Dr Atul Arora

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Atul Arora on 22 March 2016. As a result of our findings during that visit the provider was rated as requires improvement for providing safe and well-led care, and it was rated as requires improvement overall. The full comprehensive inspection report from that visit was published on 30 June 2016 and can be read by selecting the 'all reports' link for Dr Atul Arora on our website at www.cqc.org.uk.

During that visit our key findings were as follows:

- Risks to patients and other service users were not always well assessed or well managed. This was in relation to fire safety, Legionella infection, and health and safety.
- The provider was not suitably equipped to manage medical emergencies.
- There were no systems in place to monitor medicines, and we found some emergency medicines that were out of date.
- Several members of staff had not completed key training.
- The provider could not demonstrate that they had obtained evidence of immunisation for several key staff.
- Nursing staff had not been given the proper legal authority to administer medicines.
- Practice policies had not been reviewed or updated.
- Governance arrangements did not operate effectively.

The full comprehensive report was published on 30 June 2016 and can be found by selecting the 'all reports' link for Dr Atul Arora on our website at www.cqc.org.uk.

The provider submitted an action plan to tell us what they would do to make improvements and meet the legal requirements. We undertook this announced focused follow-up inspection at on 20 December 2016 to check that the provider had followed their plan, and to confirm that they had met the legal requirements. Overall the practice is now rated as inadequate; this report only covers our findings in relation to those areas where requirements had not been met.

Our key findings across all the areas we inspected in December 2016 were as follows:

Summary of findings

- The provider had not addressed core issues which could improve the quality and safety of the service; we found that they had not made sufficient improvements in the six months between publication of their report and this inspection.
- The provider did not provide us with evidence to demonstrate any medical indemnity insurance in place for two clinical and one non-clinical member of staff. This was addressed after our inspection.
- There was no evidence of the immunity status or requirements of a clinical member of staff or the cleaner. This was addressed for the clinical staff member after our inspection.
- Risks relating to recruitment, fire safety and Legionella infection were still not being managed effectively to ensure patient safety. After the inspection the provider took steps to begin addressing some of these risks.
- The provider had improved its system for managing medicines but this was still not effective.
- Systems implemented to give the nurse legal authorisation to administer certain vaccines were not effective. This was addressed when we brought it to the provider's attention.
- Some policies were still not fit for purpose.
- Training was still outstanding. We requested but were not provided with evidence of mental capacity act training for three GPs, up-to-date fire safety awareness training for the practice manager (this was completed after the inspection), safeguarding children or adults for several clinical and non-clinical staff, infection control and information governance for a GP (these were completed by the GP after the inspection). The provider told us that all outstanding training had been completed after the inspection, but they did not send evidence to demonstrate this for all relevant staff.
- Succession planning had not been formalised for a leading member of staff. This was addressed after the inspection.
- The provider had purchased and installed oxygen and a defibrillator to ensure that they were suitably equipped to manage medical emergencies, but there was no system in place to monitor the condition of the defibrillator. After the inspection the provider told us they had taken steps to begin to address this.
- The provider conducted regular fire drills to ensure that staff practiced the fire evacuation procedure.
- The provider had not made improvements to identifying patients with caring responsibilities.

There are areas where the provider needs to make improvements. Importantly, they must:

- Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities, including any risks relating to the health, safety and welfare of service users and any others that may be at risk.
- Ensure that medicines and equipment are appropriately managed, and nursing staff have the necessary authorisations in place to administer medicines.
- Ensure recruitment checks are conducted prior to the employment of new staff.
- Ensure that persons employed receive appropriate training to enable them to carry out the duties they are employed to perform.
- Ensure that relevant records for persons employed are obtained and suitably maintained, and all practice policies are fit for purpose.

In addition the provider should:

- Review and improve how patients with caring responsibilities are identified and recorded on the clinical system to ensure that information, advice and support is made available to them.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

Summary of findings

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.

- The provider told us that there was no indemnity insurance in place for the practice manager, and they were not able to provide evidence to demonstrate that mandatory indemnity insurance was in place for a GP and the nurse. This was resolved after our inspection.
- Systems and processes to address risks were not implemented well enough to ensure patients were kept safe. For example, the provider had not conducted an appropriate Legionella or infection control risk assessment, and the results of a fire risk assessment had not been adequately reviewed or addressed. The provider took steps to begin to address these risks after the inspection. There were no arrangements for other health and safety risks to be reviewed.
- The immunity status/immunisation requirements of a clinical member of staff and the cleaner had not been obtained or recorded to ensure that they were adequately protected against communicable diseases. The immunity status of the clinical member of staff was provided to us after our inspection.
- Training for infection control, information governance, mental capacity, safeguarding children or adults, and fire safety had either not been completed or updated. The provider told us that all outstanding training had been completed after the inspection, but they did not send evidence to demonstrate this for all relevant staff.
- Medicines were not managed effectively. For example, vaccines were not transported between locations appropriately, and emergency medicines had not been checked over a two month period to ensure that they were adequately stocked and fit for use. The provider told us they had taken steps to address some of these issues after the inspection.
- Equipment was not monitored effectively; there was no system in place to check the condition of the defibrillator. The provider told us they had taken steps to begin to address this after the inspection.
- The provider's recruitment process did not include all the necessary background checks for newly recruited staff.
- Documents giving the nurse the proper legal authority to administer vaccines had not been signed, and were therefore not fit for purpose. This was addressed when we brought it to the provider's attention.

Summary of findings

- The provider's safeguarding policy did not specify who the safeguarding leads were, and a member of staff we spoke with was not clear on this. The provider told us they had taken steps to address this after the inspection.

Are services well-led?

Inadequate 

The practice is rated as inadequate for being well led.

- Governance arrangements were not effective enough to ensure high quality and safe care, and they had not addressed or improved on issues identified at our previous inspection.
- The provider had a number of policies and procedures to govern activity, but some of these were overdue a review or an update. The provider told us that all policies had been updated after the inspection, but they did not send evidence to demonstrate this.
- The provider had not adequately assessed, monitored or mitigated risks to the health, safety and welfare of service users. This was in relation to infection control, Legionella infection, and fire safety. They took steps to begin to address some of these risks after the inspection.
- The provider was unable to demonstrate that a new GP had received an induction to ensure that they were familiar with the practice's processes and protocols. This was addressed shortly after the inspection.
- The practice manager told us that they had not received an appraisal for several years. This was addressed after the inspection. The provider was not able to find appraisal records for other existing staff to demonstrate that they were up to date.
- During the last inspection on 22 March 2016 the provider had only identified 0.2% of their patient list as carers. This had increased to 0.4% during this inspection but remained low.
- Succession planning had not been formalised for a leading member of staff. This was addressed after the inspection.

Summary of findings

The six population groups and what we found

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

Older people
The provider is rated as inadequate for the care of older people. The provider is rated as inadequate for being safe and well-led, and results in a rating of inadequate overall. This affects the ratings for the population groups we inspect against.

Inadequate

People with long term conditions
The provider is rated as inadequate for the care of people with long-term conditions. The provider is rated as inadequate for being safe and well-led, and results in a rating of inadequate overall. This affects the ratings for the population groups we inspect against.

Inadequate

Families, children and young people
The provider is rated as inadequate for the care of families, children and young people. The provider is rated as inadequate for being safe and well-led, and results in a rating of inadequate overall. This affects the ratings for the population groups we inspect against.

Inadequate

Working age people (including those recently retired and students)
The provider is rated as inadequate for the care of working age people (including those recently retired and students). The provider is rated as inadequate for being safe and well-led, and results in a rating of inadequate overall. This affects the ratings for the population groups we inspect against.

Inadequate

People whose circumstances may make them vulnerable
The provider is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider is rated as inadequate for being safe and well-led, and inadequate overall. This affects the ratings for the population groups we inspect against.

Inadequate

People experiencing poor mental health (including people with dementia)
The provider is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider is rated as inadequate for being safe and well-led, and inadequate overall. This affects the ratings for the population groups we inspect against.

Inadequate

Dr Atul Arora

Detailed findings

Our inspection team

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 Atul Arora

The practice operates from a single location in Bromley, London. It is one of 45 GP practices in the Bromley Clinical Commissioning Group area. There are approximately 5,100 patients registered at the practice. The practice is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice has a personal medical services contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include childhood vaccination and immunisation, extended hours access, influenza and pneumococcal immunisations, minor surgery and remote care monitoring.

The practice has a higher than national average patient population of females and males aged zero to nine years and 25 to 49 years. Income deprivation levels affecting children and adults are below the national average.

The clinical team includes a male lead GP and three female salaried GPs. The GPs work a combined total of 16 sessions per week. There is a female salaried nurse, a female health care assistant and a male pharmacist practitioner. The clinical team is supported by a practice manager and seven reception/administration staff.

The practice is open between 8.00am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours with the nurse from 6.30pm to 7.00pm on Thursdays. Appointments are available from 8.00am to 12.00pm and from 3.30pm to 6.30pm Monday to Friday. There are three consulting/ treatment rooms, all of which are on the ground floor. There is wheelchair access throughout, and baby changing facilities.

The practice directs patients requiring care outside of their normal opening hours to a contracted out of hours service.

Why we carried out this inspection

We undertook an announced, focused inspection of Dr Atul Arora on 22 March 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We found that the provider was not meeting some legal requirements and they were rated as requires improvement overall.

We carried out an announced focused follow-up inspection of this service on 20 December 2016 under Section 60 of the Health and Social Care Act 2008 and subsequent regulations as part of our regulatory functions. This inspection was conducted to ensure that improvements had been made, and to give the provider a rating of their service.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 December 2016.

During our visit we:

- Spoke with a range of staff including the lead GP, the practice manager and three non-clinical staff members.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

At the previous inspection on 22 March 2016, we rated the provider as requires improvement for providing safe services in respect of deficiencies in several of the provider's processes. The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by October 2016.

We found that the provider had made limited improvements when we undertook this announced focused inspection on 20 December 2016, and the provider is now rated as inadequate for providing safe services.

Overview of safety systems and processes

During the last inspection on 22 March 2016;

- We requested but were not provided with evidence of safeguarding training for two members of clinical staff. The policies for child protection and vulnerable adults were not fit for purpose; they did not contain any named safeguarding leads for the practice, or contact information for reporting safeguarding concerns to external safeguarding teams.
- The provider had not conducted suitable background checks on staff acting as chaperones, and some chaperones had not received appropriate training for this role.
- The provider had not checked the immunity status or immunisation requirements of all staff, as identified in their infection control audit conducted in July 2015.
- There were no systems in place to monitor expiry dates of medicines; several emergency medicines had expired.
- Patient Group Directions were not in place to give the nurse proper authorisation to administer medicines in line with current legislation (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP).

During this inspection, although the provider had made some improvements, there were still areas that required improvement:

- The provider had arranged additional safeguarding training at the appropriate level for its staff; however, we were not provided, when requested, with evidence of safeguarding children or adults training for the practice manager, or for a GP that was recruited two months prior to this inspection. There was also no evidence to demonstrate that any induction had been completed for the GP; we raised this with the practice manager who informed us that they only performed and recorded inductions for non-clinical staff, and they could not recall conducting an induction for the GP. After the inspection the provider told us the induction had been completed but that an induction form had not been signed; they sent us a backdated induction proforma signed the day after the inspection. There was no evidence of safeguarding adults training for another long-standing GP and a receptionist, and no evidence of safeguarding children training for the pharmacy practitioner. Of the training certificates we were presented with, we observed that the health care assistant had received level 1 safeguarding training which is not in line with current guidance (this should have been completed at level 2). After the inspection the provider told us that all outstanding training had been completed, but they did not provide any evidence of this.
- A non-clinical member of staff we spoke with was not clear on who the practice's safeguarding lead was, but told us they would report any concerns to the practice manager (who could not demonstrate that they had completed the appropriate training). After the inspection the provider told us this member of staff had left the practice. The vulnerable adults policy had been updated since the previous inspection with contact details of external safeguarding teams but still did not contain the names of any leads for safeguarding adults in the practice. After the inspection the provider told us the policy had been updated, but they did not provide any evidence of this. The child protection policy had still not been updated, but the provider created a new policy during this inspection.
- All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

Inadequate

Are services safe?

- The provider was not able to provide any evidence of the immunity status or immunisation requirements of a member of clinical staff and the cleaner. The provider told us that the necessary checks were in progress for the clinical staff member, and they sent this information to us shortly after this inspection. They also told us, after the inspection, that they had obtained and recorded the immunisation status of the cleaner, but they did not provide any evidence in support of this.
- The provider did not provide, when requested, evidence of medical indemnity insurance for a GP and a nurse. They told us there was no such insurance in place for the practice manager. The provider addressed these issues after the inspection.

- The provider had not conducted a new infection control audit to review the risk of infection to patients and staff; this should be conducted annually and was due in July 2016. The provider's infection control policy did not include arrangements for the audit to be reviewed or repeated. The provider conducted an infection control audit in March 2017 after the inspection. We requested but were not provided with evidence of infection prevention training for a GP; we were sent evidence confirming this training was completed shortly after this inspection.

- The arrangements for managing medicines were still not effective. The lead GP informed us that they transported vaccines on visits to care homes and patients' homes in a carrier bag with ice. Vaccines should be stored between 2C and 8C; any deviation from this range could result in the vaccine becoming de-activated and therefore render them ineffective. The provider did not have any mechanisms in place to ensure that the vaccines transported in this way stayed within the recommended temperature range. They sent us evidence after the inspection that they had created a policy for the transportation of vaccines, and they had purchased a cool bag but it was not clear whether the cool bag had any temperature monitoring mechanisms. The provider had created audit logs for medicines to be checked, to ensure that medicines were regularly checked to ensure that they were in good condition. However, we observed that no checks had been completed on any dates in September and October 2016.
- Although Patient Group Directions (PGDs) had been adopted by the provider to allow the nurse to administer medicines in line with legislation, four of them had not been signed by an authorising manager and were therefore not fit for purpose (PGDs provide a legal framework that allows some registered health professionals to supply and/or administer a specified medicine to a pre-defined group of patients, without them having to see a GP). The GP signed them when we brought it to their attention.
- Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a GP (PSDs are the written instructions, signed by a doctor or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We found that appropriate recruitment checks not always been undertaken prior to the employment of a GP. For example, the DBS check for the GP was from their employment at a different provider; the provider had not conducted a new DBS check or a risk assessment mitigating the risk of not having a new DBS check. A GP had not signed any confidentiality agreement prior to commencing work at the practice.

Monitoring risks to patients

During the previous inspection on 22 March 2016 we found that there were limited procedures in place for monitoring and managing risks to patient and staff safety:

- The practice had not updated their fire risk assessment since 2012, and had not addressed several risks identified in the fire action report. Fire alarms had not been tested regularly since 2014 to ensure they were in good working condition, and we were not provided with any evidence of fire safety training when requested.

- The provider had not conducted risk assessments for health and safety or Legionella infection.

During this inspection we found that although some risks to patients had been addressed, overall they were still not being well managed.

- The provider had still not addressed all of the risks from the 2012 fire risk assessment. For example, they told us that the working order of the emergency lighting had not been checked by a contractor as previously advised, and they had not created a fire plan map for the premises. The practice manager conducted monthly fire

safety inspections but they had not been trained for this and the provider had still not conducted a new fire risk assessment as previously advised to ensure that the premises met current fire safety standards. The fire safety inspections had not identified that there were outstanding issues to be addressed from the 2012 fire risk assessment. The provider arranged for a contractor to check the emergency lighting and conduct a fire risk assessment in February 2017 after the inspection; the risk assessment identified several medium to high level fire risks that needed to be actioned, with time scales ranging from immediately to four months. Fire safety training for the practice manager had expired by two months; they completed this training shortly after this inspection.

- The provider told us that they had not conducted a five year electrical installation safety check to ensure that the electrical system was in good condition. They arranged for a contractor to conduct this check and issue a safety certificate in January 2017 after the inspection.
- The provider had conducted a health and safety risk assessment, but sections requesting specified dates on which the risk assessment should be reviewed and repeated had not been completed. It stated that a fire risk assessment was in place but had not identified that it had not been updated since 2012. It also stated that there were no controlled medicines on the premises, but we found controlled medicines in the doctor's bag. This bag contained tramadol (a high risk controlled medicine used to treat pain), prochlorperazine (used to treat nausea or psychotic disorders) and buprenorphine (used to treat severe pain). The bag also contained clarithromycin (an antibiotic). After the inspection the provider told us they had implemented a process to ensure that the doctor's bag would be monitored, but they did not provide any evidence of this.
- The practice manager had conducted a risk assessment for Legionella infection but it had not adequately addressed all possible risks in accordance with current guidance from the Health and Safety Executive (HSE). The provider arranged for a contractor to conduct a Legionella risk assessment in February 2017 after the inspection; the assessment identified risks of Legionella infection that needed to be addressed within a time scale of a month.

Arrangements to deal with emergencies and major incidents

During the previous inspection on 22 March 2016 we found that the provider did not have adequate arrangements in place to respond to emergencies and major incidents:

- They did not have a defibrillator or oxygen available on the premises and had not conducted any risk assessments to mitigate the associated risks. After the inspection the provider told us the defibrillator would undergo an annual calibration check, but they did not update us on any arrangements to monitor the condition of the defibrillator more regularly.
- There were no audit logs in place to ensure that emergency medicines were fit for use and in adequate stock. We found five medicines used in the treatment of acute episodes of asthma had expired in April, September and October 2015.

During this inspection we found that the provider had made changes but there were areas that required further improvement:

- The provider had purchased a defibrillator, but there was no system in place to regularly monitor the condition of the defibrillator to ensure that it was in good working order. They initially sent us a risk assessment for the absence of oxygen but we determined that it had not adequately mitigated the associated risks, and the provider subsequently purchased and installed oxygen on the premises. After the inspection the provider told us the defibrillator would undergo an annual calibration check. They did not update us on any arrangements to monitor the condition of the defibrillator more regularly.
- We reviewed the medicines audit logs and found that the condition of emergency medicines had not been checked in September and October 2016; however, all of the medicines we checked were in date.

Are services well-led?

Inadequate

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

Our findings

At the previous inspection on 22 March 2016, we rated the provider as requires improvement for providing well led services in respect of deficiencies in several of the provider's processes. The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by October 2016.

We undertook this announced focused inspection on 20 December 2016 and found that the provider had made limited improvements. The provider is now rated as inadequate for providing well led services.

Governance arrangements

During the previous inspection on 22 March 2016 we found that arrangements for governance were in place but did not operate effectively;

- Identified risks and issues had not been dealt with appropriately, particularly in relation to fire safety, Legionella infection, infection prevention and control, and health and safety.
- The provider was not suitably equipped to deal with medical emergencies, and did not have adequate systems in place for monitoring medicines.
- Training records were absent for several members of clinical and non-clinical staff.
- Practice policies required reviews and updates.
- There was no evidence of a strategic audit plan for quality improvement.

During this inspection we found that there was a general lack of oversight of procedures, and governance arrangements did not support the delivery of safe or well-led care. The provider did not demonstrate a comprehensive understanding of their performance and failed to recognise the impact on the safety of service users of the issues identified. The provider had made some changes but arrangements for identifying, recording and managing risks and implementing mitigating actions were still not suitable.

- The provider did not provide, when requested, evidence of medical indemnity insurance for a GP and a nurse. They told us there was no such insurance in place for the practice manager. It is mandatory for individuals working in these roles to have appropriate indemnity insurance in place. The provider said that they would provide us with this information within two working days of this inspection but did not. We requested this information again and the provider subsequently ensured that indemnity cover was in place for the relevant staff members.
- There were still outstanding risks from the fire risk assessment, some of which had been identified as being of a medium risk, and the fire risk assessment had not been updated (the previous fire report stated that this should have been done in 2013). The provider arranged for a contractor to conduct a fire risk assessment in February 2017 after the inspection; the assessment identified several medium to high level fire risks that needed to be actioned, with time scales ranging from immediately to four months.
- The practice nurse and the new practice manager conducted an infection control audit in March 2017 after the inspection. The provider also arranged for a contractor to conduct a Legionella risk assessment in February 2017 after the inspection; the assessment identified risks of Legionella infection that needed to be addressed within a time scale of a month.
- There were still no records of the immunisation status or requirements of the pharmacy practitioner or the cleaner; the provider demonstrated that this was in place for the practitioner shortly after this inspection. They informed us, following the inspection, that they had also obtained the immunisation status of the cleaner, but they did not provide any evidence to support his.
- The provider had ensured that emergency equipment was available in sufficient quantities, but systems for managing medicines and vaccines were still not effective.
- We requested but were not provided with evidence of the following training: mental capacity for three GPs, fire safety update for the practice manager (this was completed after the inspection), safeguarding children or adults for several clinical and non-clinical staff, infection control and information governance for a GP (these were completed by the GP after the inspection). The provider told us that all other outstanding training had been completed after the inspection, but they did not provide any evidence of this.

Are services well-led?

Inadequate

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

- A member of non-clinical staff we spoke with was not clear on who the practice's safeguarding lead was. After the inspection the provider told us this member of staff had left the practice.
- We reviewed 13 policies. Although the majority of the policies now contained dates on which they were reviewed, none of them included dates for future review, and some were still not dated. The needle stick injury protocol referred to the Accident and Emergency unit but did not specify the location or contact details. The incident reporting policy had still not been updated since 2014; it referred to a Caldicott Guardian to whom incident reporting forms should be directed to but it did not state who the Caldicott Guardian was (a Caldicott Guardian is a senior person responsible for protecting the confidentiality of patient and service-user information and enabling appropriate information-sharing. Each NHS organisation is required to have a Caldicott Guardian). The child protection policy had still not been updated (this was amended during the inspection), and the vulnerable adults policy still did not contain the name of the safeguarding adults lead although it had been reviewed. After the inspection the provider told us they had updated all of their policies but they did not provide any evidence of this.
- A member of non-clinical staff we spoke with was not clear on who the practice's safeguarding lead was. After the inspection the provider told us this member of staff had left the practice.
- The provider had not reviewed the performance of all staff; the practice manager told us that they had not received any appraisal for several years. We requested appraisals records for other staff members to verify that there were none outstanding, but the practice manager was not able to locate them. The provider ensured that an appraisal was conducted for the practice manager the day after the inspection, but it had only been signed by the appraiser, and not the appraisee to confirm that the content of the appraisal had been agreed.
- We requested but were not provided with evidence that a new GP had received an induction prior to them commencing employment at the practice. The practice manager informed us that they only performed and recorded inductions for non-clinical staff, and they could not recall conducting an induction for the GP. After the inspection the provider told us an induction had been performed, but that the induction form had not been signed; they sent us a backdated induction proforma signed the day after the inspection.
- The practice manager expressed to us that they would be leaving the practice in March 2017 but no succession planning had taken place except verbal enquiries. During this inspection the lead GP created a generic draft job description for the practice manager role. The provider informed us after the inspection that a suitable replacement had been found. After the inspection the provider tols us that they had obtained and stored credentials for the new practice manager, but they did not provide any evidence to support this.
- There was a plan of audits in place to monitor clinical quality.

Leadership and culture

During the previous inspection on 22 March 2016, the practice's leaders did not demonstrate the capability to run the practice effectively. During this inspection we found that in the six months that had lapsed since the last inspection, the provider's leadership had not improved. The provider did not make the necessary improvements by the October deadline indicated in the action plan they submitted to us. They did not ensure high quality care, with several of their processes not being managed effectively or safely.

Continuous improvement

There was minimal focus on continuous learning and improvement within the practice. The provider was not addressing core issues which could improve the quality and safety of the service, particularly in relation to risk monitoring and management, and the management of medicines. During the last inspection on 22 March 2016 the provider had only identified 0.2% of their patient list as carers. This had increased to 0.4% during this inspection but remained low.

The provider had made some attempts, however, to improve aspects of the service, such as ensuring emergency equipment was available and in date, some policies were dated, a system was implemented for monitoring emergency medicines and fire evacuation drills were practised and logged.

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
Diagnostic and screening procedures Family planning services Management of supply of blood and blood derived products Surgical procedures Treatment of disease, disorder or injury	Regulation 13 CQC (Registration) Regulations 2009 Financial position **How the regulation was not being met:** • The registered person failed to provide documentary evidence to demonstrate that appropriate indemnity insurance was in place for all members of staff. This was in breach of 13(1) of the Care Quality Commission (Registration) Regulations 2009.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** • The provider failed to ensure that all staff received training appropriate to their roles. • The provider had failed to ensure that medicines and equipment were managed appropriately and safely. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** • The provider failed to maintain securely records in relation to persons employed in the carrying on of the regulated activities. • The provider failed to assess, monitor and improve the quality of the services provided in the carrying on of the regulated activities (including the experience of service users in receiving their services). • The provider failed to ensure recruitment procedures included all the necessary employment checks and an induction for new staff. • The provider failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others that may be at risk. • The provider failed to ensure that appropriate policies were available to staff. This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.