

Daneshouse Medical Centre

Inspection report

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

Ratings

Overall rating for this location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Inadequate 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as inadequate overall. (Previous rating December 2017 – *Requires Improvement*)

The key questions are rated as:

Are services safe? – *Inadequate*

Are services effective? – *Inadequate*

Are services caring? – *Inadequate*

Are services responsive? – *Inadequate*

Are services well-led? – *Inadequate*

We carried out an announced comprehensive inspection at Daneshouse Medical Centre on 27 June 2018 to follow up breaches to regulations identified at our previous inspection in December 2017.

At this inspection we found:

- The provider had failed to respond appropriately to the concerns identified at the previous inspection and we identified a number of areas where the practice had deteriorated since our last visit.
- The improvements previously made to systems around managing risk, so that safety incidents were less likely to happen had not been consistently maintained. We saw when some incidents had occurred, the practice learned from them and improved its processes, however, other incidents had not been acknowledged or documented by the provider.
- We found evidence the practice was not consistently delivering care and treatment in line with evidence based guidelines. We saw examples where patients' medication was not being appropriately monitored through reviews and health checks as necessary.
- Clinical leaders lacked comprehensive managerial oversight of the challenges the practice was facing, with limited insight demonstrated as to how they would be addressed moving forward.
- While patient outcomes for hypertension had improved since our previous visit, outcomes for patients with diabetes had either deteriorated or remained below local and national averages.

- Clinical audit demonstrated limited evidence of quality improvement.
- Patient feedback regarding the standard of care and treatment received and access to appointments was lower than local and national averages.
- Staff did not feel supported or valued and we observed strained working relationships. The practice was experiencing difficulties recruiting and retaining staff.

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.

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 FRCGP
Chief 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 and also included a GP specialist advisor.

Background to Daneshouse Medical Centre

Daneshouse Medical Centre (Old Hall Street, Burnley, BB10 1LZ) is housed in purpose built, single storey premises on the outskirts of Burnley. The practice has a small car park, with designated disabled spaces and a ramp to facilitate access for those patients experiencing mobility difficulties.

Since our initial inspection visit in April 2017, the provider has appropriately updated their registration with the Care Quality Commission and is now registered to provide regulated activities (diagnostic and screening procedures, treatment of disease, disorder and injury and maternity and midwifery services) as a single-handed GP rather than a partnership.

The practice delivers primary medical services to approximately 3220 patients through a personal medical services (PMS) contract with NHS England, and is part of the NHS East Lancashire Clinical Commissioning Group (CCG).

The average life expectancy of the practice population is below the local and national averages (80 years for females, compared to CCG average of 81 and national average of 83. For males; 74 years compared to CCG average of 77 and national average of 79). The practice patient population contains a higher proportion of younger people when compared to local and national averages. For example, 9% are aged between 0 and 4 (CCG and national averages 6%), 24% aged between five

and 14 years (CCG average of 13% and national average of 12%) and 38% aged under 18 (CCG average 23% and national average 21%). Conversely, only 5% of the practice's patient population are aged over 65, compared to the CCG and national averages of 17%, while 2% are aged over 75 (CCG average 7% and national average 8%).

The practice has a lower proportion of patients with a long-standing health condition (45% compared to the CCG average of 56% and national average of 54%).

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by the lead GP (male), with two long term locum GPs (one male, one female) adding a further eight GP sessions of each week. The practice employs a practice nurse for three days each week and has recently added additional nursing time by employing a locum nurse to work an additional two days per week. In addition, a health care assistant works at the practice for three days each week. The clinical team are supported by a practice manager who had commenced employment at the practice in November 2017 and a team of three receptionists / administrative staff.

The practice telephone lines are staffed between 8am and 6.30pm each working day. The practice premises are

open from 8:30am until 6:30pm Monday to Friday. Appointments with the GP are available between 9:30am and 11:40am each morning and between 3.30pm and 5:50pm each afternoon, apart from Wednesday afternoon when appointments start at 4pm. Extended hours appointments are also available between 6:30pm and 7.15pm each Monday and Tuesday evening.

Outside normal surgery hours, patients are advised to contact the out of hour's service offered locally by the provider East Lancashire Medical Services.

We initially undertook a comprehensive inspection of Daneshouse Medical Centre on 5 April 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate, and we issued warning notices for breaches to Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Receiving and acting on complaints) and Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). The full comprehensive report following the inspection in April 2017 can be found on our website here: <http://www.cqc.org.uk/location/1-586401697>.

We then undertook a follow up focused inspection of Daneshouse Medical Centre on 22 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice had addressed concerns identified in the warning notices issued. We found the practice was compliant with the breach to regulation 16, as it had improved its management of patient complaints. However, it was only partially compliant with the regulation 17 breach as further improvements around governance were required.

We undertook a further announced comprehensive inspection of Daneshouse Medical Centre on 1 December 2017. While we found some improvements had been made, the practice was rated as requires improvement overall, and we issued a further requirement notice for a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance). The full comprehensive report following the inspection in December 2017 can be found on our website here: <https://www.cqc.org.uk/location/1-3679487165>.

Are services safe?

At our previous comprehensive inspection on 1 December 2017, we rated the practice as requires improvement for providing safe services. Findings identified as breaching regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance) included:

- Systems around medicines management, for example stock control and the use of patient group directions to allow non-prescribers to administer medicines required improvement.
- We found an example where documentation in patient records indicated required onward referrals had not been made.

At this inspection we rated the practice as inadequate for providing safe services.

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

- The practice had failed to act on and implement effective and safe process around medicines management, in particular in relation to patients being offered appropriate medication reviews and associated health checks and the use of patient group directions.
- The practice's systems around the identification and analysis of significant events were not working effectively, leading to an increased risk of incidents being repeated.
- The practice experienced difficulties maintaining appropriate staffing levels.

Safety systems and processes

The practice had some systems to keep people safe and safeguarded from abuse.

- 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. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a 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, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out staff checks at the time of recruitment and on an ongoing basis. However, we did note the practice had recorded DBS checks for two recently employed staff members that had been completed over 12 months previously while in their previous employment. Risk assessments to record the rationale for not updating these checks had not been documented.
- There was an effective system to manage infection prevention and control.
- 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

The practice lacked comprehensive systems to assess, monitor and manage risks to patient safety.

- Arrangements were not adequate for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. Staff told us at times there were insufficient non-clinical staff on site to effectively manage the workload.
- There was an induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and 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 provider failed to consistently assess and monitor the impact on safety.

Information to deliver safe care and treatment

Staff did not consistently have the information they needed to deliver safe care and treatment to patients.

- We were told of examples when information needed to deliver safe care and treatment was not immediately

Are services safe?

available to staff, for example due to a delay in it being scanned onto the record system and then requests being made for patient related documentation to be disposed of without being scanned onto the patient record.

- There was a documented approach to managing test results received from secondary care.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- The practice had updated its processes in order to ensure onward referrals to secondary care were made in a timely manner in line with protocols.

Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment had improved and minimised risks.
- Staff did not consistently prescribe, administer or supply medicines to patients and give advice on medicines in line with current national guidance.
- The practice had reviewed its antibiotic prescribing in conjunction with the CCG's medicines management team and taken action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was not always monitored in relation to the use of medicines nor followed up on appropriately. Patients were not always involved in regular reviews of their medicines.

Track record on safety

The practice had improved its track record on safety. There were comprehensive risk assessments in relation to safety issues regarding the premises and practice equipment.

Lessons learned and improvements made

The practice could demonstrate there were instances where it learned and made improvements when things went wrong. However, processes for identifying and recording incidents and associated investigations were not fully embedded into practice and we were told of examples of recent incidents not investigated as significant events to appropriately identify learning.

- Staff understood their duty to raise concerns and report incidents and near misses, but we were told the GP provider would not always support them when they did so.
- The practice lacked adequate systems for a consistent approach to reviewing and investigating when things went wrong. We did see examples where the practice learned and shared lessons, but were also told of instances where this had not been done.
- The CCG's medicines management team supported the practice in acting on external safety events as well as patient and medicine safety alerts. The GP provider demonstrated limited knowledge of this process.

Please refer to the Evidence Tables for further information.

Are services effective?

At our previous comprehensive inspection in December 2017, we rated the practice as requires improvement for providing effective services as some data demonstrating patient outcomes was low and there was limited evidence that clinical audit was driving improvement.

At this inspection 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 provider had failed to effectively address gaps in patient outcomes, specifically around diabetes. We also found evidence the provider was not consistently adhering to best practice guidelines in the treatment being offered, in particular regarding the monitoring of patients' medication. Clinical audit had not demonstrated effective quality improvement.

Effective needs assessment, care and treatment

The practice had some systems to keep clinicians up to date with current evidence-based practice. However, we found evidence that clinicians were not consistently assessing needs and delivering care and treatment in line with current legislation, standards and guidance.

- Patients' immediate and ongoing needs were not always fully assessed. We found examples where patients' medication reviews were overdue, and where required blood tests had not been completed.
- In two instances, we asked the GP provider to confirm with us that appropriate reviews had been undertaken, as one patient being prescribed statins since 2016 had not had a blood test since 2008 and another prescribed an ACE inhibitor and diuretic medication had had a blood test in October 2017, the results of which indicated low sodium levels; no follow up blood test had been completed. The morning after our inspection visit the GP provider contacted us to inform us that medication reviews had been completed for both patients. We asked the GP to confirm whether these had been done with updated blood results at their disposal and they confirmed they had not.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

The concerns identified around the practice's delivery of effective care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- Multidisciplinary meetings were held on an ad-hoc basis as and when they were required to support older patients nearing the end of life.
- Patients over the age of 75 years were offered an annual review appointment to ensure their health needs were being met.
- 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.
- Home visits and urgent appointments for those with enhanced needs were offered when required.
- The practice had won an award from the CCG for most improvement in uptake rate for influenza vaccinations in patients aged over 65 years for 2017/18.

People with long-term conditions:

The concerns identified around the practice's delivery of effective care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. However, the practice had found it challenging to address some gaps in patient outcomes, for example with the management of diabetes.
- Some of the practice's exception reporting was higher than local and national averages. We were told the recall system was being examined in an effort to address this and help maximise patient attendance at their review appointments.
- 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.

Are services effective?

- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- Clinicians utilised structured templates on the electronic patient record system to support their reviews of adults with newly diagnosed cardiovascular disease, people with suspected hypertension and patients with atrial fibrillation.

Families, children and young people:

The concerns identified around the practice's delivery of effective care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- Childhood immunisation uptake rates were variable when compared to the target percentage of 90% or above. The newly appointed practice nurse was working to validate practice records and increase uptake.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.
- The practice worked with midwives, health visitors and school nurses to support this population group.

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

The concerns identified around the practice's delivery of effective care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- The practice's uptake for cervical screening was below the 80% coverage target for the national screening programme, as measured by the Public Health England criteria. The practice was able to show us during the visit it had increased its uptake from 79% in 2016/17 to 81% in 2017/18 as measured by the QOF indicator.
- The practice had worked to improve its uptake for bowel cancer screening. However, uptake rates for both breast and bowel cancer screening remained below local and national averages.

- 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:

The concerns identified around the practice's delivery of effective care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- 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.

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

The concerns identified around the practice's delivery of effective care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- 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. The provider told us the practice would call patients to follow up if they 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.
- The practice's performance on quality indicators for mental health was either above or in line with local and national averages.

Are services effective?

Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and had failed to routinely review the effectiveness and appropriateness of the care provided. During our previous visit in December 2017, the provider shared two single cycle audits with us. At this visit we saw that one of these audits had been completed as a second cycle to monitor the changes implemented. The initial audit had identified two patients with HbA1c greater than 86mmol/mol (poor glycaemic control). Following the initial audit cycle these patients were proactively recalled in for appointments every three months in an effort to more closely monitor their care. On re-audit, one patient's HbA1c level had reduced to 57mmol/mol and the other's to 81mmol/mol.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- 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 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.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. There was an induction programme for new staff. This included one to one meetings, appraisals, coaching and mentoring, clinical supervision and revalidation.

Coordinating care and treatment

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

- The provider told us that appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared information with relevant professionals when discussing care delivery for people

with long term conditions and when coordinating healthcare for care home residents. It 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.

- The practice had implemented new systems to improve the provision of 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 supportive 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 the CCG's care navigation 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, 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.

Please refer to the evidence tables for further information.

Are services caring?

At our previous comprehensive inspection in December 2017, we rated the practice as requires improvement for providing caring services as patient feedback indicated a lack of satisfaction with many aspects of care.

At this inspection we rated the practice inadequate for caring.

The practice was rated as inadequate for caring due to continued patient dissatisfaction with many aspects of care.

Kindness, respect and compassion

We saw during our visit that staff treated patients with kindness, respect and compassion.

- Feedback from patients we spoke with during the inspection was positive about the way staff treated people.
- Staff understood patients' personal, cultural, social and religious needs.
- Ongoing difficulties with access meant that at times the practice did not give patients timely support and information.
- The practice's GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Staff communicated with people in a way that they could understand, for example 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 opportunistically identified carers and supported them.
- The practice's GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment.

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?

At our previous comprehensive inspection in December 2017, we rated the practice as requires improvement for providing responsive services due to arrangements in respect of patient access to appointments.

At this inspection 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 of the continued issues patients experienced accessing the service.

Responding to and meeting people's needs

The practice made efforts to organise and deliver services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. For example extended hours were offered on a Monday and Tuesday evening until 7.15pm for working patients who could not attend during normal opening hours.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services for example facilitating the use of sign language interpreters for patients with hearing difficulties.
- The practice provided care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

The concerns identified around the practice's delivery of responsive care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- 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.

People with long-term conditions:

The concerns identified around the practice's delivery of responsive care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- Nursing staff told us they were working to improve recall systems to ensure patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met.
- 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:

The concerns identified around the practice's delivery of responsive care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The concerns identified around the practice's delivery of responsive care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- The needs of this population group had been identified and the practice had adjusted the services it offered to

Are services responsive to people's needs?

ensure these were as accessible and flexible as possible within the constraints of the appointment system, and offered continuity of care. For example, extended opening hours.

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances make them vulnerable:

The concerns identified around the practice's delivery of responsive care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

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

The concerns identified around the practice's delivery of responsive care and treatment resulting in the inadequate rating impacted all patients accessing the service, including this population group.

However:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- A mental health practitioner delivered a weekly clinic from the surgery premises. This service could be accessed by all patients locally, not just those registered at this practice.

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.

- Patients told us of continued frustration when attempting to access to initial assessment, test results, diagnosis and treatment in a timely manner.
- The practice was unable to demonstrate to us that waiting times, delays and cancellations were managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the appointment system was extremely challenging.
- The practice's GP patient survey results were below local and national averages for questions relating to access to care and treatment.
- While the practice had attempted to implement actions to address the access difficulties, to date they had proved to have limited impact on patient concerns.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately.

- Information about how to make a complaint or raise concerns was available, although we noted patients would need to ask reception staff for documentation; it was not freely available in the waiting area. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. The practice acknowledged issues from individual concerns and complaints and also from analysis of trends. It implemented actions as a result in an effort to improve the quality of care. However, as yet these actions had not had a demonstrable effect with regards to the ease with which patients could access the service.

Please refer to the evidence tables for further information.

Are services well-led?

At our previous comprehensive inspection in December 2017, we rated the practice as requires improvement for providing well-led services as there were shortfalls in the governance structure. We issued a requirement notice in respect of these issues.

At this inspection we rated the practice as inadequate for providing a well-led service.

The practice was rated as inadequate for well-led because we found evidence of continued gaps in governance, insufficient clinical leadership capacity and lack of insight to implement improvements. The practice leadership had failed to respond appropriately to the concerns identified at the previous inspection and we identified a number of areas where the practice had deteriorated since our last visit.

Leadership capacity and capability

We did not see evidence that leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders made some efforts to address issues relating to the quality and future of services when they were brought to their attention. However, this was a reactionary approach. They demonstrated limited insight into the challenges or how best to address them.
- Staff told us they did not feel clinical leaders were visible and approachable. However, we were told of improvements since the new practice manager had taken over following our initial inspection in April 2017.
- The practice had ineffective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

Vision and strategy

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

- The vision for the future of the practice was unclear. The practice was unable to demonstrate it had a realistic strategy moving forward and supporting business plans to achieve priorities were not shared with us.
- Staff told us they prioritised patient care as best they could within the pressures the practice faced.

Culture

The practice was unable to demonstrate a culture of high-quality sustainable care.

- Staff stated they were not always made to feel respected, supported and valued. They recognised the practice was negotiating a challenging period of time.
- Staff told us they felt openness, honesty and transparency were often lacking when the practice handled incidents which came to light. The provider was aware of the requirements of the duty of candour. The GP provider told us patients would be offered a verbal apology and explanation if they were affected by an incident. We asked if these conversations were documented and were told they were not.
- Staff we spoke with told us they often felt undermined when raising concerns and were therefore not encouraged to do so. Staff lacked confidence that concerns raised would be addressed.
- There were processes for providing all staff with the development they needed. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Staff did not feel there was an emphasis on the safety and well-being of the practice workforce and pointed to the high turnover of practice employees as demonstrating this.
- The practice promoted equality and diversity. Staff had received equality and diversity training.
- We saw evidence of strained relationships between staff and teams.

Governance arrangements

There were not always clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were not consistently set out, understood and effective.
- Staff were clear on their roles and accountabilities with regards to safeguarding and infection prevention and control. However, we were told of examples where they found other elements of their roles and the dissemination of responsibilities ambiguous.
- Practice leaders had worked hard to establish policies, procedures and activities to ensure safety, but measures to assure themselves that they were operating as intended were not fully effective.

Managing risks, issues and performance

Are services well-led?

There lacked clarity around processes for managing risks, issues and performance.

- Processes to identify, understand, monitor and address current and future risks including risks to patient safety were reactionary and not always effective.
- The practice's processes to manage current and future performance were not adequate. Practice leaders lacked comprehensive oversight of safety alerts, incidents, and complaints.
- Clinical audit had a minimal impact on quality of care and outcomes for patients. While there was evidence of some action to change practice to improve quality, these actions were not always closely monitored.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments, but was experiencing difficulties due to staff retention and recruitment.

Appropriate and accurate information

The practice accessed appropriate and accurate information, but could not always demonstrate how it was used to monitor and improve services.

- The provider was aware of quality and operational information and attempted to use it to improve performance. Performance information was combined with the views of patients, although limited changes had been made to address patients' primary concerns around poor access to appointment.
- Quality and sustainability were discussed in staff meetings.
- The information used to monitor performance and the delivery of quality care was accurate and useful. However, the provider had failed to formulate practice plans to address any identified weaknesses.

- The practice used information technology systems to monitor and improve the quality of care, such as templates embedded into the patient electronic record system to support clinicians when undertaking patient reviews.
- The practice submitted data or notifications to external organisations as required.
- We saw evidence that suggested that the availability and integrity of patient data, records and data management systems was not comprehensive.

Engagement with patients, the public, staff and external partners

The practice had increased the involvement of patients and staff to support the delivery of services. The practice had worked to reinstate the patient participation group, with two meetings held recently, although the PPG members we spoke with felt it was too early to see any resulting improvements from changes made.

Continuous improvement and innovation

There was limited evidence of systems and processes for learning, continuous improvement and innovation. While staff knew to raise concerns regarding incidents, they told us they did not always feel supported or encouraged in doing so. Although some learning had been shared and implemented following analysis of incidents, the practice was not consistent in doing this.

There was a focus on improvement at the practice however, work undertaken around quality was largely reactionary rather than proactive.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment There lacked proper and safe management of medicines. In particular, we found evidence the provider was not recalling patients as required for reviews of their medication. Four out of the ten patient records we viewed indicated patients had not had their medication reviewed or had associated health checks completed in a timely manner as required.
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance 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 improve the quality and safety of the services being provided. In particular: We found the system for managing PGDs was not working appropriately to ensure those in use were in date. The system for identifying and analysing significant events was not comprehensive. The provider had failed to implement actions successfully in order to improve patient access to the service.