met.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as requires improvement for caring overall and this includes this population group. The provider was rated as inadequate for safety, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 or young children and people the services available did not reflect the needs of this group. Appointments could only be booked by telephone and in person. There was limited availability with the practice nurses who worked one and a half days a week in total. The practice offered extended opening hours four days a week for working people. The practice was did not monitor its uptake of either health checks and health screening as part of reviewing patient care and promoting good health.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as requires improvement for caring overall and this includes this population group. The provider was rated as inadequate for safety, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 vulnerable circumstances. It was unable to identify which patients were potentially vulnerable and could not demonstrate that these patients received their annual health check.

The practice had not worked with multi-disciplinary teams in the case management of vulnerable people. Some staff told us they knew how to recognise signs of abuse in vulnerable adults and

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children. However they had not received training and were not aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as requires improvement for caring overall and this includes this population group. The provider was rated as inadequate for safety, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice was unable to identify patients experiencing poor mental health or those with dementia. It had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health. It did not carry out advance care planning for patients with dementia.

The practice had not told patients experiencing poor mental health about support groups or voluntary organisations. It did not have a system in place to identify to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

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What people who use the service say

We reviewed the findings of the National Patient Survey 2014/2015 for which there were 85 responses from the 433 questionnaires distributed to patients, a response rate of 20% of those people contacted. The practice performed above average within their Clinical Commissioning Group (CCG) in relation to the care provided by the practice nursing team, and in particular; for the receptionists at the surgery being helpful, for patients. Patients also said they had confidence and trust in the last GP or nurse they saw and spoke to and were able to make an appointment. However, the practice performed below the Clinical Commissioning Group average for; patients recommending the surgery to someone in the area. They were reportedly amongst the worst surgeries within Thurrock CCG for patients recommending the service, for the last nurse they saw or spoke to being good at involving them in decisions about their care and for the GP being good at listening to them.

We reviewed the practice virtual patient participation group survey of 27 patients conducted in the autumn/ winter of 2013/2014. We found of the 54% of the 27 patients asked rated the practice opening times as excellent, good or very good. 80% of patients said they felt the GP listened to them and 68% thought they were sufficiently involved in making decisions about their care.

We reviewed patient comments on the NHS choices website. We found three reviews had been made between 25 April 2014 and 10 April 2015. There were two negative reviews and one positive. The patient who entered the positive remark acknowledged difficulties with appointments but praised the GP on giving them time and always explaining their diagnosis and the treatment options available and recommended. The negative comments related to difficulties accessing the services and the practice's lack of responsiveness to patients' needs to ensure a timely referral to a specialist.

We provided the practice with comment cards ahead of our inspection and invited patients to complete them so we may capture their experiences of the service. We received 41 completed Care Quality Commission comment cards. These were positive about the care patients received. Patients told us staff were friendly, polite and helpful to them in particular the reception and administrative team. However, three patients did comment on difficulty obtaining non-urgent appointments and one patient stated they experienced difficulties seeing the practice nurse due to a lack of appointment availability and late cancellations of clinics requiring them to reschedule. One patient also remarked on a practice nurse being insensitive and unprofessional, resulting in them feeling upset and no longer happy to see them. This comment was shared with the practice, at the time of our inspection, for them to address.

We spoke with one care home, where a number of the practices' patients reside. The home manager told us that they were happy with the service they received. The GP attended at their request, was polite and respectful to the patients and explained to the patient and the carer what they were intending to do prior to examining the patient, what their assessment was and why they were proposing a course of treatment. They told us the practice reviewed their resident's medication and also read and signed their care plans, which had been developed by staff in the care home to support people where appropriate.

We spoke with three patients on the day of our inspection they told us that the staff were polite and helpful. The reception staff were consistently good at trying to facilitate a patient appointment at short notice and resolving difficulties such as changes to patient prescriptions. They understood the surgery triage system for patients requiring appointments at short notice and believed if they required urgent clinical attention they would receive it.

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Areas for improvement

Action the service MUST take to improve

- Ensure systems and processes are in place to ensure a clean and safe environment for patients.
- 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 and guidelines.
- Ensure suitable arrangements are in place to ensure equipment is safe and suitable for use
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision e.g. medicines are in date and suitable for use.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which were reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements

Action the service SHOULD take to improve

- Staff should be risk assessed to ascertain if a criminal records check through the Disclosure and Barring Service are required.
- Legionella risk assessments should be undertaken
- The practice should maintain accurate records for meetings.

Dr R Suntharalingam

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 advisor and a practice manager specialist advisor.

Background to Dr R Suntharalingam

Dr Suntharalingam is located in a purpose built health centre. The property is owned by NHS property Service which is responsible for the maintenance of the building. It is situated in the heart of Tilbury, with parking facilities at the front and rear of the premises, whilst also benefiting from having access to public transport, being on a main bus route. They accept patients from within a three mile radius of the RM18 postcode area.

The practice holds a General Medical Service contract. This is the type of contract the practice holds with NHS England to provide medical care to patients. It has 2,222 patients registered with the practice. The practice is open from 8:30am to 6:30pm on Monday, Tuesday and Friday and, 8:00am to 6:30pm on a Wednesday and 8:30am to 1pm on a Thursday. Appointments are available from 9:30am to 11:30am and 4pm to 6pm on Monday, Tuesday, Wednesday and Friday. The practice closes half day on Thursday afternoon with appointments available from 09:30am to 1pm. The telephone messages then divert patients to the out of hours service if they require medical assistance or the national health advice 111 service. Telephone consultations are also offered to patients unable to attend the practice or wishing to receive an urgent appointment on the day. The practice is run by a single GP practitioner, a male, and two practice nurses who combined work one and a half days a week. The practice is supported by a small administrative/reception team.

The practice population is slightly younger than the national average with higher representation amongst the under 18 age group. Their patient deprivation levels for both children and older people were significantly higher than the practice average across England. Life expectancy for men was 79 and the women a year younger than the average at 82 years of age. Their patients had higher than average long standing health conditions and had a lightly higher than national average for disability allowance claimants.

The practice maintains a comprehensive website detailing practice opening and consultation times, information relating to their Virtual Patient Participation Group, guidance on health issues such as childhood aliments, what to do in an emergency and preparing for pregnancy.

The practice has opted out of providing out-of-hours services to their own patients. The services are provides by SEEDS which is the South East Essex Emergency Doctors Service. Information is provided to patients about the out of hours provision and patients are actively encouraged to call them prior to attending accident and emergency services.

Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme.

Comprehensive inspections are conducted under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check

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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

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 May 2015. During our visit we spoke with a range of staff, including receptionists, the GP, practice manager and practice nurses. We also spoke with patients who used the service. We talked with carers and/or family members and reviewed the treatment records of patients.

Inadequate

Are services safe?

Our findings

Safe track record

The practice did not have established systems in place to identify risks and improve patient safety. For example, staff were not aware of what significant incidents were or how they were required to be reported and documented. We found that where such incidents had occurred they had not been appropriately recorded, investigated, communicated to staff and lessons learnt. For example, the GP told us, that his medical bag had been stolen from the boot of his insecure vehicle two weeks previously, in April 2015. The bag contained medicines but not prescription pads and the incident had not been reported to the police. This had not been recorded as a significant incident, the GP did not know which medicines or equipment had been taken as no records were kept of the items. Considerations had not been given to the loss of potentially sensitive patient medical information. The incident had not been recorded or discussed by the practice to identify learning and inform changes to practice.

Whilst conducting the inspection we saw a patient report concerns about their prescription to reception staff. The patient explained that medicines had been added to their prescription without their knowledge and they did not understand why. Furthermore, the patient believed that it was unsafe for them to take the proposed medicine as it could be detrimental to their health. The staff member referred the patient's enquiry to the GP for clarity. We spoke with the patient who confirmed that no clinician had spoken to them regarding changing medicines or adding medicines, neither had they called them or written to them to discuss changes. We discussed our concerns with the GP. Dr Suntaralingam told us that he had placed all patients who were identified as vitamin D deficient on the medicine. The GP had not considered the full clinical needs of each individual patient and had made decisions relating to their care and treatment independently of any discussion or consent being obtained. This was not recognised by staff as a potential significant incident and concern.

The practice manager also told us of a computer system error that had occurred resulting in three patient records showing their prescriptions for controlled drugs had been printed. This was incorrect as the printer cartridge had failed and the prescriptions had not been printed. This was brought to the attention of the GP who approved the reissuing of the medicines. However, no record was made of the error that had potential affects for the three patients requiring their prescriptions and no review had been conducted to identify and mitigate the risk of a reoccurrence.

Learning and improvement from safety incidents

We found the practice had not learnt or improved practices in response to safety incidents. The practice had a significant event protocol dated 01 February 2013 stating all staff may initiate a significant event analysis and forms could be found in reception and in the practice manager's office. We found forms were available within the significant incident folder but not in reception and the staff were not familiar with completing them. This was despite the protocol providing a series of examples of such incidents including prescribing/dispensing issues, referral problems, late or misdiagnosis, new cancer diagnosis, and suicides for example. The policy stated that significant incidents would be reviewed on a regular basis, and the reviews and reports would be compiled and held on record with the events analysis form. We reviewed the significant event analysis folder and found the last entry made was on 03 October 2013. It related to a child attending the surgery unattended. There was no record of the circumstances surrounding the incident, of the action taken by the practice or the outcome. A member of staff told us that they had asked the child to remain at the practice until their parent arrived, but this was not recorded. No consideration was given by the practice to contacting social care for example to make a safeguarding referral. The practice had identified no learning outcomes or on going implications for them. The practice had categorised the risk as low and there was no evidence of the incident being reviewed by the practice.

We asked the GP about the absence of recorded significant incidents. The GP who showed us two significant events he had recorded on his GP appraisal toolkit. The incidents related to providing emergency care to two people whose had experienced a fall and another person who had collapsed. The GP had administering oxygen to one person whilst awaiting the attendance of emergency medical assistance from the ambulance service. We found neither incident was recorded within the significant incident file, there were no details of the events, the patient's relationship to the practice or learning outcomes. We were told by the GP that these would have been shared with staff

at the monthly staff meetings. We asked to see the minutes of the staff meetings and found none were taken. We spoke with reception staff and they could not recall any discussions relating to the two significant incidents.

We spoke with the practice manager who told us Medicines and Health Products Regulatory Agency (MHRA) alerts such as those relating to medicines were sent to the GP and themselves via email. MHRA alerts are issued to services to alert them to recalls for medicines and medical devices. The practice manager saved a copy of the email and printed a copy off for the GP. No manual file was maintained of the alerts for staff to refer to. The GP and practice manager told us these were not shared with the practice nurses or non-clinical team. We spoke to the practice nurse who told us they were not aware of receiving MHRA alerts or other similar medicine information. They told us they could not recall any discussion with the GP or practice manager on the subject or anything that required them to act on any information. The GP told us they believed the alerts were received by email and that he searched patient records where a risk may exists and acted upon it. When asked if he was able to give a specific example and they were unable to do so. No checks were conducted to ensure the alerts had been appropriately actioned to ensure patient safety.

In March 2015 a legal ruling in relation to a medicine, pregabalin (is a medicine which is used in neuropathic pain, anxiety disorder, partial epilepsy and secondarily generalised partial epilepsy) had been widely distributed via NHS England, to Clinical Commissioning Groups and to Pharmacists. (This was issued by on 02 March 2015 by the High Court of England and Wales who made a judgment on the scope of medical use claims no longer permitting generic pregabalin to be used in pain control). We conducted a search on the practice patient record to identify if the information had been appropriately actioned. We identified 10 patients still being prescribed pregabalin, of which nine were being treated with it for pain control. These should have been reviewed and their medication changed. Neither the GP nor the practice manager were aware of the legal ruling requiring them to take action to identify, review and amend patient medication for those affected.

Reliable safety systems and processes including safeguarding

We found the practice did not have appropriate systems and processes in place to keep children and vulnerable people safe. The practice had a safeguarding children and young people statement, which stated the surgery was committed to safeguarding children, and young people at risk. We reviewed the practice safeguarding children policy which had been updated and reviewed on 03 February 2014 and was scheduled for a review on 02 February 2015. The policy was incomplete with no details of the practice safeguarding lead and contact details for partner agencies such as the Police and Child Protection Units, or the single point of contact for referrals. We also reviewed the Child Protection Protocol updated and reviewed on 09 October 2013 and which was to be reviewed 08 October 2014. The protocol stated it would address issues such as key staff training. The protocol stated staff would be trained at least once every two years.

We asked staff who was the safeguarding lead and were told the GP led on all areas. We asked to review the practice nurses and non-clinical staff safeguarding training records and were told they had not undertaken any specific training in safeguarding. We checked six staff files and found no record of any safeguarding training having been undertaken. We spoke with staff who confirmed they had not received safeguarding children training or awareness in the subject, despite some working at the practice for over five years. Some staff we spoke with felt confident they could recognise signs of abuse in older people, vulnerable adults and children. However, they were unclear on how they would escalate concerns other than reporting them to the practice manager. We found no safeguarding guidance or escalation procedures displayed to educate and correctly signpost staff or patients to reporting concerns. We spoke with Thurrock Adult Safeguarding manager who told us they had written to all Thurrock GPs in February 2014 and advised them of their confidential advice and support line for people to report suspected adult abuse. They had also provided the practices with leaflets and posters advertising the service. Members of the adult safeguarding team were also available to visit and speak with practice staff about their work with safeguarding adults. The practice had not responded to the invitation.

The practice did not have a system for highlighting vulnerable patients on the practice's electronic records. We found the staff and GP were not appropriately using the

required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly flagged. We found staff had no awareness of this facility within the electronic systems in use in the practice. The staff told us correspondence marked private and confidential relating to child protection was passed unopened to the GP for consideration and returned to them in a sealed envelope for safe storage. The correspondence was not scanned onto the patient record and staff could not identify any patient status alert which would highlight the at risk group. We asked to see evidence of how the practice worked with other agencies to keep children and vulnerable people safe. The practice provided us with the case summary from their multidisciplinary meeting dated 18 June 2014. The document did not detail if a meeting had occurred, or who was in attendance and their role and responsibilities but was rather a case review of 13 patients with actions suggesting referrals were to be made to partner agencies. We spoke with the Thurrock Multidisciplinary Team coordinator who confirmed a meeting had been held at the practice and a social worker, senior staff nurse, older people's mental health social worker, community matron and the GP and practice manager had attended. The last two meetings at the practice were held in February 2014 of which the practice did not have any record of the meeting and June 2014.

There was no chaperone policy or notices displayed promoting the service. (A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure). The nursing team were used as chaperones when available and in their absence non-clinical staff would assist. The non-clinical staff told us they had not undertaken training and did not understand their responsibilities when acting as chaperones as they were not familiar with all procedures. However, they told us they were only required to be present for non-intrusive procedures as any other matters would be facilitated by the nurses. Staff told us, when they had conducted chaperone duties the GP had explained to the patient about the examination, how they were to be examined and why. The staff knew an entry was recorded on the patient recording confirming a chaperone was present and our checks confirmed this.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. We found inconsistent recording of fridge temperatures to ensure the integrity of the medicines. The fridge temperatures had not been recorded for a total of 10 days in March 2015, and therefore the practice could not be assured that the medicines had not exceeded the temperatures and remained suitable for use. On the 28 April 2015, 30 April 2015 and on 05 May 2015 and 06 May 2015 the temperatures recorded were in excess of the guidelines for the storage of medicines. We were told by the practice nurse that the latest occasion had been reported to the practice manager. When asked, the practice manager said this had not been reported to her recently or on any previous occasion. We asked to be provided with copies of the practice medicine management policy and vaccination management policy. There were no policies and there were also no provisions in place in the event of a potential failure of the fridges.

We found there were no recorded processes in place to check medicines were within their expiry date and suitable for use. We found patient medicines such as influenza vaccines had been inappropriately retained by the practice and were out of date. We found medicines owned by patients and no longer used were retained by the practice. Staff explained to us the practice prescribed patient medicines to restock their practice supplies. They were advised against continuing this practice as the medicine is the property of the patient named and should not be used on another person or for the financial benefit of another. The practice did not understand this was unacceptable and declined to remove the items and safely dispose of them. We also found 12 shingles vaccines out of date; expiring in November 2014 and still retained within the vaccination fridges. Vaccines that have expired may be ineffective. Expired and unwanted medicines had not been identified by the practice and safely disposed of.

Our pre inspection data obtained from the electronic prescribing analysis and costs (April 2013/June 2014) reflected the practice had high levels of prescribing of sedatives such as sleeping tablets, which was six times higher than the national average. We spoke with the GP who told us there was a high level of addiction to the medicines in the area. We asked if the GP had audited his prescribing and they confirmed that they had not. When we asked about how they addressed the patients alleged dependency on the medicine they stated some were under the care of drug and alcohol services and that they had

approximately five patients who were prescribed these medicines on weekly repeat prescription to mitigate the risks of them potentially overdosing or misusing the medicines.

We checked six patient records for those prescribed sedatives and found none of the patients had received a specific review relating to their medication in the past 12 months. Four out of six of the patients had not had a medicines review within the last three years. This presented potential risks to the patient becoming addicted / dependent on the medicine. One of the six patients also had access to quantities of sedatives larger than required due to the GP prescribing practice. The GP had permitted the person access to three different sedatives on a four weekly supply. Whilst the records showed that these were only ordered intermittently, this was not ensured and the system was vulnerable to abuse and may place the patient at risk.

The practice nurses were responsible for administering vaccinations for patients. These are required to be administered in line with legal requirements and national guidance. We asked both of the practice nurses if they had read and endorsed patient vaccination directives. One of the practice nurses told us she did not recall seeing or signing them. The practice was unable to find the prescribing directives to show they had been read and signed by the GP delegating their authority to the nurses to vaccinate the patients. Furthermore, the practice was unable to demonstrate the nurses had read and signed to administer the vaccinations safely.

All prescriptions were reviewed and signed by a GP before they were given to the patient. We found there was inconsistent management of blank prescription forms used by locum doctors. At the time of our inspection we found two boxes were open and the prescription pads were not tracked through the practice and kept securely at all times.

We found administrative staff were only responsible for the issuing of items identified and authorised as repeat medicines. Any changes to medicines were escalated to the GP who addressed them. We observed staff followed this process when patients raised queries with their prescription. Where staff identified medicine reviews were required, as flagged on the patient record they brought this to the attention of the GP prior to reissuing prescriptions. We found no systems in place and/or monitored to ensure patients' medications were appropriately reviewed prior to issuing of repeat prescriptions.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. We saw generic cleaning schedules in place, but no daily, weekly or monthly individual records were maintained to demonstrate that the cleaning had been undertaken when, where and by whom. The practice nurses did not maintain separate cleaning schedules for their clinical environment and there were no cleaning schedules in place for the cleaning of treatment rooms when in use for minor surgical procedures. We found no recorded systems in place to demonstrate staff had cleaned down their clinical environments between interventions. The practice nurses told us, and we found, household Dettol spray was being used to clean surfaces and couches between procedures with a disposable paper hand towel. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice had no lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. We found no infection prevention control audit had been conducted. No staff had received training about infection control and we confirmed this on reviewing six staff training files. The staff had access to reference material including the NHS South Essex infection prevention and control independent general practice guidelines 2013. These included guidance on staff uniforms, management of body fluid contamination injuries, spillage management, minor surgery specifications and legionella control. The practice was unaware of the Department of Health code of practice on infection prevention control.

We found one practice nurse was unsuitability dressed in personal clothing to conduct clinics. They were not wearing a uniform or personal protective clothing to minimise the spread of cross contamination and infection between the nurse and patients whilst delivering a range of interventions from vaccinations to wound dressings. This practice nurse delivered all vaccinations including childhood and travel immunisations, contraceptive injections and other injections for example Hepatitis B and taking blood samples. The nurse would have also removed

sutures, dealt with wound dressings and undertaken cervical smear tests all which would need to be in a sterile environment including clothing. We asked the practice nurse about their presentation and they explained they had not been provided with alternative clothing. We reviewed the practice nurse's contact of employment and found that their presentation was contrary to their terms and conditions; this was known to the practice who had failed to address the matter.

The practice nurses told us there were no spillage kits available to ensure the safe and appropriate disposal of body fluids. In the event such an incident occurred they would use general cleaning equipment. However, the reception staff believed spillage kits were available but did not know where they were or who would be responsible for cleaning the spillage. Staff told us urine samples were being stored in the vaccination fridges; this we advised the practice was unacceptable. We found none present during our inspection but we also found staff had no access to separate refrigeration facilities for the safe and appropriate storage of fluid samples.

Personal protective equipment including disposable gloves was available for staff to use. There was also a policy for needle stick injury and staff told us they knew the procedure to follow in the event of an injury.

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

The practice did not have a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We asked the practice to check with their building management company who they leased the premises from.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. However, staff told us the practice would benefit from a manual blood pressure monitor as the electrical devices were inappropriate for some of their most vulnerable frail patients as their skin may split with the pressure of the cuff.

They told us that all equipment was tested and maintained regularly. However, the practice was unable to provide evidence to demonstrate this, for example records of the calibration of blood pressure monitoring devices. All portable electrical equipment was tested and displayed stickers indicating the last testing date of February 2015.

Staffing and recruitment

We looked at the practice nurses personnel files and four members of the administrative/reception team's files. Appropriate recruitment checks had not been undertaken on any of the six files we reviewed. For example, evidence of proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS) were not available on all the files we reviewed. We found the majority of the staff had been in post for several years but one receptionist had started four to five weeks prior to our inspection and there was no DBS check, references, or job description in the records. We found the new practice nurse had been in post for four to five weeks; there was no employment contract in place or any information available. The practice manager stated that the GP and practice nurse had an agreement in place regarding the nurse's appointment. The nature and terms of the agreement were not known to the practice manager and they had not been asked to undertake any checks to determine their suitability for the role. We spoke with the nurse who confirmed they were not covered by any indemnity insurance.

Staff told us there were usually enough staff to maintain the smooth running of the practice. The practice had experienced difficulties with the reliability of some staff and this had affected the practice's ability to provide some nurse lead clinics. The practice nurses combined worked one and a half days a week. There was no emergency cover available if the practice nurses were unable to attend at short or no notice. The practice manager told us how they constantly reviewed actual staffing levels and skill mix to best meet the patient needs.

Monitoring safety and responding to risk

The practice did not have systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. There were no records to demonstrate annual and monthly checks on the practice environment, medicines management, staffing, dealing with emergencies and equipment.

Risks to the practice and patients had not been identified, recorded, discussed or responded to mitigate the potential

impact or frequency of an occurrence. The GP and practice manager accepted staffing was their greatest challenge and risk to delivering safe and effective services. For example, the practice manager was newly appointed following the unexpected and immediate departure of the previous manager in March 2015. The practice manager was not experienced in the role and despite trying to secure the assistance of an experienced practice manager at a local practice as a mentor had been unsuccessful in doing so.

Arrangements to deal with emergencies and major incidents

The practice did not have suitable arrangements in place to manage emergencies. We were told all staff had received training in basic life support however they told us they did not recall any specific training and we found no training records held on the six members of staff personnel/training files we checked.

Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). When we asked members of staff, not all were aware of the location of this equipment and we found no records confirming the equipment had been checked. Staff told us visual checks were conducted but no record was maintained of these. Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis. We found a written list of medicines stored on the premises with expiry dates; however this did not accurately match the medicines which we found and was difficult to follow. For example, one of the listed items was Clexane injections in three different strengths, but these were not in the cupboard. There was no record showing when they were used or when the new ones were ordered. Emergency medicines consisted of only Adrenaline, this displayed a label stating for Doctors Bag. We found no record of what medicines were required, when they were last checked or when they expired.

The practice had a business continuity plan in place to deal with a range of emergencies that may impact on the daily operation of the practice. However, despite the document stating it had been updated and reviewed in October 2014 it was out of date and referred to the Primary Care Trust's role in providing assistance to the practice. (PCTs were replaced by Clinical Commissioning Groups from April 2013). The document identified a practice manager from several years previous having responsibility for maintaining the plan. It was required to be reviewed and updated every six months and every time there was a change in suppliers, contact numbers or staffing. This had not been done. We found there were no contingency arrangements in place in the event that the practice could not gain access to the building such as where the practice would operate in the interim and how they would access their patient record system off site. They had no arrangements in place to reduce and manage risks to delivering the service such as power failure, adverse weather, unplanned sickness and no contact details for electricity, water or IT services.

The practice did not have a fire risk assessment or details of actions required to maintain fire safety. We were told they believed the assessment and documentation was held by the building owner. We told the practice that they needed to be assured that a sufficient assessment had been conducted to assured them that their safe and patients would be safe. We checked the fire extinguishers and found they had been checked in November 2014. Staff told us the practice had commissioned fire safety and evacuation procedures awareness training and staff confirmed they had attended. We checked six staff files and found no evidence of fire safety training having been conducted and successfully completed.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We spoke with the full clinical team consisting of a GP and two practice nurses. We found staff were not familiar with current best practice guidance. Staff told us that practice meetings with reception staff were sometimes held on a Thursday afternoon when the practice closed at 1pm. However, the last meeting they recalled was in March 2015 and no minutes had been taken. This meeting had not been attended by the GP or practice nurse and staff could not recall any discussions regarding clinical practice such as the dissemination of guidance. We found no protected time within the nurses' schedules for clinical updates or learning with the GP or other health professionals such as neighbouring practices' clinical teams or community nursing teams. We found the practice nurses were utilising standard assessment templates. We found there were inconsistencies in the standard of assessments and there was no systems to monitor their work to ensure consistency and adherence to best practice guidance.

We asked the GP how they maintained their knowledge of practical guidance National Institute for Health and Care Excellence (NICE) and information from local commissioners. They told us they reviewed it electronically. We asked the GP to provide an example on how they had changed their practice in response to guidance and they stated the use of specific medicines (called gliptins) in patients with diabetes but were unable to demonstrate they implemented this and the outcome for patients. The guidance advocated only continuing the medicines if the patient experienced significant improvement in their blood sugar levels. This had not been audited.

The GP told us they led in all clinical areas, whilst supported by the nursing team who conducted screenings and patient monitoring checks such as for diabetic patients. The pre inspection data provided suggested high levels of risk in several parameters relating to diabetes such as control of cholesterol and blood sugar levels and foot examination. As a result we viewed six records of patients with diabetes. This showed that in two of the six patients no action had been taken despite high levels of blood sugars on monitoring tests, and in one of the cases the GP had incorrectly interpreted the blood sugars as normal. We found no systematic method operating for recalling patients for diabetes checks. Those which had been conducted were often performed opportunistically when the patient presented with an acute medical problem.

Clinical staff we spoke with were not open about asking for and providing colleagues with advice and support. The practice nurses had never been introduced or met until the day of the inspection and no clinical meetings were held as a team or individual meetings promoting knowledge sharing or learning.

Our pre inspection intelligence data about the practice's electronic prescribing analysis and costs (April 2013 – March 2014) suggested the practice had a higher than national average rate of antibiotic prescribing. We discussed this with the GP who told us that he was trying to reduce antibiotic prescribing but his patients frequently demanded antibiotic prescriptions. The practice had no involvement with the CCG pharmacist and had conducted no audits on their prescribing patterns to identify potential areas for improvements.

Where there was high patient demand for on the day appointments, the GP conducted telephone consultations. The GP told us that they would treat chest infections over the telephone without a physical examination of the patient. If the patient's chest sounded rattily over the phone they would normally prescribe a five day course of antibiotics over the telephone. Urinary tract infections were also treated over the telephone with a three day course of antibiotics and a request for a urine sample was sent to the laboratory for analysis. Contrary to national advice from microbiologists the GP told us this course of antibiotics is later extended to seven days if an infection is proven on the laboratory sample. Best medical practice is that uncomplicated urinary tract infections in women should be treated with a three day course of antibiotics, to reduce the risks of antibiotic resistance developing.

The practice had signed up for the enhanced service relating to reducing their unplanned admissions to hospital. Our data from the Health and Social Care information Centre and Hospital Episode Statistics suggested the practice had similar to expected rates of emergency admissions. When we spoke with the practice manager she confirmed that no analysis was conducted of their admission rates but she believed they were probably

high. We asked the practice if they reviewed and monitored the appropriateness and timeliness of their referrals to secondary care. We spoke with the GP and the practice manager who stated these were not monitored.

Discrimination was avoided when making care and treatment decisions. Interviews with staff showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Staff across the practice were not involved in monitoring and improving outcomes for patients. The newly appointed practice manager was unfamiliar with the Quality and Outcomes Framework (QOF) and enhanced services agreements and/or contractual requirements. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The GP was also unable to tell us which enhanced service the practice had signed up to and how they were fulfilling the requirements such as care plans for patients identified on the unplanned admissions schedule. Staff had not been appointed lead areas such as data input, or managing child protection alerts or medicines management.

We reviewed the data from QOF for 2013/14 and 2014/15. The data showed that the practice had a higher number than the national average of people with one or more long term condition. We found that the practice was performing significantly lower than expected and than practices both locally and nationally in several areas.

From the QOF data 2013/14 we saw that the practice performance was lower than the national average for reviewing and monitoring patients who had diabetes to ensure that risks associate with this disease such as kidney failure were monitored and that their treatments were effective. We found that of the patients diagnosed with diabetes 50.68% were recorded as having an albumin:creatinine ratio test. The national average for this test was 77.75%. This test is used to help identify early stages of kidney disease, which can be associated with diabetes, We also found that the percentage of patients who had a record of IFCC-HbA1c of 64 mmol/mol or less was 50.68% against a national average of 77.75%. These tests are used to determine how well a patient's blood glucose levels have been controlled over a one to three month period and are useful in determining if treatment prescribed is effective and help to identify potential issues. The practice was also performing lower than the national average for monitoring and managing patients' cholesterol levels. The practice recorded 67.32% of patients with diabetes with a blood cholesterol within normal limits (5 mmol/l or less). The national average was 81.61%. Patients who have diabetes are at a higher risk of heart disease and therefor regular cholesterol monitoring is important.

We also looked at data in relation to monitoring and reviewing the care and treatment of patients with mental health conditions such as bi-polar schizophrenia and depression. We saw that the practice performance was very low compared to practices nationally for ensuring that patients with schizophrenia were reviewed or had a care plan in place. We found that 40% of patients had an agreed care plan within the previous 12 months in comparison to 86.09% nationally. Data showed that 23% of patients who were diagnosed with dementia had a face –to- face review in the preceeding 12 months, the national average being 86.09%.

We found that the practice was also not performing well in monitoring and screening patients to improve and promote general good health. The practice was performing lower than the national average in relation to female patients between 25 and 64 years who had a cervical smear test within the previous five years. We found that 73.3% of women in the eligible age range had cervical smear within the previous five years, the national average being 81.89%. We also found that patients diagnosed with hypertension did not have reviews of their blood pressure to help ensure that this was maintained within safe limits. From data we found that 68.17% of patients diagnosed with hypertension had a recorded blood pressure within the acceptable limits within the previous nine months. The national average was 83.13%.

Following our inspection we received and reviewed the QOF data for 2014/15. We saw that the practice had achieved 54.2 % of the maximum points across the clinical domain with 34.8% of the maximum points in relating to treating patients with diabetes, 50% relating to prevention of secondary heart disease and 14% in relation to treatments and monitoring patients with mental health conditions.

Inadequate

Are services effective?

(for example, treatment is effective)

We asked to see clinical audits. The GP told us they had conducted three clinical audits. They told us of the two which related to the: testing for low vitamin D levels, and serum amylase in diabetic patients taking a class of drugs called gliptins (The blood amylase test is used to help diagnose and monitor acute pancreatitis. Pancreatitis is a rare side effect of the gliptin group of medicines.). The Clinical Commissioning Group prescribing guidance suggest testing for low vitamin D should be conducted according to clinical symptoms presented by patients as opposed to universal screening test. The GP was unable to provide documentary evidence of the audit but told us the outcome of their audit was they found their patients had a high prevalence of low vitamin D levels. As a result of this they were now routinely testing for vitamin D deficiency when requesting other blood tests for their patients. The practice had not sought the consent of the patient or explained to them the reason for the vitamin D test to be obtained. We found the findings of the tests were not communicated to patients and/or the resulting action such as prescribing the patient additional calcium supplements.

The second audit was looking at serum amylase levels (a marker for pancreatic damage) in patients taking gliptin medicines for diabetes. The audit was not available for us to review; the GP believed that this may have been at his home. The GP told us he had found he found no abnormal levels.

The third clinical audit was conducted in relation to minor surgery. It consisted of a single sheet paper and showed that 16 patients had been reviewed. One patient had a post-operative infection which was treated with antibiotics. Histology was sent for eight of the procedures. The results from the audit were not clear in terms of what changes to practice were needed to improve outcomes for patients. There was no learning identified or proposed changes in practice proposed.

There was no evidence of the practice monitoring and improving outcomes for patients. For example, we reviewed a sample of six diabetic patient notes and found one patient prescribed a high dose of medicine which is used in depression, obsessive compulsive disorder and bulimia nervosa. Their medicine had not been reviewed since the patient's discharge from community health team in early 2012. However, a medication review read code had been added to their notes in January 2015 when the patient presented with a general health complaint. There was no other mention of the patient's medication or mental health at this consultation. This suggested a medication review had not been conducted sufficiently thoroughly. Within this group of patients we also found an older patient who was receiving 27 repeat medicines including several medicines with sedative effects. There was no evidence of the patient's medicines being reviewed within 12 months. Combinations of medicines prescribed to older people, including medicines with sedative properties may increase the risk of falls.

The practice was not using information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The practice had previously reviewed their accident and emergency admissions when provided with data from NHS South Essex PCT Cluster. The most recent patient level data available related to August 2012. This was also supported by outpatient and diagnostic prices for 2012/2013 identifying their average patient cost of their attendance to be £118. No more recent data was available or evidence of how the practice used this data to identify risks to their patients. We spoke with staff who told us they believed their accident and emergency admissions were high but they weren't aware of whether these were monitored and simply scanned the letters on to the patient record system. The GP told us they did not monitor their admissions to see if they were appropriate.

Effective staffing

Practice staffing included medical, nursing, managerial and administrative staff. We reviewed the practice recruitment policy updated October 2014 and scheduled to next be reviewed in October 2015. It stated the following checks and references would be obtained for a successful candidate; evidence of legal entitlement to work in the UK, proof of criminal record check, proof of identification, two references from previous employment, certificates of relevant qualifications and training, relevant information about physical and mental conditions. In addition healthcare professionals were required to have checks with their professional regulator to ensure they were in good standing, not subject to any form of suspension, two clinical references relating to recent posts as a healthcare professional lasting for three months and checks to ensure the person was not on the independent safeguarding authority barred list.

Inadequate

Are services effective?

(for example, treatment is effective)

We reviewed six staff personnel files and found that the practice had failed to follow their own recruitment policy to ensure staff were safe and appropriate to work. We checked both practice nurses recruitment/training file and found no documentation relating to their skills, competencies and/or training. The practice had not confirmed either nurse was registered with the Nursing and Midwifery Council. This was undertaken by the practice during our inspection and both were found to be appropriately registered with their professional body. The practice staff told us they had not received basic life support training and no records had been retained in staff personnel files of when they last received training.

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

We found no evidence of annual appraisals for clinical or non-clinical staff for all six files reviewed. The practice manager told us she thought she had previously received an appraisal but other staff were unsure. Our interviews with staff confirmed that the practice was not proactive in identifying or providing training and funding for relevant courses. We found no evidence of training certificates on staff personnel files.

Practice nurses were expected to perform defined duties. The practice was unable to demonstrate that they were trained to fulfil these duties. The practice nurses told us they were able to perform their responsibilities such as the administration of vaccines and diabetic checks. However, we found neither practice nurse had fulfilled their professional responsibilities to read, understand and agree and endorse the patient group directives to ensure the safe and appropriate administration of vaccinations. This had not been identified by the practice including being signed by the GP in order to delegate authority to the nurses to conduct the role. We asked the GP about the training of the practice nurses and how they assured themselves they were competent in their role. The GP told us he believed they would have had the necessary training prior to joining the practice and in their other clinical employment outside of the practice. We checked the practice nurses personnel and training files and found no evidence of any training, qualifications or appraisals. The practice nurses told us they had received appropriate training to undertake their duties. For example, a practice nurse told us her had received training in chronic obstructive pulmonary disease, asthma and child immunisation recently between October 2014 and February 2015. We checked the practices nurse's personnel file and found no evidence of the training.

We found the practice had failed to follow capability and disciplinary procedures where poor performance and inappropriate conduct had been identified. This had affected the availability of clinical provision as the practice had to cancel clinics at short or no notice, and had also exposed patients to potential risks of infection due to policies not being adhered to. We asked the practice manager and the GP about their proposed next steps to address the staff member's behaviour. We were informed that they had spoken with the staff member but had been ignored and the conduct was continuing. The GP told us it was very difficult to recruit to the member of staff's position.

The staff were all issued with a staff handbook. The handbook stated that staff may be required to undergo a criminal records office checks where they may come into contact with children or vulnerable adults. The recruitment policy dated 2014 stated all staff were to undergo a criminal records check. We found no clinical and non-clinical staff had undergone a criminal records check by the practice despite the practice nurses and some reception staff undertaking chaperone duties and having direct contact with vulnerable patients.

Working with colleagues and other services

The practice did not work effectively with other service providers to meet patients' needs and support patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, and out-of-hours GP services provided by South Essex Emergency Doctors Service (SEEDs) both electronically and by post. However, the GP told us they did not share information on patients with the out of hours provider as they dealt with things themselves, meaning that up to date information about patients' medical needs would not be available to the out-of-hours service should patients require medical treatment when the practice was closed.

Inadequate

Are services effective?

(for example, treatment is effective)

The practice staff all knew their roles and responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required.

We found the practice had been commissioned for the new enhanced service, but did not have a process in place to reduce unplanned admissions to hospital. (Enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). We asked the GP and practice manager to provide us with examples of completed patient care plans. They told us they were unable to show any patient care plans were in place. We spoke with a local care home which confirmed that they had their own care plans which may be reviewed and signed by the GP if appropriate at the time of their visit.

The practice told us multidisciplinary team (MDT) meetings were held occasionally. The practice did not know when the last meeting was held and were unable to provide a record of the last discussion. We spoke to the Thurrock MDT co-ordinator who informed us that the practice had experienced changes in practice manager and this had created challenges to arranging the quarterly meetings. Their records showed the last MDT meeting was held at the practice in June 2014. The purpose of the meetings was to also revise practices performance in relation to reducing avoidable hospital admissions. However, the practice had not identified any suitable patients on their unplanned admission scheme for discussion despite patients repeatedly accessing the Thurrock Rapid Response Assessment Service (RRAS) when they experienced a physical health crisis. The RRAS is an integrated health and social care team to provide a rapid response and assessment for people in crisis and coordinates and redirects their care to the appropriate intermediate provider or service.

We reviewed the last practice MDT document, dated 18 June 2014. The meeting had been attended by a social worker, senior staff nurse, old people's mental health social worker, community matron, practice manager and the GP. The practice record did not detail if a meeting had occurred, or who was in attendance and their role and responsibilities but consisted of the case review of 13 patients with actions suggesting referrals were to be made to partner agencies. Whilst actions were suggested for the GP these were not revisited to ensure they had been appropriately actions by the next meeting.

We found that where the dieticians had recommended changes in nutritional supplements for children in 2014 the practice had acted upon the recommendations appropriately.

Information sharing

The practice did not effectively use its several electronic systems to communicate with other providers. For example, there was a shared system with the local GP out-of-hours provider to enable patient data to be shared in a secure and timely manner. However, when we spoke to the GP they explained that they did not pass patient information to the out of hours provider to inform the delivery of the person's care should they be required to access the service when the practice was shut. They told us they just dealt with things themselves. Electronic systems were also in place for making referrals, and the practice made referrals last year through the Choose and Book system. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

The practice had systems to provide staff with the information they needed. The software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference. However, we found staff had not been fully trained on the system and had limited awareness for the extent of its capabilities such as how to schedule reviews, and highlight information. Non clinical staff were coding patient information. They had not been trained and they received no clinical oversight to ensure the integrity of the data. We found patient records had been incorrectly coded resulting in distorting their patient data and also potential failures to identify and address clinical needs. Staff were not confident in conducting data searches on specific needs of patient groups to identify those who may require or benefit from screening checks or additional information on their conditions. The practice did not maintain patient registers, for example those at the end of their life, and were unable to tell us now how many patients had specific conditions such as learning disabilities.

Inadequate

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

The practice confirmed that they provided care and treatment to patients who may lack capacity to understand or consent to treatment. We found that staff had an awareness of the Mental Capacity Act 2005 and aide memoir cards but did not understand how to apply the principals of the Act and their duties in fulfilling it. The GP told us where a patient may lack capacity they would check the patient could understand but was unaware of the basic four stage test to assess capacity.

The GP demonstrated no awareness or understanding of Gillick competencies. (These are used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). The GP told us they would not be willing to prescribe contraceptive medication to any girl under 16 years of age. The GP told us they would only issue contraceptives in the presence and with the consent of the child's parent or guardian.

The practice documented consent for specific interventions. For example, for all minor surgical procedures, patient's written consent was documented and the copy scanned into the electronic patient notes with a record of the relevant risks, benefits and complications of the procedure.

The practice had not needed to use restraint in the last three years, but staff were aware of the distinction between lawful and unlawful restraint.

Health promotion and prevention

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these we were told were followed up in a timely way. For example, on the day of our inspection we saw how a patient was scheduled an appointment with the GP following attending their initial registration health check during which they had disclosed clinical needs. However, patients reported a delay of up to two weeks in receiving health checks due to limited availability of the practice nurses; the practice nurses worked a total of one and a half clinical days a week, one practice nurse on each of the days.

We reviewed the practices performance for 2014/2015 against the Quality Outcome Framework. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures). The practice obtained less than half the available points in some areas of the provision of patient care. For example, the practice had achieved on 22.81 of the 45 points available for secondary prevention of coronary heart disease and 30.6points out of 86 points for diabetes. This suggested the practice was not proactively monitoring patients' health and conducting appropriate reviews. We found there was no system in place for scheduling patient reviews or health screening checks and they were conducted opportunistically.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations. Last year's performance for all immunisations was in line or slightly below the average for the Clinical Commissioning Group (CCG) area, although the practice's performance for five year old children was lower than the CCG average for IPV booster (pre-school booster vaccine given to children over 3 years) and MMR dose 2. There were no clear systems in place to follow up on children who had failed to attend for immunisations.

We found a large range of patient information was displayed in the waiting area. The information boards were cluttered and there were no designated health themes or signposting relevant information to specific patient groups other than for carers. However, we did find notices displayed throughout the practice waiting and consultation rooms relating to mental health crisis services and how to access them.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the National Patient Survey 2015, a survey of 27 patients undertaken by the practice's virtual patient participation group (PPG) and comment cards we left for patients to complete prior to our inspection. The evidence from all these sources showed patients were satisfied with how they were treated. Many patients commented on the compassion, dignity and respect shown to them by the GP and the reception staff. However, the GP National Patient Survey showed the practice performed below the Clinical Commissioning Group (CCG) average for patients who stated the last GP they saw was good at listening to them (72%). Only 56% would recommending the practice to someone in the area as opposed to the CCG average of 71%. This was not supported by the March 2015 results from the NHS families and friends test which showed out of the 25 patients who submitted feedback they were overwhelmingly likely to recommend the practice.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 41 completed cards and the majority were positive about the service experienced. Patients said they felt the practice reception staff were excellent, efficient, helpful and caring. They said some clinical staff treated them with dignity and respect. Two comments were less positive regarding the availability and conduct of one member of the clinical team. These comments were shared with the practice at the time of our inspection in order for them to be addressed. We also found patients dignity was not respected by the GP, in that the practice conducted tests on patient blood samples without their consent and changed their medication without discussion or agreement being sought from the patients.

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

We saw that staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that personal information was kept private. The practice switchboard was segregated from the reception desk, shielded by glass partitions which helped keep patient information private.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us she would investigate these and any learning identified would be shared with staff.

Care planning and involvement in decisions about care and treatment

The National GP Patient Survey 2014/2015 information we reviewed showed patients rated the practice below the CCG average for patients saying the last nurse they saw or spoke to involving them in decisions about their care; 70% as opposed to the CCG average of 84%. We found that the GP was not confident in the application of the Mental Capacity Act or Gillick competency both important for ensuring the patient is involved in decisions relating to their care. Furthermore, we found patients were not been asked or their consent being obtained for additional tests to be conducted when blood samples were obtained. Nor were they told of the results of the tests or medicines being added to their prescriptions for them to take. One patient we spoke to told us they had not been spoken to regarding any decision to conduct a vitamin D test or take additional medication. Despite patients reporting a lack of involvement in decisions the same National GP Patient Survey found 95% of patients had confidence and trust in the last GP they saw and 97% had trust and confidence in the last nurse they saw or spoke with.

The results from the practice's own satisfaction survey (2013/2014 of 27 people) showed that 80% of patients said they felt the GP listened to them and 68% thought they were sufficiently involved in making decisions about their care.

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

during consultations with the GP to make an informed decision about the choice of treatment they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were not available for patients who did not have English as a first language. The 2011 census found that 93.6% of people living in East Tilbury were born in England. 98.6% of people living in East Tilbury speak English. The other top languages spoken are 0.5% Polish, 0.1% Turkish, 0.1% Lithuanian. The religious make up of East Tilbury is predominantly Christian with 64.2% of people and 28.8% of people declaring no religion, 0.6% declared themselves as Muslim.

Patient/carer support to cope emotionally with care and treatment

The GP National Patient Survey 2014/2015 we reviewed showed patients were positive about the emotional support provided by the GP but inconsistencies were reported with the clinical care received from the practice nurses. The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room, told patients how to access a number of support groups and organisations. The practice had no system in place to identify carers or alert the GP or practice nurse if a patient was also a carer. A carer's board was displayed within the main waiting area and details were available to patients on various avenues of support available to them.

The practice did not hold a register of patients who were receiving palliative care and was therefore unable to demonstrate that considered patients' needs and wishes for end of life care and treatment such as their preferred place to stay when their health deteriorated.

Staff told us that if families had experienced bereavement, the GP would normally contact them. We reviewed a patient record for a person who had died two weeks prior to our inspection and found the patient record was also showing as active; that the person was still alive this was despite the GP endorsing the patient record to say they had died. This may have resulted in correspondence continuing to be sent to the deceased that may cause undue stress and anxiety to a person. We also found no contact had been recorded with those, family or carers, involved in the person's care at the time they had died.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice had systems in place to maintain the level of service provided. The reception staff told us how they would try and shuffle appointments to best facilitate the patient. Patients requiring urgent appointments on the day or those unable to attend the surgery would be offered telephone appointments with the GP so they could assess their needs and prioritise consultations. Patients told us they felt the practice was responsive to their needs and this was supported by the comment cards we received. Although concerns were raised relating to the limited availability of the practice nurses on one and a half days a week. This was further complicated by the short or little notice one practice nurse provided to the practice requiring them to cancel and reschedule patient's clinical appointments. This was commented on by a patient who found it difficult to book a practice nurse appointment and frustrating and inconvenient when cancelled resulting in delays in them accessing care.

The practice's own patient survey 2013/2014 also found that patients believed improvements could be made to the accessibility of appointments and we found no action plan or response to these issues. No audits had been conducted of the appointment system to assess whether the practice were providing sufficiently accessible services to patients to meet their needs.

Tackling inequity and promoting equality

The practice had not recognised the needs of different groups in the planning of its services. We asked the reception staff if the practice had a hearing loop to assist patients with poor hearing who had assisted listening systems (hearing aids) they told us they didn't know. There was no provision in place for patients who wished to see a female GP. Both the GP and the locum GP who covered in their absence were male. The practice did not have access to online and telephone translation services. The practice did provide services to Polish, African community and Sri Lankan. However, staff told us their patients had no difficulties communicating in English and were happy to do so. Although the GP did speak in his native tongue with the Sri Lankan patients, when requested.

The practice did not provide equality and diversity training but did address valuing diversity and dignity at work within their staff handbook. During our inspection we saw reception staff treating patients with politeness and sensitivity demonstrating an awareness of their personal needs and supporting them to access care.

The premises and services had been adapted to meet some of the needs of patients with disabilities. The practice was situated on the ground floor of the building with all services accessible to patients. There were automatic entrance doors at the front but a manual door on entry to the waiting room. This was heavy and staff could not see patients entering to offer help if they required assistance. Staff told us patients did not report difficulties with the door and they had not seen patients with mobility issues or those with prams, pushchairs or young children struggle. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice, but there were no baby changing facilities. The practice had wide corridors; this made movement around the practice easier and helped to maintain patients' independence.

Access to the service

The practice was open from 8:30am to 6:30pm on Monday, Tuesday and Friday and, 8am to 6:30pm on a Wednesday and 8:30am to 1pm on a Thursday. Appointments were available from 9:30am to 11:30am and 4pm to 6pm on Monday, Tuesday, Wednesday and Friday. The practice closed half day on a Thursday afternoon, appointments were available until from 9:30am to 1pm. The telephone messages then divert patients to the out of hours service if they required medical assistance and the national health advice 111 service. Telephone consultations were also offered to patient unable to attend the practice or wishing to receive an urgent appointment on the day and there was limited availability.

The GP national survey results 2014/2015 showed that 70% of those who responded were satisfied with the practice opening times, 71% told us it was easy to get through to the practice on the phone. The practice was just above the CCG average by 1% with 73% of patients who responded stating they were satisfied with the experience of making an appointment. The practice's own autumn and winter survey 2013/2014 found that of 62% of the 27 patients asked rated the practice opening times for appointments as good, very good or excellent.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Comprehensive information was available to patients about appointments on the practice website. This included how to arrange urgent appointments and home visits and how to book appointments through the website. There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Patients were able to request longer appointments where the patient recognised a need. This also included appointments with the GP or nurse. Home visits were made to a local care homes when requested and to those patients who needed one.

Whilst the GP National Patient survey for 2015 had identified the practice performing slightly above the Clinical Commissioning Group average for patients describing making an appointment as good. Only 57% of the patients who responded to the questionnaire reported waiting 15 minutes or less after their appointment time to be seen and 54% of patients stated they did not normally have to wait too long there this was lower than the CCG average of 58%.

Patients were generally satisfied with the appointments system. They confirmed that they could see a GP on the same day if they needed to. Comments received from patients showed that patients in urgent need of treatment had often been able to make appointments on the same day of contacting the practice.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. We reviewed the patients complaints procedure information. It stated concerns were to be raised with the complaints manager (practice manager) in writing; where possible they would acknowledge receipt within three working days. Complaints would be investigated and the complainant would receive a written report with the outcomes of the investigation, where appropriate lessons learnt.

We found the practice had three different complaint and problem forms to record concerns or complaints, although none were known to the reception staff we asked. However, they explained how they would try and initially resolve the concern and verbally escalate to the practice manager in the event that they were unable to. This they reported had been well received by patients and had not required concerns to be formalised.

The practice records showed they had received two complaints within the last 12 months. The complaints related to staff conduct and failure to respond to individual patient preferences. We found no formal response to the patient and no evidence of the investigation conducted or outcome. We found a brief overview of the complaints which stated complainants had been happy with how the matters had been resolved. The practice identified no themes or trends and there was no evidence of learning from complaints raised by patients

We saw that information was available to help patients understand the complaints system in a complaints leaflet provided to patients on request. Patients we spoke with were unaware of the process to follow if they wished to make a complaint but told us they felt confident that if they had concerns the practice manager and staff would respond appropriately. None of the patients we spoke with had ever needed to make a complaint about the practice.

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 GP told us their vision was to continue to provide care and treatment to their patients and his main priority was to increase their patient numbers. However, the GP was unable to demonstrate planning for an increase in its patient population size or the impact on staffing and the delivery of services. We spoke with members of the reception and administrative team who told us they enjoyed their jobs and dealing with patients and felt valued by the GP and practice manager. They told us the GP did not speak to them regarding any future plans for the practice but were committed to helping patients receive care and treatment. The patients recognised this commitment in the comment cards we received.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available in manual folders. However staff we spoke with during the inspection were unaware of many of the procedures in place or their responsibilities in relation to these. Many of the policies which were in date failed to reflect current practice, referring to staff that had left employment and organisations no longer in existence. Other policies such as those relating to recruitment checks and safeguarding had not been complied with. The practice manager told us they did not know if the policies were available on the computer as a computer hard drive had been taken away for repair prior to March 2015 and not returned or replaced. The data had not been backed up prior to being taken off site. Therefore, the practice was unaware of what information they may have lost.

The practice had not used the Quality and Outcomes Framework (QOF) to measure its performance. (QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions.) The QOF data for this practice showed it was an outlier for some clinical areas of practice such as the delivery of diabetes care where they had failed to perform in line with national standards. When we spoke with staff they told us that previously staff had lacked general awareness and understanding of how QOF data may be used as a performance tool and revenue stream. We asked the practice how they monitored outcomes for patients to measure their performance they were unable to show us any documentation such as audits on patients receiving screenings or tell us how they ensured patients were accessing appropriate services and receiving good care.

There were insufficient governance arrangements in place to ensure the timely and efficient management of the practice. The unplanned and immediate departure of the last practice manager had highlighted a number of issues that had failed to have been addressed. For example, the GP told us they did not know where their invoices were for the last year. Therefore, they were unable to send the necessary information to their accountant to produce the business accounts and obtain payment.

We were told practice meetings were held on a Thursday when the practice was closed in the afternoon. The staff were only able to recall the last meeting being in March 2015 and no minutes were available to review. We found no clinical supervision or peer support processes in place for the practice nurses who first met on the day of our inspection.

The practice had no arrangements for identifying, recording and managing risks. There were no environmental risk assessments, copies of fire risk assessments conducted by the building managing agents and checked to ensure suitable for the practice, infection prevention control audits etc. We found no meeting minutes and evidence that regular discussions were held between the GP and practice manager to discuss risks to the business and patients and how to mitigate them.

Leadership, openness and transparency

We wrote to the practice notifying them of our inspection on 22 April 2015. When we called the practice a week later on 29 April 2015 to discuss the visit, they were unaware of the inspection. The practice manager told us the GP did not access their emails, despite this being the nominated means of communicating with us; the Care Quality Commission. Additional correspondence was sent, by us, to the practice manager and GP by recorded delivery. In our initial announcement letter we requested the practice send documentation to us. The practice did not respond to the request within the time period stipulated, 29 April 2015. No documentation was sent by the practice to the Commission.

We found no minutes were available of staff meetings or multidisciplinary meetings to demonstrate an open culture

Are services well-led?

Inadequate

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

within the practice. Meetings were not scheduled to ensure issues were discussed and resolved and staff and other professionals had the opportunity and were happy to raise concerns. We found there were no protected days for staff learning although there was a culture of appreciation and support amongst the reception staff and practice manager.

Seeking and acting on feedback from patients, public and staff

The practice failed to gather and record regular feedback from patients through comment cards, complaints and surveys. On the day of our inspection we found the friends and family test comment box under a desk on the floor of the reception area and not accessible to patients. The NHS friends and family test (FFT) was introduced as an important opportunity for patients to provide feedback on the services that provide their care and treatment. Patient feedback is intended to help NHS England to improve services for everyone. When we asked the staff why it was there they told us the box was full so they had left the comment cards for patients to complete and hand in. The staff were unaware that they were required to empty the box, read the cards, action and respond to the comments. However, we checked the NHS England website with the results of the survey and found the practice had submitted 25 comments from March 2015. Of which nine of the 25 people stated they were extremely likely and 15 were likely to recommend the practice.

The practice had previously tried to attract patients to join a virtual Patient Participation Group (PPG) and this continued to be advertised on the practice website (A Patient Participation Groups is a group of patients registered with a practice who work with the practice to improve services and the quality of care.) We reviewed the virtual patient participation group file and found details of five people who had expressed an interest in joining the group the documents were not dated. However, we found no documentation showing that the practice had contacted the patients to thank them for their interest, provided information on the PPG such as terms of reference or held any meetings to discuss issues. The file did contain one virtual patient participation survey undated. The patient reported sometimes receiving a good and sometimes a poor survey, they wished to see the practice offer extended opening in the evenings and weekends and increase online availability of services including booking appointments and reviewing medical records. There was no evidence of any analysis or response to the survey other than generic statements such as to appreciate any comments and actions to improve patient care. The practice manager did not know if the group were still active and meeting.

The practice manager listened and spoke with the reception team, practice nurses and GP to address issues as they arose. The reception and administrative team told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. However, not all staff were receptive to this and had objected to speaking with the practice manager. The staff member had continued to fail to engage with the practice manager and GP creating difficulties for them to schedule clinics and supervise their work.

The practice had a whistleblowing policy. We asked staff about their understanding and they told us they thought they had a policy but did not know where it was and they had not received training.

Management lead through learning and improvement

The recent and unplanned departure of the practice manager had highlighted the absence of management. The newly appointed practice manager had worked for the practice for nine years in reception and was highly respected by both patients and her peers. We saw reception staff were supportive of the practice manager who had recognised her training and development needs and was actively seeking to address them. However, the practice had been unable to find an appropriately experienced practice manager to support them and sufficient time to undertake training and development whilst running the service with a small team.

Whilst the GP told us they supported their staff, we found no evidence of staff being supported with time or opportunities to maintain their clinical professional development. None of the six staff files reviewed showed that staff had received appraisals, training and / or mentoring. The GP told us they assumed the staff were qualified prior to joining the practice and believed this was sufficient to ensure they continued to deliver safe care and treatment.

We saw no evidence of the practice recognising, investigating or learning from significant events and other incidents. Staff were unaware of the significance of disclosures such as changes to medications without the

Are services well-led?

Inadequate

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

patients consent or prior discussion with them. The GP failed to share information with their staff and external parties to promote the safety of patients such as children at risk or clinical information that may assist an out of hour's service to provide care to a patient.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that 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
Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment We found that the registered person had not protected people who use services and others against the risks of abuse as staff had not received appropriate training to identify safeguarding concerns. People who use services and others were not protected against the risks of abuse as there were not sufficient systems and processes established and operating effectively to prevent the abuse of service users. For example, vulnerable patients and children at risk were not identified on their patient system and no guidance and escalation procedures were in place and known to staff. These were in breach of regulation 13(2) and 13(3) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Safeguarding.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints We found that the registered person had not appropriately investigated and necessary and proportionate action taken. For example, complaints policy was not followed, allegations were not investigated and findings and the outcome were not reported to complainants. This was in breach of regulation 16(1) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Complaints.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found people who used the service and others were not protected again poor practice as the practice had not

This section is primarily information for the provider

Requirement notices

provided staff with the appropriate training, professional development, supervision or appraisals. For example, the practice did not know and had failed to confirm what training the practice nurses had received. This was in breach of regulation 18 (2)(a) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014 Staffing.

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
Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care We found people who use services failed to receive person centred care in that the practice conducted tests and changed patient medication without their knowledge or consent being obtained. Patient medication was not reviewed appropriately and medication was prescribed without examination and independently of a care plan being in place. This was in breach of regulation 9(1)(a)(b), 9(3)(a)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found people who used the service and others were not protected against the risk of unsafe care and treatment. For example, there were insufficient systems in place to ensure the safe and appropriate storage of medicines, out of date medicines had not been identified and disposed off. There were insufficient systems in place to demonstrate cleaning had been undertaken and staff had not received training on infection control. Information was not shared with other services to meet the needs of their patients. This was in breach of regulation 12(1), 12(2)(a)(b)(g)(h)(I) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

This section is primarily information for the provider

Enforcement actions

People who used the service were not protected from receiving unsafe treatment from staff who were not confirmed to be fit and proper to perform their role. For example, a practice nurse had been employed without reference checks, qualifications, identify and professional registration being confirmed and receipt of a successful DBS. This was in breach of regulation 19(1)(a)(b), 19(3)(a)(b), 19(4)(a) Health and Social Care Act (Regulated Activities) Regulations 2010 Fit and Proper Persons Employed.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance People who used the service and others were not protected from risks as there were no arrangements for identifying, recording and managing risks. There were no environmental risk assessments in place, infection prevention control audits or an up to date business contingency plan. The practice had no effective system of evaluating and improving their performance as their patient data had been inconsistently coded and patient comments not acted upon. this is a breach of regulation 17(1), 17(2)(a)(b)(c)(d)(f) Health and Social Care Act (Regulated Activities) Regulations 2010 Good Governance.