The High Street Surgery

Inspection report

301 High Street
Epping
Essex
CM16 4DA

Date of inspection visit: 23 April 2018
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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 location	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Good**
Are services responsive?	**Inadequate**
Are services well-led?	**Inadequate**

Overall summary

This practice is rated as inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Good

Are services responsive? – Inadequate

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at High Street Surgery on 23 April 2018. This was carried out as part of our inspection programme.

- The practice did not have clear systems to manage risk so that safety incidents were less likely to happen.
- Systems to safeguard vulnerable adults and children from abuse were not effective.
- Staff were not safely recruited or effectively trained for their role.
- Staff who acted as chaperones had not received a DBS check or risk assessment to ascertain their suitability for the role.
- Systems did not ensure the security of patient data.
- There was not an effective system to manage infection prevention and control.
- Patient group directions (PGDs) were not being completed correctly.
- There was not an effective system for acting on patient safety and medicine alerts.
- There were systems to monitor patients who were prescribed high-risk medicines.
- Meetings with healthcare professionals to discuss and review patients of concern had not taken place this year. There were no regular meetings or systems for clinical support for the nurses.
- The practice manager and the advanced nurse practitioner had not received a recent appraisal of their performance.
- Prescribing for antibiotics was comparable with the CCG and England average.
- The practice did not have systems to keep clinicians up to date with current evidence-based practice.
- No quality improvement activity had taken place.
- QOF data for 2016/17 was below average in respect of checks for patients with diabetes and hypertension. The practice was also below average for some mental health indicators. Unverified data for 2017/18 did not indicate consistent improvement.
- Cover arrangements were not in place for two members of the clinical team who had given notice of planned long-term leave.
- Some staff did not always have the skills, knowledge and experience to carry out their roles.
- The practice manager was in the process of obtaining additional training with a view to improving their training processes.
- The practice offered some routine health checks to patients aged over 75 and to those with a learning disability in order to offer them advice and support about how to live a healthier life.
- The most recent results from the July 2017 GP survey were in line with averages in respect of the care provided. Results were below average in relation to the accessibility of services.
- On the day of our inspection, there was a four and a half week wait for a routine appointment with the GP.
- Systems to respond and manage complaints were inadequate. No action was taken by the practice to improve care.
- Staff morale was low. There were not always positive relationships between the clinical teams.
- Leadership was inadequate as there was a lack of oversight and implementation of effective policies and procedures. The provider registered with the CQC in January 2018 as an individual provider of regulated activities at this location. Previously, the provider had been in a partnership with one other GP partner at this practice. They had failed to display that they were sufficiently aware of the challenges and performance faced and did not have action plans in place to improve.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The areas where the provider **should** make improvements are:

- Appraise the advanced nurse practitioner and the practice manager.

Overall summary

- Make the complaints policy available on the practice website.
- Take steps to identify more patients who are carers and offer them appropriate support.
- Take steps to improve feedback from the GP patient survey in respect of access.

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

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

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

Professor Steve Field CBE FRCP FFPH FRCGPChief Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

Background to The High Street Surgery

The High Street Surgery is located in Epping, Essex. It provides GP services to approximately 7,300 patients who live in in Epping, Theydon Bois or North Weald. The practice is one of 32 practices commissioned by the West Essex Clinical Commissioning Group.

The High Street Surgery is in an area which is not considered to be deprived, being on the third less deprived scale. 50% of patients have a long-standing health condition, compared with the CCG average of 51% and England average of 54%. Unemployment rates are 1.3%, which is less than the CCG average of 2.9% and England average of 5%.

The current provider registered with the CQC in January 2018 as an individual provider of regulated activities at this location. Previously, the provider had been in a partnership with one other GP partner at this practice. The current provider, in their sole capacity, has been delivering regulated activities at the practice since the other GP partner retired in 2016. There had been continuity of leadership and staffing between the previous and current provider.

The lead GP is supported by two part-time salaried GPs, an advanced nurse practitioner, three practice nurses and a healthcare assistant.

This was the first inspection of the current provider.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- Systems to safeguard vulnerable adults and children from abuse weren't effective.
- Staff who acted as chaperones had not received a DBS check or risk assessment to ascertain their suitability for the role.
- The practice did not routinely carry out required staff checks on recruitment.
- Systems did not ensure the security of patient data.
- There was not an effective system to manage infection prevention and control.
- Patient group directions (PGDs) were not being completed correctly.
- Staff had not received health and safety or basic life support training.
- There were not effective systems to record and learn from significant events.

Safety systems and processes

- There was insufficient attention to safeguarding children and vulnerable adults. Some staff had not received training in line with their own policy. GPs were trained to a level suitable for their role and staff knew what action to take if they suspected a child or vulnerable adult was at risk of abuse. The practice worked with other agencies to support patients and protect them from neglect and abuse.
- We were informed that staff who acted as chaperones were trained for the role, although there was no evidence of this. Whilst we were assured that Disclosure and Barring Service (DBS) checks had been requested or were in place for all staff, we could not locate a DBS check for two staff who acted as chaperones. (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). A risk assessment had not been completed to ascertain their suitability for the role in the absence of a DBS check.
- The practice did not routinely carry out required staff checks on recruitment. We looked at three staff files for non-clinical staff and two staff files for nurses. There was an absence of recruitment checks as required by legislation, including checks of registration with professional bodies for the nurses. .
- There was not an effective system to manage infection prevention and control. Not all staff, including clinical and non-clinical staff, had received training. An infection control audit had been completed, but this was not followed up by an action plan to address areas that required improvement.
- There were systems for safely managing healthcare waste.
- The practice ensured that equipment was maintained according to manufacturers' instructions.

Risks to patients

There were not adequate systems to assess, monitor and manage risks to patient safety.

- The practice was equipped to deal with medical emergencies although not all staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice did not effectively assess and monitor the impact on safety. We found that the planning and monitoring of the number and mix of clinical staff did not meet patient needs.
- Whilst the administrative team had remained constant during the change of provider, it was evident that this change had adversely affected morale within the team.

Information to deliver safe care and treatment

Staff had some information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results.
- Clinicians made timely referrals in line with protocols.
- Systems did not ensure the security of patient data. We found a Smartcard, a means of accessing the patient record system, not being held securely.

Inadequate

Are services safe?

Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines did not always keep patients safe. We found medicines were not kept securely in one of the treatment rooms. Vaccines, medical gases and emergency medicines were managed safely. The recent calibration testing had identified that the paediatric defibrillator pads had expired and so these were awaiting replacement.
- Changes to prescribing had not been incorporated into routine practice. There were 18 patients who were prescribed a combination of medicines where the dosage had not been reviewed, which is not in line with current guidance.
- The practice kept prescription stationery securely.
- Patient group directions (PGDs) were not being completed correctly. We saw eight that had not been dated or completed with the name of the practice. PGDs are written instructions to help administer medicines to patients.
- There were arrangements to review patients who were prescribed medicines that required additional monitoring.
- The practice had reviewed its antibiotic prescribing. Data for 2016/17 gave the percentage of antibiotic items prescribed that were Co-Amoxiclav, Cephalosporins or Quinolones was 12%, which was comparable with the CCG average of 10% and national average of 9%. Data provided by the practice for the 12 months prior to February 2018 indicated that this figure had reduced slightly, as this was now 11%. This was an improvement.
- Further, data for 2016/17 showed the average daily quantity of hypnotics prescribed was 1.11, compared with the CCG average of 0.67 and England average of 0.9. Unverified data provided by the practice indicated that this data had improved, although this continued to be higher than average.

Track record on safety

The practice had a variable track record on safety.

- There were risk assessments in relation to some safety issues, such as fire and health and safety. We found a cleaning chemical being stored unsafely. A Control of Substances Hazardous to Health risk assessment was sent to us after the inspection.
- Staff had not received health and safety training.

Lessons learned and improvements made

The practice did not have effective systems to identify when things went wrong.

- There were not effective systems to record significant events. Nine significant events had been raised in the past 12 months. These were primarily administrative in nature, and only one out of the nine was clinical. It had been identified in a clinical meeting in March 2018 that a sufficient number of significant events were not being recorded to enable an effective bi-monthly review.
- No significant events were recorded between August 2016 and May 2017.
- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong when these were recorded. The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- There was not an effective system for acting on national patient safety alerts such as those issued by the Medicines and Healthcare Products Regulatory Agency (MHRA). Clinicians were unclear how these were received and actioned by the practice, although we did not identify relevant patients at risk during our searches. We were not assured that the system was effective at identifying patients affected by these alerts and taking the appropriate action. This lack of awareness had been identified in a clinical meeting which took place immediately prior to our inspection. After the inspection, we were informed by the practice that the systems for receiving and acting on MHRA alerts had been strengthened.

Please refer to the Evidence Tables for further information.

Inadequate

Are services effective?

We rated the practice as inadequate for providing effective services overall and across all population groups.

The practice was rated as inadequate for providing effective services because:

- The practice did not have effective systems to keep clinicians up to date with current evidence-based practice and NICE guidance.
- We overheard reception staff giving basic clinical advice to patients as they assessed their need for an appointment, outside of their professional competence.
- Reception staff told us that there had been occasions when they were unable to offer appointments to patients that they were concerned about.
- There were no regular meetings or systems for clinical support for the nurses. There had been no meetings with other healthcare professionals to discuss complex patients this year.
- Staff did not always have the skills, knowledge and experience to carry out their roles.
- The practice manager and the advanced nurse practitioner had not received a recent appraisal of their performance.
- No quality improvement activity had taken place.
- QOF data for 2016/17 was below average in respect of checks for patients with diabetes and hypertension. The practice was also below average for some mental health indicators. Unverified data for 2017/18 did not indicate consistent improvement.

(Please note: Any Quality Outcomes (QOF) data relates to the period April 2016 to March 2017, when the practice was registered with the CQC as a different provider. The current provider is an individual GP who has been registered with the CQC since January 2018. Prior to this, he was in partnership with another GP, providing GP services at the same location. QOF is a system intended to improve the quality of general practice and reward good practice.)

Effective needs assessment, care and treatment

The practice did not have systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians did not always assess needs and deliver care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Nurses were not invited to clinical meetings, despite their involvement with reviewing patients with chronic conditions.
- We saw no evidence of discrimination when making care and treatment decisions.
- Reception staff told us that there had been occasions when they were unable to offer an appointment to a patient that they were concerned about.
- We overheard reception staff giving basic clinical advice to patients as they assessed their need for an appointment, outside of their professional competence. We were assured that this practice would be discontinued with immediate effect.
- Some staff did not always have the skills, knowledge and experience to carry out their roles.

Older people:

This population group was rated inadequate for effective because:

- The concerns identified with the effectiveness of the services affect all population groups. This includes reviews of long-term health conditions, the lack of quality improvement activity and the absence of effective needs assessment, care and treatment.
- Frail patients were not routinely discussed. There had been no meetings with other healthcare professional since the beginning of the year.

People with long-term conditions:

This population group was rated inadequate for effective because:

- The concerns identified with the effectiveness of the services affect all population groups. This includes reviews of long-term health conditions, the lack of quality improvement activity and the absence of effective needs assessment, care and treatment.
- Nurses did not attend clinical meetings to promote discussion about complex patients with long-term conditions. There had been no meetings with other healthcare professional since the beginning of the year.
- There were systems to monitor patients who were prescribed high-risk medicines.

Families, children and young people:

This population group was rated inadequate for effective because:

Inadequate

Are services effective?

- The concerns identified with the effectiveness of the services affect all population groups. This includes reviews of long-term health conditions, the lack of quality improvement activity and the absence of effective needs assessment, care and treatment.
- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- Not all staff had received training in safeguarding children.
- Pregnant women who were prescribed medicines for epilepsy were being reviewed.

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

This population group was rated inadequate for effective because:

- The concerns identified with the effectiveness of the services affect all population groups. This includes reviews of long-term health conditions, the lack of quality improvement activity and the absence of effective needs assessment, care and treatment.
- The practice invited eligible patients to have the meningitis vaccination, for example students attending university for the first time.

People whose circumstances make them vulnerable:

This population group was rated inadequate for effective because:

- The concerns identified with the effectiveness of the services affect all population groups. This includes reviews of long-term health conditions, the lack of quality improvement activity and the absence of effective needs assessment, care and treatment.
- Not all staff had received training in safeguarding vulnerable adults.

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

This population group was rated inadequate for effective because:

- The concerns identified with the effectiveness of the services affect all population groups. This includes reviews of long-term health conditions, the lack of quality improvement activity and the absence of effective needs assessment, care and treatment.

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity nor did it review the effectiveness and appropriateness of the care provided. No clinical audits had been undertaken by the practice in the last two years. There was no other evidence of quality improvement activity taken by the practice.

The most recent published QOF results were 87% of the total number of points available compared with the clinical commissioning group (CCG) average of 95% and England average of 97%. The overall exception reporting rate was 7% compared with a CCG and England average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

Patient's outcomes were variable or significantly worse than expected when compared with other similar services:

- The percentage of patients with diabetes who had received a blood pressure reading within given levels in the last 12 months was 59% compared to the CCG average of 76% and England average of 78%. Unverified data for 2017/18 indicated that there had been limited improvement in this indicator as 60% of patients had received an appropriate blood pressure reading in the last year.
- The percentage of patients with diabetes whose last cholesterol was within given levels was 68% compared to the CCG average of 79% and England average of 80%. Unverified data for 2017/18 indicated that there had been limited improvement as 73% of patients had received an appropriate reading in the last year.
- The percentage of patients with hypertension who had received a blood pressure reading within given levels in the last 12 months was 72% compared to the England average of 82% and England average of 83%. Unverified data for 2017/18 indicated that there had been limited improvement as 77% of patients had received an appropriate reading in the last year.

- 46% of patients with schizophrenia, bipolar affective disorder and other psychoses had a care plan documented in the record in the last 12 months, compared to the CCG average of 91% and England average of 90%. Unverified data for 2017/18 indicated that there had been some improvement as 84% of patients now had an up to date care plan.
- 65% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the last 12 months. This was below the CCG average of 89% and England average of 91%. Unverified data for 2017/18 indicated that there had there had been deterioration in performance for this indicator as 55% of relevant patients had their alcohol consumption reviewed in the last year.

We acknowledge that the data in this report is from the period from April 2016 to March 2017, when a different provider was registered with the Care Quality Commission. The current provider was one of the partners at the practice during this period and was registered with the Care Quality Commission in January 2018 as a sole provider. We asked about the low data and whether there was any action plan for improvement.

We were informed that whilst there used to be a regular meeting to discuss QOF performance, this no longer took place. The nurses who were involved in chronic disease monitoring did not meet with the provider to discuss how to address ongoing issues and performance generally. The practice had minuted in its recent practice meeting that they believed their QOF achievement to be good, which did not accord with our findings on the day of our inspection. Therefore, necessary action had not been taken to improve people's outcomes.

Effective staffing

Staff did not always have the skills, knowledge and experience to carry out their roles; however, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- Patients sometimes received advice from reception staff who did not have the skills or experience to give that advice. Up to date records of skills, qualifications and training were not consistently maintained, as the practice did not have a training matrix or other means to oversee the training requirements of staff. Training omissions were identified.
- The practice manager informed us that they were in the process of obtaining additional training with a view to improving their training processes.
- There were no systems for ongoing support of the clinical team, in particular the nursing staff. They did not have protected time for professional development and there were no meetings or systems for regular clinical support. Whilst a majority of the nurses had received a recent appraisal of their performance, this was not the case for the advanced nurse practitioner, who led the nursing team.
- The practice manager had not received an appraisal of their performance for over 12 months.
- A member of the nursing team and a GP were due take periods of planned leave and as at the date of our inspection, effective cover was not in place to meet patient demand. We were provided with assurances after the inspection that arrangements were in hand.

Coordinating care and treatment

Staff did not work together or with other health and social care professionals to deliver effective care and treatment.

- Not all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice did not routinely share information with relevant professionals when deciding care delivery for people with long term conditions. A multi-disciplinary meeting had not yet taken place this year, as this had to be cancelled on a number of occasions.

Helping patients to live healthier lives

Staff did not always help patients to live healthier lives.

- The practice was below average for a number of indicators relating to routine health checks and care plans.
- The practice offered some routine health checks to patients aged over 75 and to those with a learning disability in order to offer them advice and support about how to live a healthier life.
- Carers were signposted to avenues of support.

Consent to care and treatment

Inadequate

Are services effective?

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Please refer to the Evidence Tables for further information.

Good

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff sought to treat patients with kindness, respect and compassion, although the lack of availability of appointments meant that reception staff often had to work in challenging circumstances.

- On the whole, feedback from patients was positive about the way staff treated people, although complaints were raised as staff were unable to meet patient demand.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The most recent results from the July 2017 GP survey were in line with averages in respect of the care provided. These results related to when the practice was registered with the CQC as a different provider. The current provider is an individual GP who has been registered with the CQC since January 2018. Prior to this, he was in partnership with another GP, providing GP services at the same location.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. Whilst they were not all aware of the requirements of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given), they could all give examples of how they recorded patients' communication needs and preferences and what they did to help patients to understand their care and treatment.

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and signposted them to systems of support.

Privacy and dignity

The practice respected patients' privacy and dignity.

- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

Please refer to the Evidence Tables for further information.

Inadequate

Are services responsive to people's needs?

We rated the practice, and all of the population groups, as inadequate for providing responsive services .

The practice was rated as inadequate for responsive because:

- On the day of our inspection, there was a four and a half week wait for a routine appointment with the GP.
- Systems to respond and manage complaints were inadequate. There was limited evidence that action was taken by the practice to improve care.

Responding to and meeting people's needs

The practice did not organise or deliver services to meet patients' needs. It did not take account of patient needs and preferences.

- Despite the frequent complaints, comments and concerns raised by patients, the practice continued to neglect to meet the needs of its population. It failed to increase clinical provision and appointment availability when concerns were raised.
- Patients were able to access weekend and evening appointments at a local 'hub'. The 'hub' was a GP provider company offering GP and nurse appointments out of usual practice hours.
- The practice failed to make reasonable adjustments when patients found it hard to access services.
- The facilities and premises were appropriate for the services delivered.
- The practice did not provide effective care coordination for patients who were more vulnerable or who had complex needs. They did not regularly meet with other healthcare professionals to discuss complex patients nor did they implement an effective, co-ordinated plan of care.

Older people:

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services, including the availability of appointments and getting through on the telephone affects all population groups.

People with long-term conditions:

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services, including the availability of appointments and getting through on the telephone affects all population groups.
- Some patients with hypertension and diabetes were not receiving regular checks.

Families, children and young people:

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services, including the availability of appointments and getting through on the telephone affects all population groups.

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

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services, including the availability of appointments and getting through on the telephone affects all population groups.

People whose circumstances make them vulnerable:

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services, including the availability of appointments and getting through on the telephone affects all population groups.

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

This population group was rated inadequate for responsive because:

- The concerns identified with the responsiveness of the services, including the availability of appointments and getting through on the telephone affects all population groups.
- Some patients with poor mental health were not receiving regular reviews of their condition.

Timely access to care and treatment

Patients were not able to access care and treatment from the practice within an acceptable timescale for their needs.

Inadequate

Are services responsive to people's needs?

- On the day of our inspection, there was a four and a half week wait for a routine appointment with the GP.
- For urgent appointments on the day, patients needed to call between 8.30am and 9.30am. On the day of our inspection, all appointments with a GP had gone by 8.50am. Staff advised us that this was the usually the case.
- Staff told us that in the past, they had been unable to get an appointment for patients when they felt there was a significant clinical need.

The most recent results from the July 2017 GP survey were below averages in respect of accessing services. These results related to when the practice was registered with the CQC as a different provider. The current provider is an individual GP who has been registered with the CQC since January 2018. Prior to this, he was in partnership with another GP, providing GP services at the same location. We asked the provider if they were aware of the most recent survey results for 2017 and whether there were any plans for improvement after taking over the responsibility for the practice. We were told that they were not aware of the results and had not initiated any plans to improve patient satisfaction.

In the GP survey, patients expressed dissatisfaction with the practice's opening hours and their experience of making an appointment. Whilst patients completing CQC comment cards were positive about the care they received when they were able to access services, nine out of the 22 raised concerns about accessing appointments. The practice had recently changed the phone system to let patients know their position in the queue, although no action had been taken to make more appointments available.

For 7,300 patients, there was one full-time GP, two part-time GPs and a part-time advanced nurse practitioner. The advanced nurse practitioner and a salaried GP had given advanced notice of long-term leave, and although it was planned that the remaining GPs would cover some of the sessions of the two clinicians, this would still mean that other sessions would not be filled. We were given assurances after the inspection that additional clinical staff were being recruited.

Listening and learning from concerns and complaints

The practice did not take adequate action to respond to complaints and concerns to improve the quality of care.

- Information about how to make a complaint was not available on the practice website. The complaints policy was available on reception. The complaint policy and procedures were in line with recognised guidance.
- The complaints policy was reviewed in 2018 and stated that all complaints, written and verbal, would be added into a complaints log. A member of staff informed us that it would be impossible to record all of the verbal complaints as this would not afford them with sufficient time to carry out their job. On further investigation, it transpired that there was no complaints log, although a system to record complaints was implemented after our inspection.
- There had been six complaints raised in the last 12 months. Five out of six of these complaints related to the inability to get an appointment. Whilst patients received a timely response, this was to explain the difficulties that GP practices were facing, rather than detailing action taken to improve care.
- Complaints were not regularly discussed or reviewed.

Please refer to the Evidence Tables for further information.

Inadequate

Are services well-led?

We rated the practice and all of the population groups as inadequate for providing a well-led service.

The provider registered with the CQC in January 2018 as an individual provider of regulated activities at this location. Previously, the provider had been in a partnership with one other GP partner at this practice. The current provider, in their sole capacity, had been delivering regulated activities at the practice since the other GP partner retired in 2016. There had been continuity of leadership and staffing between the previous and current provider.

There was a lack of insight and urgency in relation to the performance and governance issues found. Opportunities to make improvements had been overlooked. There was no programme of action in place to achieve the improvements required.

The practice was rated as inadequate for well-led because:

- Leadership was inadequate as there was a lack of oversight and implementation of effective policies and procedures.
- Staff morale was low. There were not always positive relationships between the clinical teams.
- Openness, honesty and transparency were not demonstrated when managing incidents and complaints.
- There was not clear oversight of clinical performance. No audits had been completed and there was no other quality improvement activity. It was unclear how guidance and alerts were being shared and risks were identified.

Leadership capacity and capability

The leader of the practice did not have the capacity to deliver high-quality, sustainable care.

- The provider GP and the practice management were not aware of the issues and priorities facing them, particularly in relation to the low clinical performance and accordingly, there were no plans to improve QOF outliers. There was minimal time afforded to working with other staff.
- There was no time was allocated to implementing an effective plan. Challenges, namely those attributable to the lack of clinical staff to meet patient demand, were not addressed.
- The provider GP was not visible. Minimal time was afforded to meeting and engaging with staff and others as they committed their time to reacting and attempting to meet patient demand. On the day of our inspection, limited time was available for inspectors to speak with the provider GP as surgery was already fully booked when we announced our inspection over two weeks ahead of our visit.

Vision and strategy

The practice did not have a clear vision and credible strategy to deliver high quality, sustainable care.

- There was no adherence to a clear vision or set of values. In their statement of purpose, the practice advocated a holistic approach to all patients, specifically to those who had long-term conditions. In this document, the practice referred to their monthly multi-disciplinary team meeting which was used to discuss patients and services; however, as the practice had not held a multi-disciplinary meeting in the last four months, it was clear that they were not adhering to their own vision. Further, inspectors found that outcomes for patients with long-term conditions were variable and in some cases, significantly below CCG and England averages.
- The practice had experienced an unsettled couple of years as the provider changed, and staff told us that they believed that they would need to wait for a period of stability before an effective vision could be implemented.
- Leadership was inadequate as there was a lack of oversight and implementation of effective policies and procedures.

Culture

The practice did not evidence a consistent culture of high-quality sustainable care.

- Not all staff were appropriately trained and this had not been identified in appraisal or during informal supervision. Not all staff had received an appraisal.
- Staff morale was low. Staff told us that whilst they enjoyed their roles, the lack of appointments meant that they often received criticism and complaints from patients as they tried to access the practice.
- Whilst the practice focused on reacting to the immediate needs of patients, longer term monitoring and review was overlooked.

Inadequate

Are services well-led?

- Openness, honesty and transparency were not demonstrated when managing incidents and complaints, as the response was often to explain the pressures that the practice was under, rather than to take action to mitigate the chances of reoccurrence.
- There were not always positive relationships between the clinical teams. Some clinical staff felt under pressure to respond to patient demand while little or no time was afforded to their professional development, supervision and well-being. Mistakes were attributed to the demands of the role.

Governance arrangements

Systems to support good governance and management were not always consistent or effective.

- The lead GP held a majority of lead roles so staff knew who to go to if they had concern.
- Systems to support good governance needed review and effective implementation. This included policies and training, specifically around safeguarding and infection control.
- There was not clear oversight of clinical performance and there were no cohesive plans to improve QOF outliers. There was no action taken when concerns were repeatedly raised.

Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- Systems to support good governance needed review and effective implementation. This included policies and training.
- There was not clear oversight of clinical performance. There was no quality improvement activity.
- There was little understanding or management of risks and issues, and there were significant failures in performance management and audit systems. Inspectors identified risks to patient safety which included managing MHRA alerts, unsafe storage of medicines and adherence to current prescribing guidelines. There were not effective systems or policies to ensure that children and vulnerable adults were safe or for effective infection prevention and control.
- There was limited, if any time afforded to meeting with the clinical and administrative teams or stakeholders.
- After the inspection, the practice manager kept us updated about action that had been taken to mitigate risks identified. This included engaging support of locum staff, reviewing and recalling patients who had been identified as at risk due to the medicines they were prescribed, implementing a policy for the review of MHRA alerts and continuing to monitor prescribing with the CCG medicines optimisation team.

Appropriate and accurate information

The practice did not act on appropriate and accurate information.

- Regular meeting were not taking place and so quality, performance and improvement were not regularly discussed or reviewed.
- The practice did not use performance information effectively. Weaknesses were not identified and so there were no cohesive plans to address these.
- Arrangements for the security of patient identifiable data needing improving.

Engagement with patients, the public, staff and external partners

The practice did not always involve patients, the public, staff and external partners.

- Staff told us that they felt confident approaching the provider GP, although they weren't assured that they could influence change.
- There was a lack of staff meetings. Administrative staff were unable to recall when they last had a staff meeting.
- There was no active patient participation group. Feedback from patients was not acted upon.
- There had been no multi-disciplinary meetings since the beginning of the year. There were no meetings with the nursing team.

Continuous improvement and innovation

The practice was using all available resources to address immediate patient demand. As the practice was clinically under-resourced, there was no time afforded to mitigating long-term risks to patient care, making improvements or innovative thinking.

There was little service development, no knowledge or appreciation of improvement methodologies, and improvement was not a priority among staff and leaders. There was minimal evidence of learning and reflective practice. The impact of service changes on the quality and sustainability of care was not understood.

Inadequate

Are services well-led?

Please refer to the Evidence Tables for further information.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

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 **Systems had not been established effectively to assess, monitor and mitigate the risks to the health, safety and welfare relating to the health, safety and welfare of service users or assess, monitor and improve services as:** • There were not effective systems for keeping vulnerable adults and children safeguarded from abuse. • Staff who acted as chaperones had not received a DBS check or risk assessment to ascertain their suitability for the role. • The practice did not routinely carry out required staff checks on recruitment. • There was not an effective system to manage infection prevention and control. • The practice did not have effective systems to identify that staff had not received health and safety, infection control, basic life support or safeguarding vulnerable adults training. • QOF data for 2016/17 was below average in respect of checks for patients with diabetes and hypertension and some mental health indicators. There were no action plans to improve. • MHRA alerts were not effectively cascaded. • Effective action was not taken following complaints to mitigate the chance of a recurrence. • Significant events were not being consistently raised or discussed. • There were ineffective systems to share information about patients with complex health conditions. • There was a lack of effective systems to ensure that NICE and other guidelines were adhered to when prescribing. **Regulation 17(1)(2) Health and Social Care Act**