

Eastern Avenue Medical Centre

Inspection report

167 Eastern Avenue
Ilford
Redbridge
IG4 5AW
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Date of inspection visit: 26 June 2018
Date of publication: 21/08/2018

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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Requires improvement



Are services well-led?

Requires improvement



Overall summary

This practice is rated as Requires improvement overall.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Good

Are services responsive? – Requires improvement

Are services well-led? – Requires improvement.

We carried out an announced comprehensive inspection at The Eastern Avenue Medical Centre on 26 June 2018. This inspection was carried under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service. This is the first inspection since the change in legal entity in May 2017.

At this inspection we found:

- The practice did not have systems or processes to manage and mitigate some risks specifically those relating to fire safety, health and safety, legionella and infection control.
- The practice ensured that care and treatment was delivered according to evidence-based guidelines.
- Although significant events were reported, recorded and investigated, learning was not always evident.
- The practice encouraged complaints and took them seriously, however not all complaints were responded to as per practice policy.
- Performance data for diabetes and cervical screening cytology was below local and national averages.
- Most staff had the skills, knowledge and experience to carry out their roles although not all staff had received updated training the practice identified as mandatory.

- Staff involved and treated patients with compassion, kindness, dignity and respect.

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

- Ensure care and treatment is provided in a safe way to patients.
- 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:

- Review policies and procedures to reflect practice's current arrangements.
- Take action to acquire a hearing loop for patients who have difficulty hearing.
- Take action to improve underperforming areas such as those relating to the GP patient survey, diabetes and cervical cytology screening.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager adviser.

Background to Eastern Avenue Medical Centre

Eastern Avenue Medical Centre is based at 167 Eastern Avenue, Ilford, Redbridge IG4 5AW and provides GP services under a Personal Medical Services contract. This is a contract between the GP practice and NHS England to deliver local services. They are registered with the CQC to carry out the regulated activities of: Diagnostic and screening procedures, Maternity and midwifery services and Treatment of disease, disorder or injury. The provider of the practice changed in May 2017 from a partnership to an individual.

The surgery is leased and is located in a converted semi-detached house that has limited parking available directly in front of the building. There is step-free access from the street to all waiting areas and clinical rooms.

Eastern Avenue Medical Centre is one of a number of GP practices commissioned by Redbridge Clinical Commissioning Group (CCG). It has a practice list of 7183 registered patients. The practice is in the third least deprived group out of 10 on the national deprivation scale. The practice has a similar percentage of unemployed patients (5.3%) compared to the local average of 6.6% and national average of 5.4%.

The practice staff includes one male principal GP, one male salaried GP and one female locum GP collectively working 21 weekly sessions. The nursing team consists of two locum practice nurses and a recently recruited permanent full-time practice nurse. The clinical team is supported by a full-time practice manager, healthcare assistant (HCA)/reception manager and a team of administrative/reception staff.

The practice's opening times are from 9am to 6:30pm Monday to Friday excepting Thursday when the practice opens 9am to 1.30pm. Extended hours are offered between 6.30pm to 8pm on Monday, Tuesday, Wednesday and Friday.

The Out of Hours service is provided by the NHS 111 service and patients can also access appointments with the GP Out of Hours Hub services should they have difficulty obtaining appointments with their own GP practice.

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 manage risk, including fire, health and safety, legionella and infection control were not effective.
- Patient Specific Directions (PSD) were not in place for the HCA who administered B12 injections.
- The practice did not have a defibrillator and had not risk assessed the need to keep one on the premises.

Safety systems and processes

The practice had systems safeguard patients from abuse, however infection control safety systems were ineffective.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their 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.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The system to manage infection prevention and control was not effective. We found there was a lack of oversight to ensure adherence with best practice guidelines. The practice could not demonstrate that specific infection control audits were undertaken; we were presented with audits which were carried out by the private cleaning company. There was no involvement from the infection control lead and the audits did not address areas such as hand hygiene, sharps injury, training, cleaning and disinfection, waste disposal and personal protective equipment.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.

- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were systems to assess, monitor and manage most risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with most medical emergencies and staff were suitably trained in emergency procedures, however the practice did not have a defibrillator which could be used to provide emergency response should a patient become unwell. Furthermore, they had not carried out a risk assessment to determine if one was needed. We spoke to the practice about this and we were told that they were in the process of acquiring one.
- Clinicians knew how to identify and manage patients with severe infections including sepsis. We saw evidence sepsis was a standing item on the agenda at a recent practice team meeting.

Information to deliver safe care and treatment

Staff had the 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.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice's systems in place for the handling of medicines needed reviewing and improving to keep patients safe.

- The number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit by the practice was 1.06% which was comparable to CCG and national averages.

Are services safe?

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks.
- From evidence reviewed, we found that staff did not always administer or supply medicines to patients in line with current national guidance. For example, we identified that patient specific directions (PSDs) were not in place for the health care assistant (HCA) who undertook B12 injections. The practice told us they were not aware that HCAs needed to have written authorisation such as PSDs prior to administering injections and told us these would be implemented as a matter of urgency. The inspection team was assured these would be acted on as the practice showed us examples of PSDs they had in place for pharmacists who dispensed warfarin to some of their patients under the shared care arrangements.
- The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance. The review highlighted that the practice had a higher than average number of patients with Chronic Obstructive Pulmonary Disease (COPD).
- There were protocols for verifying the identity of patients during telephone consultations.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

Track record on safety

The practice did not have a good track record on safety.

- The lack of comprehensive risk assessments in relation to safety issues such as fire, health and safety and legionella posed a degree of risk to patients and other users of the service.
- The practice did not have a fire risk assessment, one of the fire exits was permanently padlocked which meant that staff working on the first-floor area of the building had no way of safely evacuating the building in the event of a fire. We spoke to the management team about this and they told us they were fully aware of the issues, but due to ongoing tenancy problems they were unable to undertake any improvements to the building.
- The practice did not have an appropriate fire detection system such as a fire alarm, however smoke alarms were installed and the practice told us these were checked every six months, but checks were not documented. Management told us "a shout of fire" would be used to alert service users including staff in the event of a fire.
- Most staff members had received fire training, however those who were appointed fire marshal/warden had not received specific training to undertake such role. The practice manager told us the CCG was in the process of organising this.
- Fire extinguishers had been checked by an appropriate person, however the practice could not demonstrate regular fire drills and evacuation practice had been carried out.
- The practice did not have risk assessments in place to monitor health and safety, premises or legionella (Legionella is a term for a bacterium which can contaminate water systems in buildings).

Lessons learned and improvements made

The practice learned and made improvements when things went wrong, however improvements were needed to ensure learning was clear and reduce the likelihood of similar incidents.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- The practice had an incident reporting policy which centred around "confidentiality" and did not refer or detail how other incidents such as those of a clinical nature could be reported. We brought this to the attention of the practice and the policy was updated immediately after our inspection.
- The investigation records of significant events/incidents relating to patients were scanned and stored in patients records and then destroyed. The practice did not have a system whereby all significant events were stored in one place to allow for easy retrieval and identifying themes or trends.
- Incidents were investigated, however the learning from these incidents were not always clear. For instance, when a staff member forgot to hand over a discharge summary to the clinician, the learning recorded was for staff members to deal with immediately. There were no documented system or process of how this should be dealt with to prevent reoccurrence. Significant events were discussed at team meetings.

Are services safe?

- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the evidence tables for further information.

Are services effective?

We rated the practice and all the population groups as requires improvement for providing effective services.

The practice was rated as requires improvement for providing effective services because:

- Performance data for diabetes and cervical screening cytology screening were below local and national averages.
- Some staff had not received training considered mandatory by the practice.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Technology was used to make decisions about patient's treatment and care, for instance, the principal GP held video calls with a consultant from a local hospital to discuss cardiology patients.
- Staff and posters in the waiting area advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Regular medication reviews were undertaken for older patients.
- Practice staff ensured that they help up to date contact details for those who with carers and or next of kins.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for effective because:

- The practice's performance on quality indicators for long term conditions namely diabetes was below local and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 60%, compared to local average of 72% and national average of 80%. Initiatives were being put in place to improve care and treatment for patients, for example, GPs were trained to initiate insulin and would be doing so going forward. An audit was also completed and as a result the practice were in the process of organising a specific diabetes clinic focusing on education and reviews.

However, we also saw examples of effective care for this population group:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how patients with commonly undiagnosed conditions were identified, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- Repeat prescriptions were limited to two or three months after which the GPs or pharmacists would undertake a review.

Are services effective?

Families, children and young people:

- The practice undertook two weekly audits to identify children who have missed their appointments. These patients were contacted and appointment rearranged; childhood immunisation uptake rates were above with the target percentage of 90% in all of the four indicators.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice provided sexual health advice and screening for young people.

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 60%, which was below the 80% coverage target for the national screening programme. The practice could not adequately demonstrate how they encouraged uptake of the screening programme, this was because we did not see any documented actions in place to drive improvements.

However, we also saw examples of effective care for this population group:

- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice offered the MenACWY vaccine free of cost for university students who were at higher risk of meningococcal disease. Posters were also displayed in the waiting areas which encouraged patients to enquire about this service.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

- The practice had a system for vaccinating patients with an underlying medical condition or those considered vulnerable according to the recommended schedule.

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

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to patients with a learning disability. We reviewed the learning disability register and found 10 of the 12 patients had received annual reviews in the last 12 months.
- The practice's performance on quality indicators for mental health was in line with local and national averages. For example, 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months.

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

- The most recent published Quality Outcome Framework (QOF) results were comparable at 92% of the total number of points available -Clinical Commissioning Group (CCG) average 95% and -national average of 96%.
- The overall exception reporting rate was 3% compared with a CCG average of 5% and a national average of 6%.
- The practice used information about care and treatment to make improvements.

Are services effective?

- The practice was actively involved in quality improvement activity. Where appropriate, clinicians took part in local and national improvement initiatives such as atrial fibrillation and pulse monitoring.

Effective staffing

Staff interviewed on the day of inspection demonstrated they had the skills, knowledge and experience to carry out their roles, however we found there were significant gaps which needed strengthening to ensure compliance with the regulation.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff including the HCA 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.
- There were gaps in staff training, for example, two GPS had completed basic life support (BLS) but this training did not include automated external defibrillator use; the practice did not have a defibrillator, however they were in the process of obtaining one. We saw evidence BLS with AED training had been booked for all practice staff. We found that not all staff had completed infection control, fire safety training and one GP certificate did not specify the level of safeguarding training received; we spoke with the practice manager who informed us that the training was arranged by the local CCG specifically for clinical staff.
- Staff had access to e-learning platforms, however this was not routinely monitored to ensure staff training remained up to date.
- There was a clear approach as stated in the employee's handbook for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for

people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.

- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

Staff were proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

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.
- The practice monitored the process for seeking consent appropriately.

Are services effective?

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for most questions relating to kindness, respect and compassion excepting those relating to the care and treatment received from nurses. The practice told us that they were relied heavily on locum nurses which affected the quality of care received by patients. To address this, the practice had recruited a permanent full-time practice nurse.
- Of the 29 patient Care Quality Commission comment cards we received, 26 were positive in their entirety about the caring service experienced at the practice.
- The percentage of patients who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them was 74% which was below the local average of 84% and national average of 94%.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware 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.)

- Staff communicated with people in a way that they could understand, for example, communication aids and easy read materials were available. However, they did not have a hearing loop for those who had difficulty hearing.
- 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 supported them.
- Generally, results from the patient survey were in line with national and local averages and showed most patients felt they were involved in decisions about their care and treatment. However, those relating to the nurses were below local and national averages.

Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect. They challenged behaviour that fell short of this.

Please refer to the evidence tables for further information.

Are services responsive to people's needs?

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

The practice was rated as requires improvement for providing responsive services because:

- Results showed patients rated the practice below local and national averages for accessing care and treatment.
- Some complaints were not responded to in line with practice policy.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences, for instance repeat prescriptions and online appointment booking were all introduced because of patient feedback.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises needed major renovation and refurbishment to be appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- Patients could request an appointment with a female or male clinician.
- Patients who failed to attend appointments were contacted by the reception team who rearranged a further appointment.
- As a result of lower than average GP patient survey results in relation to nurses, a permanent practice nurse was recruited. At the time of our inspection, it was too early to assess if the impact of their employment had any improvements on the care patients received.
- The practice provided effective care coordination for patients who are more vulnerable or who have complex needs for example, those with a drug or alcohol addiction. They supported them to access services both within and outside the practice.
- We saw evidence that care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours.
- Telephone consultations were available for those who were unable to attend during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including alcohol and drug users and those with a learning disability.

Are services responsive to people's needs?

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- All vulnerable patients had alerts on their record stating their vulnerability.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.

Timely access to care and treatment

Patients we spoke with during the inspection told us they could access care and treatment from the practice within an acceptable timescale for their needs.

- The practice had increased the number of on the day appointments offered based on patient's feedback.
- Patients had timely access to initial assessment, test results, diagnosis and treatment; this was based on patients records we sampled during the inspection.
- Results from the GP patient survey showed patient satisfaction with how they could access treatment and

care was in line with local average, but below national average. In-house survey had not sufficiently addressed some of the areas to determine if services were improving.

- Patients with the most urgent needs had their care and treatment prioritised.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them, however this was not always done in line with practice policy and the systems and processes needed reviewing and improving to ensure this was used as a learning tool.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures had been amended and were in line with recognised guidance. The practice learned lessons from individual concerns and complaints.
- We reviewed a total of five written and verbal complaints received and found that written responses were not always provided to patients.

Please refer to the evidence tables for further information.

Are services well-led?

We rated the practice as requires improvement for providing a well-led service.

The practice was rated as requires improvement for well-led because:

- There was evidence the practice had not embedded systems or processes for managing risks.
- Some policies and procedures needed reviewing and updating to feed into the organisation's strategy.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, however this was not always demonstrable due to challenges brought about from unfit premises. The practice manager who previously worked as one of the administrative staff took on the role when the previous practice manager left due to unforeseen circumstances. This meant that they had taken on the role without a proper handover.

- Leaders were knowledgeable about issues and priorities relating to the quality and future of services, however they told us they found it difficult to address areas relating to the premises because of the uncertainty regarding tenure. The Principal GP understood it's practice's standing both on a local and national level and used to improve the services delivered to patients. This was evident in how they were tackling below averages Quality and Outcomes Framework (QOF) diabetes indicators. In addition, the practice's exception reporting rates for individual indicators were better than those of local and national averages; Management told us this was because of a dedicated team approach.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- There was some evidence that the management team was planning leadership of the practice, for example, there were plans to change the entity of the practice from a "sole" provider to "partnership".

Vision and strategy

The practice had aims and objectives to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice strategy was not documented and we did not see any evidence of supporting business plans to achieve

priorities especially those relating to premises. The principal GP spoke of their plans to build a new purpose-built health centre; however, this was merely at the inception stage.

- Although staff were not able to articulate the aims and objectives of the practice, they demonstrated and understood their role in achieving them.
- The strategy was in line with health and social care priorities across the region. The practice planned its services to meet the needs of the practice population.

Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the clinical and social needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed in accordance with the whistleblowing policy.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year, however staff training was not monitored to ensure completion in a timely manner.
- The practice actively promoted equality and employed a diverse workforce. Some staff had received equality and diversity training. Staff we spoke with felt they were treated equally.
- There were positive relationships between staff and teams.

Managing risks, issues and performance

The arrangements for managing risks especially those related to premises and health and safety issues were unclear.

- There was no effective process to identify, understand, monitor and address current and future risks including risks to patient safety. This included, fire safety, legionella and overall health and safety of the practice.

Are services well-led?

- Although practice leaders had oversight of safety alerts, incidents, and complaints the policies and processes underpinning these needed improvements to ensure learning from events were evident.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality.
- The practice had plans in place in way of a business continuity plan and had trained staff for major incidents.
- Some policies and information leaflets needed reviewing to ensure they were reflective of the practice's current arrangements. Policies and other point of information contained out-dated information whereby they encouraged patient to discuss with practice manager, but contact details displayed were those of the previous manager.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information such as QOF and other local performance tools were used to ensure and improve performance. Performance information was combined with the views of patients.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. We noted that the practice still had access to a large amount of paper records which were yet to be scanned. From conversation with management they told us the cost to scan records was high and that the budget did not allow for it at the time of our inspection.

Engagement with patients, the public, staff and external partners

The practice involved staff and external partners to support the services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. There was an active patient participation group (PPG) who met frequently to discuss service improvements. The members we spoke with were motivated and explained various improvement initiatives they had contributed to such as devising the patient questionnaire. They also told us the meeting was attended by the management team and described them as open and reasonable. Performance information was shared with the PPG as well as any new implementations and their plans to address any underperforming areas.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

There were some evidence of systems and processes for learning, continuous improvement and innovation.

- There had been discussions with the CCG regarding relocation to a nearby purpose built facility, however this was stalled due to financial costs and the impact on patients. The practice told us the proposed site was over one mile from their present location and that many of the local patients who used the service were elderly with limited access to transportation. They felt this would impact on the level of care received by this population group.
- The principal GP held substantive post within the locality and used his knowledge to develop healthcare tools such as clinical pathways.
- Staff knew about improvement methods and had the skills to use them.

Please refer to the evidence tables for further information.

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 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 requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 HSCA (RA) Regulations 2014 Good Governance:</p> <p>The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:</p> <ul style="list-style-type: none">• Risk assessments were not in place for fire safety, legionella, health and safety and infection control.• Clinical governance arrangements did not cover written authorisation such as PSDs for HCA who administered B12 injections.• Systems for monitoring mandatory training were not monitored regularly. Some staff had not received mandatory training in Mental Capacity Act, Information governance, fire safety and infection control.• The registered person failed to ensure prescription security, including storage and movement.• The system and process for significant events and complaints needed improvement specifically how they were recorded and where they were stored. The process in place did not allow for easy retrieval which meant themes and trends were not identified. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• Patients and other service users were at risk of harm as the registered manager had failed to carry out risk management activities in relation to fire safety, legionella, health and safety and infection control.• The registered person had not undertaken a risk assessment to determine if a defibrillator was need on the premises in case of an emergency.• The registered person had breached The Medicines Act (1968) by not ensuring PSDs were in place for the HCA. <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>