Sai Medical Centre

Quality Report

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Website: None

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Requires improvement
Are services effective?	Inadequate
Are services caring?	Inadequate
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Sai Medical Centre on 14 January 2016. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. An investigation and analysis were undertaken but not shared with staff in a timely manner. This included where complaints had been made to the practice.
- Risks to staff and patients were not robustly assessed.
- Recruitment documentation was being inconsistently sought prior to being employed at the practice.
- Written induction programmes were not being undertaken. Staff working at the practice felt supported. All staff were receiving appraisals.
- All staff had been trained in safeguarding procedures and a lead had been identified for both vulnerable adults and children.
- The practice were not recording the monitoring of emergency medicines to ensure they did not expire.
- Data showed some patient outcomes were low compared to the locality and nationally. Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Data available to us from the National GP Patient Surveys of July 2015 and January 2016 reflected that patients were not satisfied with the services provided.
- Urgent appointments were usually available on the day they were requested and also available on Saturdays and Sundays.
- The practice had a number of policies and procedures to govern activity, and these were readily available for staff to read.

Summary of findings

- The practice had proactively sought feedback from the patient participation group but not in relation to survey data. The practice had not routinely sought feedback from patients.
- Leaders at the practice displayed openness and encouraged improvement ideas from staff but were not sharing issues affecting the practice with their staff or recording that this had been undertaken.
- The partners at the practice were not aware of some of the issues affecting the practice and needed to be more involved in the performance of the practice and provide more visible leadership.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks and documentation for all staff. Ensure that new staff to the practice receive an induction that is recorded and they are signed off as competent for the role.
- Maximise the use of the patent computerised computer system. Ensure appropriate members of staff are trained to accurately code patients' diagnoses and record all care and treatment given.
- Carry out clinical and non-clinical audits to identify areas for improvement in patient outcomes. Ensure an audit trail is in place to reflect that improvement action has been taken and maintained.
- Undertake a Control of Substances Hazardous to Health risk assessment in relation to substances in use in the workplace.
- Seek feedback from patients in relation to the services provided at the practice and implement improvements where identified.
- Ensure that all complaints made receive a timely acknowledgement, are investigated appropriately, updates provided to complainants where appropriate and that the analysis of complaints includes the opportunity for staff to provide feedback and improvement ideas about the issues raised. Ensure serious complaints are treated as significant events where required.
- Ensure that there is an audit trail for action taken as a result of the learning identified from the analysis of significant events and complaints and that learning is cascaded to all relevant staff.
- Ensure that the system used for checking that emergency medicines do not expire is recorded.
- Ensure that patient safety updates and medicine alerts are disseminated to all relevant staff, including locums. Implement a system to ensure that patients requiring repeat prescriptions for blood thinning medicines are receiving appropriate and ongoing review.
- Review the meetings structure to ensure that staff are aware of performance issues affecting the practice and have the opportunity to provide feedback in a timely manner, about the services provided. Ensure that minutes are recorded that reflect the discussion and any actions that follow, including an audit trail for completion.

The areas where the provider should make improvements are;

- Ensure that the partners at the practice take a more active role in the leadership of the practice so that there is oversight of the issues affecting performance and that appropriate action is taken to improve.

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

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

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

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for providing safe services, as there are areas where improvements should be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However the reviews and investigations were conducted informally and learning was not shared with staff in a timely manner. There was no audit trail to reflect that improvements had been actioned.
- Staff had been trained in safeguarding vulnerable adults and children and were aware of the procedures to follow.
- Robust recruitment procedures were not being consistently followed in relation to the obtaining of appropriate documentation, including disclosure and barring service checks and references.
- Staff acting as chaperones had received training and disclosure and barring service checks. They knew where to stand during an examination.
- Emergency medicines and equipment were being monitored to ensure they were within their expiry dates and working correctly. There was no system in place to record that the checks were being made that reflected the system was robust.
- Fridges used for the storage of vaccines were kept at the required temperature and this was being recorded.
- A health and safety risk assessment had been undertaken as required by legislation. Risks to staff and patients were being managed.
- Infection control audits reflected that procedures were robust. Where areas for improvement had been identified these had been actioned. A risk assessment of the cleaning substances used in the workplace had not been undertaken.
- Prescriptions were being monitored and patients received reviews of their medicines in line with published guidance. However patients requiring repeat prescriptions for blood thinning medicines were not being reviewed to ensure that they were receiving regular blood tests that reflected it was safe to prescribe them.
- Patient safety and medicine alerts had been acted on appropriately.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made.

Summary of findings

- Clinical staff told us that they provided consultations and assessments in line with guidance for the National Institute for Health and Care Excellence (NICE) but there were no systems in place to ensure staff were aware of and following changes to this guidance.
- Data showed some patient outcomes were low compared to the locality and nationally. This included foot examinations for patients with diabetes, cervical screening tests, asthma and COPD reviews, and the recording of alcohol consumption for patients suffering from poor mental health. Performance in relation to the Quality and Outcomes Framework were low and had reduced substantially from 80% to 64% in the last two years.
- The practice was aware of their QOF performance but had taken no action to address this. Staff, including GPs, had not received training to accurately code the diagnosis of patients to enable care and treatment to be monitored effectively.
- There was a lack of clinical and non-clinical audits to drive improvement in performance to improve patient outcomes.
- Multidisciplinary working was taking place and minutes of meetings reflected that patients were receiving the most appropriate care and treatment for their condition.
- There was evidence of appraisals and personal development plans for all staff.
- Staff had the skills, knowledge and experience to deliver effective care and treatment, but more training was required in relation to the patient computer record system. Clinical staff were encouraged to undertake their continuous professional development.
- Staff were aware of consent issues including Gillick consent in relation to children under the age of 16.
- Information was available to patients about health promotion and flu vaccinations and health checks for patients were available to access.

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services, as there are areas where improvements should be made.

- Data from the National GP Patient Survey of July 2015 and January 2016 showed patients rated the GPs at the practice lower than others for the majority of the aspects of care and in some areas there were large variations. Whilst some staff were aware no action had been taken to address the situation.

Summary of findings

- Patient satisfaction with the receptionists and nurses at the practice was comparable with local and national averages and had improved slightly in the January 2016 survey.
- CQC comment cards left for us by patients on the day of the inspection reflected that patients were satisfied with the care they received.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Carers were identified and were signposted to external organisations that could provide support. They were able to access health checks if required.
- A portable hearing loop was available for patients with hearing difficulties. This could be used in consultation rooms as well as at reception. Translation facilities were available for patients whose first language was not English.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- The practice had good facilities and was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.
- A complaints process and procedure was in place but it was not effective. Most complaints were being analysed but not routinely discussed with staff.
- Where a complaint was serious enough to be investigated as a significant event, this had not been identified nor had appropriate action been taken.
- The data from the January 2016 National GP Patient Survey reflected that patients were not satisfied with being able to get an appointment or speaking to someone the last time they contacted the practice. Patients were satisfied with other aspects of the appointment system.
- The practice had not conducted their own survey to establish a wider view of patient satisfaction and they had not taken any action in response to the data from the national GP patient survey in July 2015.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

Summary of findings

- The practice did not have a clear vision and strategy. There was a lack of team meetings to reflect that any vision had been discussed and shared with staff other than plans to recruit more staff and build an extension on the building. Staff spoken with were not clear about the vision of the practice.
- There was a clear leadership structure and staff did felt supported by management. However those in management roles had a lack of knowledge about the issues affecting the practice and had taken insufficient action to improve them or share them with staff working at the practice.
- We found that the practice were aware of performance and audit issues but there was no direction from the partners to address these and no evidence to identify they had been addressed.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings. Records of meetings that had taken place were lacking detail in relation to the issues discussed and the action that had been taken and the person responsible for implementing improvements.
- Staff were encouraged to provide feedback but this was not being recorded. The staff meeting structure did not include all staff and issues such as significant events and complaints were not being discussed in a timely manner.
- The Patient Participation Group was very small in number and worked with the practice to identify improvements. However we found that the practice was not working with the PPG to provide information about the performance issues affecting the practice.
- Staff told us they had not received regular practice performance updates and were unaware of the patient satisfaction rates about the services provided.
- The partners had not ensured that the policy for recruitment and training was being followed.
- The practice did not provide any evidence to suggest that there was an ethos of continuous learning.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for providing, effective, caring and well-led services and rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Patient satisfaction rates of the GPs at the practice were consistently low as compared with other practices locally and nationally.
- Care plans were developed for patients after multidisciplinary meetings had been held.
- The practice performance in relation to the Quality and Outcomes Framework was poor. The system in place to monitor and review the health conditions was not effective due to incorrect coding on the patient record system.
- Patients on blood thinning medicine were not being reviewed effectively prior to receiving repeat prescriptions.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and telephone consultations when required.
- Staff at the practice had received training and understood the process to follow if they suspected any adult safeguarding concerns.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to other practices. This included the monitoring of heart conditions, the risk of stroke and raised blood pressure.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable with the national average and higher for patients in the flu clinical risk group.
- Longer appointments and home visits were available for older people when needed.
- There was a system in place to follow up patients who had attended accident and emergency (A&E) to put steps in place to prevent a reoccurrence.

Summary of findings

People with long term conditions

Inadequate

The practice is rated as inadequate for providing, effective, caring and well-led services and rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Patient records did not reflect in sufficient detail the types of structured annual reviews that had taken place.
- Data available to us reflected that the practice was below the local and national average in relation to the monitoring of diabetes, chronic obstructive pulmonary disorder and asthma control.
- Satisfaction rates about the GPs overall were low as measured by data from the National GP Patient Surveys of July 2015 and January 2016. This data also applies to this population group.
- There was a lack of systems in place to monitor and assess the services provided.
- Longer appointments and home visits were available when needed.
- Patients with complex needs had their care and treatment needs assessed with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance in relation to the Quality and Outcomes Framework was poor. Action had not been taken to train GPs or staff in coding patient records so we were not assured that people with long term conditions had received appropriate reviews.

Families, children and young people

Inadequate

The practice is rated as inadequate for providing, effective, caring and well-led services and rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Data available to us reflected that the practice was considerably below the local and national average for cervical screening (70 % as compared with the national average of 82%). The recall system for patients that did not attend for their appointment was ineffective.
- Data available from the national GP patient survey reflected that patients were not satisfied with the GPs at the practice.

Summary of findings

- Complaints were not being handled effectively and patients were not being provided with suitable apologies and explanations.
- Data available to us reflected that the practice was in line with the local and national average in relation to child immunisations.
- All staff had been trained in safeguarding children and young adults and a lead had been identified.
- Staff were aware of Gillick competence in relation to children under the age of 16 attending the practice without a parent or guardian.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Post-natal checks were available for mothers and babies.
- Patients were satisfied with the services provided by the nursing staff and receptionists.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for providing, effective, caring and well-led services and rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Data from the National GP Patient Surveys of July 2015 and January 2016 reflected that patients were not satisfied with the appointment system or the services received from the GPs.
- Health checks and health screening were available for patients requiring them.
- Extended surgery hours were available at the weekend for working patients to access.
- Health prevention advice was available including smoking and alcohol cessation.
- An immunisation service was available for patients to access.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for providing, effective, caring and well-led services and rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- The practice told us that patients with a learning disability received an annual review but due to the inaccurate of coding of patient records we were not assured that this was taking place or that the practice had accurate information.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Inadequate 

The practice is rated as inadequate for providing, effective, caring and well-led services and rated as requires improvement for providing safe and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The overall practice performance in relation to the Quality and Outcomes Framework was poor. Action had not been taken to train GPs or staff in coding patient records so we were not assured that patient records were accurately coded in relation to the diagnosis or whether that all patients were receiving an annual physical health check.
- The practice was well below the national average for recording the alcohol consumption of patients suffering with poor mental health (40% as compared with 90%)
- Staff had an understanding of how to support patients with mental health needs and dementia. The practice had a dementia register and patients received reviews of their condition.
- The practice was comparable with other practices nationally for reviewing patients with dementia and for having a care plan in place for their care and treatment.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always those with dementia.

Summary of findings

What people who use the service say

The National GP Patient Survey results published in July 2015 and January 2016 showed the practice was not performing in line with local and national averages in relation to some of the areas surveyed. In particular the ratings overall for the GPs at the practice were considerably lower than the local and national averages. There were 398 survey forms distributed and 60 were returned. This represented a 15% completion rate. Some examples of the results from the January 2016 were as follows;

- 78% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 67% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 59% described the overall experience of their GP surgery as fairly good or very good (CCG average 79%, national average 85%).
- 59% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 71%, national average 78%).
- 58% said the last GP they spoke with was good at listening to them (CCG average 83%, national average 89%).
- 72% said they had confidence and trust in the last GP they spoke with (CCG average 91%, national average 95%).
- 54% said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 77%, national average 85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Patients commented that the staff were kind and caring, appointments were easy to obtain and they were treated with dignity and respect.

Areas for improvement

Action the service MUST take to improve

- Ensure recruitment arrangements include all necessary employment checks and documentation for all staff. Ensure that new staff to the practice receive an induction that is recorded and they are signed off as competent for the role.
- Maximise the use of the patent computerised computer system. Ensure appropriate members of staff are trained to accurately code patients' diagnoses and record all care and treatment given.
- Carry out clinical and non-clinical audits to identify areas for improvement in patient outcomes. Ensure an audit trail is in place to reflect that improvement action has been taken and maintained.
- Undertake a Control of Substances Hazardous to Health risk assessment in relation to substances in use in the workplace.
- Seek feedback from patients in relation to the services provided at the practice and implement improvements where identified.
- Ensure that all complaints made receive a timely acknowledgement, are investigated appropriately, updates provided to complainants where appropriate and that the analysis of complaints includes the opportunity for staff to provide feedback and improvement ideas about the issues raised. Ensure serious complaints are treated as significant events where required.
- Ensure that there is an audit trail for action taken as a result of the learning identified from the analysis of significant events and complaints and that learning is cascaded to all relevant staff.
- Ensure that the system used for checking that emergency medicines do not expire is recorded.
- Ensure that patient safety updates and medicine alerts are disseminated to all relevant staff, including locums. Implement a system to ensure that patients requiring repeat prescriptions for blood thinning medicines are receiving appropriate and ongoing review.

Summary of findings

- Review the meetings structure to ensure that staff are aware of performance issues affecting the practice and have the opportunity to provide feedback in a timely manner, about the services provided. Ensure that minutes are recorded that reflect the discussion and any actions that follow, including an audit trail for completion.

Action the service SHOULD take to improve

- Ensure that the partners at the practice take a more active role in the leadership of the practice so that there is oversight of the issues affecting performance and that appropriate action is taken to improve.

Sai Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

Background to Sai Medical Centre

The Sai Medical Centre is located in Tilbury, Essex. There is limited parking at the rear of the practice and it is situated close to local bus routes and a main line train station.

The practice has a general medical services (GMS) contract with the NHS. There are approximately 5600 patients registered at the practice. The practice took on the patients from another practice nearby which closed in May 2015 and this has doubled their patient population.

The practice is registered with the Care Quality Commission as a partnership and there are two GP partners. There is a mixture of male and female GPs. There is one regular locum GP used by the practice. The GPs are supported by three nurses that work a variety of full and part-time hours.

There is a practice manager, a senior receptionist and two receptionists. They all have shared roles including administrative functions.

The practice is open from Monday to Friday between the hours of 8am and 6.30pm and 7.30pm on a Tuesday. The practice remains open at lunchtime throughout the week for the collection of prescriptions and for making appointments. When the practice is closed primary medical services can be obtained from the out of hour's provider, Integrated Care 24. Patients can also contact the non-emergency 111 service to obtain medical advice if necessary.

The GP surgeries are available on Monday to Friday mornings between 9am and 12 noon and each afternoon between 4pm and 5.50pm with some minor variations. There is a late evening surgery on a Tuesday until 7.30pm. Patients from the practice can access weekend appointments with a GP or nurse through a local arrangement that is shared between different practices covering a rota. These appointments are pre-bookable only. These are available both Saturday and Sundays during the hours of 9am to 12 noon.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service 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, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 January 2016.

During our visit we:

- Spoke with a range of staff including two GPs, the practice manager, a nurse and members of reception staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed a range of documents including policies, procedures, protocols, recruitment files and staff appraisals.
- Reviewed 17 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events.

- Staff spoken with were aware of the processes to follow and understood how to identify a significant event and who to refer them to at the practice.
- The practice manager carried out an analysis of the significant events, including an input from clinicians where appropriate. Discussions about significant events were held informally and not being recorded. An annual review did not take place to identify themes and trends.
- The locum GP we spoke with, who was employed regularly at the practice, told us they had not been involved in the analysis of significant events or informed about outcomes.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. These included six significant events that had taken place since 2014. We found that they were being analysed effectively but where improvements had been identified there was no audit trail to reflect that the appropriate action had been taken and when. We also found that the frequency of team meetings and the minutes of them did not contain sufficient detail to evidence they had been discussed with other staff members to ensure that they all understood the issues and concerns that had been investigated.

Staff we spoke with were aware of whistle blowing procedures and who to contact internally and externally if required.

Overview of safety systems and processes

The practice had systems and processes in place to keep patients safe and safeguarded from abuse, but some of them were not robust. Examples included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. A safeguarding policy was available and staff spoken with were aware of safeguarding procedures. Patients at risk were highlighted on the computerised patient record system and were offered same day appointments if necessary. Two of the GPs had been identified as the leads for safeguarding vulnerable adults and children; they attended relevant meetings and liaised with other agencies. They had received appropriate levels of training.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 acting as chaperones knew where to stand during an examination and made separate notes in the patient's record about the conduct of the examination.
- Repeat prescriptions were reviewed to ensure the medicines prescribed were effective and required. This was being undertaken in line with published guidance. Where required patients received face to face reviews and/or blood tests.
- The practice had identified prescription risks in relation to their new patients that had transferred from a practice that had closed in the vicinity and had taken steps to monitor their repeat prescriptions more closely. Patients on high-risk medicines were monitored and reviewed in line with recommended guidance.
- GPs reviewed all patient safety and medicine alerts, reviewed them and took appropriate action. However the GP locum we spoke with told us that they were not informed about the alerts or the action the practice had taken.
- The practice had an infection control policy and this had been reviewed in August 2015. One of the nurses had been appointed as the infection control lead. They had received appropriate training. Posters were placed throughout the practice to advise patients and staff of the correct hand washing techniques to follow. When handling samples provided by patients, staff were following published guidance to ensure they were safe from infection. Adequate supplies of liquid soaps, hand gels and sanitisers were available for use.
- Infection control audits were being undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had not undertaken a control of substances hazardous to health risk assessment for the types of cleaning

materials being used in the workplace. Checklists were in place for the external contract cleaner to follow and the quality of the cleaning was being monitored monthly.

- The temperatures of the fridge used for the storage of medicines and vaccinations were being recorded and within the recommended ranges. There were sufficient stocks of medicines held and these were rotated regularly and all in date.
- We reviewed five personnel files and found that there was an inconsistent approach to obtaining appropriate recruitment documentation and checks prior to employment. Some files did not contain proof of identity, references, evidence of disclosure and barring service checks or employment interview evidence. There were no regular checks to ensure that clinical staff remained registered with their professional bodies. Inductions for new staff were not being recorded. Evidence of skills and qualifications were in place. The practice had used an external company to audit their recruitment process but although the results of that audit were satisfactory, on the day of the inspection we found the inconsistencies in the documentation in personnel files.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice operated a system to identify where they could make savings and to ensure prescribing was in line with best practice guidelines for safe prescribing. The performance of the practice in relation to their prescribing patterns was comparable to other practices nationally.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had undertaken a health and safety and legionella risk assessment as required by legislation (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff had received health and safety training and a policy was in place to support them.
- The practice had up to date fire risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had doubled their practice population size in the last six months having taken on the patients from another local practice. The practice had been reviewing their staffing levels and had identified that additional recruitment was required.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines readily available for use.
- Emergency medicines were easily accessible to staff and all the medicines we checked were in date and fit for use. However there was no written system in place that reflected they were being checked. The practice was not storing aspirin or nebulisers and a risk assessment was in place as to why they were not being stored.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These had been checked and were in date. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in the event that there was a disruption to the services they provided.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs, but there was no evidence that changes to these guidelines were being discussed at a practice level and that guidance was being followed by all clinical staff working at the practice.
- The practice did not monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice and is voluntary). The published results for the year end to March 2014 were 80% of the total number of points available and to the year end to March 2015 were 64%.

The data available to us for the year end to March 2015 reflected that the practice had large variations (lower) in several of the healthcare indicators that were being monitored and they were under performing compared to other practices. In particular;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 72% compared with the national average of 88%.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 70% compared with the national average of 82%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 40% compared with the national average of 90%
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that included an assessment of asthma control was 54% compared with the national average of 75%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months was 42% compared with the national average of 90%.

In all other areas the practice was comparable with other practices nationally. In one particular area, in relation to patients suffering from atrial fibrillation (irregular heart beat); the practice had exceeded the national average and achieved 100%.

We discussed the QOF data with the practice manager and they were aware of the under performance across key areas. The practice told us that GPs and nurses had received training in the coding of a patient's diagnosis but had not been trained in the coding of QOF information, hence the low QOF performance data over two years. We were also informed that the practice was in the process of merging two computer systems and conducting data cleansing of the new 2500 patients taken on from a surgery that had closed nearby.

Although we appreciated that the new patients at the practice were a current issue for the practice, the data available to us was collected before this occurred and performance had been low for the past two years. To be more exact, the QOF performance of the practice had dropped from 84% to 60% from the year end March 2014 and to March 2015, prior to the new patients coming to the practice from May 2015.

We therefore asked the practice to explain their monitoring system and to account for the low data. Staff at the practice conducted searches on their computerised patient record system and we looked at a small sample of anonymised patient records from those lists. Of those we viewed, we found that the care and treatment given to patients was being recorded. However we found one example where a patient's diagnosis had been coded incorrectly so we were not assured that the system in place was effective. We were told by the practice manager that they were aware of the coding issues but had not taken any action to audit the system to ensure that the coding was accurate.

Inadequate

Are services effective?

(for example, treatment is effective)

It was apparent that nothing had been undertaken to address the low QOF performance for the last two years. The partner spoken with on the day of the inspection displayed a lack of knowledge about the performance issues and had not implemented any action to either confirm that incorrect coding was the reason or that patient care was ineffective. We were therefore not assured that patients were receiving effective care and treatment based on the coding of health conditions.

Reception staff spoken with were not aware of the performance of the practice in relation to QOF but were receiving details of patients to call to invite them in for medicine reviews, health checks, blood tests, diabetes examinations and other reviews.

Multidisciplinary team meetings took place every three months with other healthcare professionals to monitor and review patients with complex health needs. Patients with palliative care needs were reviewed monthly in partnership with Macmillan nurses, community nurses and practice GPs.

Patients requiring repeat prescriptions for blood thinning medicines were not being reviewed effectively prior to the issuing of a prescription, although the practice had a policy in place to support staff. There was no system in place to ensure that patients on this type of medicine were receiving regular blood tests. The practice was therefore failing to ensure that the dose of medicine being taken by these patients was the most effective for their needs (as should be defined by the international normalised ratio (INR) result).

Prior to the inspection the practice sent us one audit in relation to the treatment of osteoporosis. This was carried out in December 2015 and the results of that audit identified improvement areas for the practice to implement. The practice was planning a follow-up audit in 12 months to see whether improvements had improved outcomes for patients. The practice had undertaken one other clinical audit only. Both audits had been carried out by an externally appointed organisation.

There was no other evidence of clinical or non-clinical audit activity at the practice apart from infection control.

Effective staffing

There was insufficient evidence to reflect that all staff had the skills, knowledge and experience to deliver effective care and treatment;

- The practice had an induction programme for all newly appointed staff. It covered such areas as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. One of the newer members of staff told us they had received a formal induction and supervision. The practice was unable to produce evidence that confirmed that training had been completed or that staff had achieved the required standards.
- The practice monitored staff training and records we viewed reflected that the training generally met the needs of patients and there were sufficient numbers of suitably qualified staff. We noted that training needed for accurate recording of coding had not been completed.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. We looked at five staff files and found that they had all received appraisals. Staff spoken with told us they were meaningful and met their training and development needs.
- Staff received training that included: safeguarding, fire procedures, basic life support and infection control. They told us that training was available to them if it met the needs of the patients or for their own development.
- Staff attended Time2Learn training sessions organised by the local Clinical Commissioning Group. This covered a range of learning that supported staff in the work place.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system.

- Information about patients receiving care and treatment form other healthcare professionals had been received at the practice, scanned into the patient record and reviewed by the GPs. Where required patients were contacted and asked to attend the surgery for a review and a system was in place to ensure that when patients did not attend or could not be contacted, further attempts were made to invite them to the practice.

Inadequate

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff spoken with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Reception and clinical staff were aware of Gillick competency in relation to children under the age of 16 accessing care and treatment without an adult being present. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Consent forms were available for patients to complete where required.

Supporting patients to live healthier lives

The practice took part in the national screening programme for cervical cancer, breast cancer and bowel cancer. The patient uptake was considerably lower than the local and national averages. Some examples were as follows;

- The percentage of females aged 50-70 screened for breast cancer in the last 36 months was 58% compared with 67% locally and 72% nationally.
- The percentage of patients aged 60-69 screened for bowel cancer in the last 30 months was 35% compared with 55% locally and 58% nationally.
- The percentage of patients screened for cervical cancer was 70%, compared with the national average of 82%.

The practice told us that despite receiving reminders, patients did not attend for their screening tests. We found that patients were being contacted and reminded about the need to attend for screening. Reception and administration staff supported the practice by calling patients. One staff member told us that in relation to encouraging patients to attend for cervical screening, they continued to request their attendance regardless of the number of times that they did not book an appointment or attend for the test.

Other practice data included;

- Childhood immunisation rates for the vaccinations given were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 89% and five year olds from 86% to 96%.
- Flu vaccination rates for the over 65s were 71% (comparable with the national average of 73%), and at risk groups 62% (higher than the national average of 45%).
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74.
- Health checks took place on patients suffering with dementia or those with learning disabilities. At the time of our inspection 14 out of 27 dementia patients and 14 out of 16 learning disabilities patients had received health checks this year.
- A member of staff had been trained in smoking cessation and this service was available for patients to access.

Inadequate

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 17 patient Care Quality Commission comment cards contained positive comments about the GPs, nurses and reception staff working at the practice.

Results from the national GP patient survey published in January 2016 showed that the practice was below average for its satisfaction rates of GPs, but comparable for nurses and receptionists. For example:

- 58% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 60% said the GP gave them enough time (CCG average 79%, national average 87%).
- 72% said they had confidence and trust in the last GP they saw (CCG average 91%, national average 95%)
- 54% said the last GP they spoke to was good at treating them with care and concern (CCG average 77%, national average 85%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 88%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

We were aware of the large number of new patients registered at the practice due to a closure of a nearby practice in May 2015 so we compared these statistics with the data from the survey results published in July 2015 as a result of a survey between January and March 2015. We found that the satisfaction rates for nurses and receptionists had improved slightly and the satisfaction rates for GPs had worsened. The data obtained between January and March 2015 predated the increase in practice population size.

Care planning and involvement in decisions about care and treatment

Results from the National GP Patient Survey were variable in relation to how patients responded to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 61% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 57% said the last GP they saw was good at involving them in decisions about their care (CCG average 73%, national average 82%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).
- 84% said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 88%, national average 90%).

The survey results for the GPs at the practice were significantly worse than CCG or national averages. We were aware of the large number of new patients registered at the practice due to a closure of a nearby practice in May 2015 so we compared the data from the survey results published in July 2015 as a result of a survey carried out between January and March 2015. We found that these results also reflected low patient satisfaction and had worsened since taking on the new patients.

However, patients who had completed CQC comment cards told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

When discussed with the partners, they were not aware of the data from the national GP patient survey and had not conducted their own patient survey to seek the views of a larger number of their patients.

Inadequate

Are services caring?

Whilst we accept that the practice has been going through a significant change, nonetheless the satisfaction rates were low prior to the new patients being registered at the practice.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Patients new to the practice were asked to identify themselves as carers so that support could be offered to them.

Written information was available to direct carers to the various avenues of support available to them and those carers who were patients at the practice could access flu vaccinations.

Staff told us that if families had suffered bereavement, they were informed so they could offer appropriate support to family members if required. This included referral to one of the clinical members of staff and/or being signposted to external organisations specialising in bereavement. Families were also referred to Macmillan support for bereavement if they required it.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Tuesday evening until 7.30pm and appointments were also available Saturday and Sunday mornings for working patients.
- There were longer appointments available for patients with a learning disability or those that needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with urgent needs.
- Patients were able to receive travel vaccinations available on the NHS and advice was available about the types required when travelling.
- A portable hearing loop was available in the reception area for those patients having hearing difficulties. This could be moved to a consulting room to further assist with communication. Translation services for the deaf were also available.

Access to the service

The GP surgeries were available on Monday to Friday mornings between 9am and 12 noon and each afternoon between 4pm and 5.50pm with some minor variations. There was a late evening surgery on a Tuesday until 7.30pm. Patients from the practice could access weekend appointments with a GP or nurse through a local arrangement that was shared between different practices covering a rota. These appointments were pre-bookable only and were available both Saturday and Sundays during the hours of 9am to 12 noon.

Pre-booked appointments were available up to one week in advance and these could be booked in the mornings and afternoon. A number of emergency appointments were made available each day and if there were none available when a patient called, a GP would call the patient back to discuss the symptoms and then offer a same day appointment if it was considered urgent.

Home visits and telephone consultations were available for patients who needed them and priority was given to children. There were also considerations made to booking appointments for children so they could attend outside of school hours. Patients with learning disabilities or those attending for diabetes checks were automatically given a longer appointment. Vulnerable patients were offered appointments at times when the surgery was quieter, if at all possible.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment were comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 78% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 67% of patients were able to get an appointment or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 96% of patients said the last appointment they got was convenient (CCG average 90%, national average 92%).
- 86% found the receptionists at the surgery helpful (CCG average 88%, national average 87%).
- 79% usually waited 15 minutes or less after their appointment time to be seen (CCG average 64%, national average 65%).

We were aware of the large number of new patients registered at the practice due to a closure of a nearby practice in May 2015 so for comparison purposes we looked at the data from the national GP patient survey published in July 2015. This survey took place between January and March 2015. The results of that survey reflected that data was similar in relation to patient satisfaction rates across the same areas measured.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. Both written and verbal complaints were being recorded.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system and this was advertised in reception.
- Staff were aware of the procedures to follow and were required to record all complaints including minor issues.
- Team meetings were used to discuss complaints but they were held infrequently and records were kept of the meetings lacked detail about the issues discussed. Staff views about complaints were not being sought. Action taken as a result of complaints was not completed in a timely manner. A team meeting had not taken place for several months and complaints had been received during that period.
- We looked at eight complaints that had been received since May 2014 and found that the majority of the complaints had been handled effectively. Patients had received an acknowledgement, an explanation, an outcome and apology where appropriate.
- We found that complaints recorded recently had not received timely attention and there was a lack of evidence that they had been analysed or discussed with staff routinely. One such complaint we considered serious enough to be categorised as a significant event but had not been recorded as such. There was limited information to reflect that this complainant had received adequate attention.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a clear vision of the future of the practice. Staff spoken with had been made aware of a planned extension to the building and the recruitment of additional clinical staff but were not aware of the vision, strategy or objectives of the practice.

We spoke with one of the partner GPs on the day of the inspection and they were unclear about the future direction of the practice. The patient population had doubled in size and there was no formal plan in place as to how services would be adapted to meet the needs of all the patients at the practice.

The practice was aware of the performance data both in relation to the Quality and Outcomes Framework and the patient satisfaction data. There was no evidence presented to us that these issues had been acknowledged by the practice and that an action plan was in place or being considered, to improve.

The practice had not submitted a current statement of purpose prior to the inspection as requested that reflected the increase in patient size and how this was going to be managed.

Due to the absence of regular team meetings and the lack of meeting minutes the practice was unable to evidence that the vision of the practice was being discussed with staff.

Governance arrangements

The areas in which we identified areas for improvement or inadequate practice had occurred because there was a lack of appropriate or suitable governance in place. This meant that the practice were not providing effective services for their patients or assessing and monitoring those that they provided.

We found that there was a lack of governance at the practice in some areas;

- A comprehensive understanding of the performance of the practice was not being provided to staff by the partners at the practice. Staff spoken with were unaware of performance issues and patient satisfaction data.
- The GP partner we spoke with was not aware of issues affecting the practice and was not providing oversight to ensure that improvements were made. There was a lack of governance. We were told during the day that the practice manager had that responsibility but there was a clear lack of communication between them in relation to under performance and how to address it.
- Risks in relation to significant incidents and complaints were not being discussed with staff in a timely manner to reduce the risk of reoccurrence.
- There was a lack of clinical and non-clinical audit being used to monitor quality and to make improvements.
- There was a lack of evidence that clinical assessments were being monitored to ensure that guidance form the National Institute for Clinical and Healthcare Excellence were being followed.

As far as other areas were concerned;

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff on the practice computer system. These included child protection, consent, clinical governance, equality and diversity and health and safety.

Leadership and culture

The partners in the practice were not providing effective oversight of the practice to ensure high quality care. Although the partners were visible in the practice and staff told us they were approachable, they were not sufficiently aware of the issues affecting the practice, including performance and recruitment requirements.

There were defined leads in place for various aspects of the practice and these included infection control and safeguarding;

- Staff told us the practice held full team meetings every three months and the practice manager and GPs provided visible leadership.
- Staff spoken with told us there was an open culture within the practice and they felt valued and supported and were being kept informed about developments within the practice.
- Staff commented that they were informed about significant events, complaints and safety issues and they were encouraged to raise concerns or identify areas for

Are services well-led?

Inadequate

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

improvement to the services provided. However we found that there was a lack of evidence that reflected that significant events and complaints were being acted upon and discussed with staff in a timely manner.

- Minutes of meetings were available for staff to read if they were unable to attend meetings but they did not contain sufficient detail for staff to understand the issues that had been discussed or the areas identified for improvement and the action required. There was a lack of evidence to demonstrate that practice issues, significant events, complaints, performance and survey data were being discussed at meetings.

Seeking and acting on feedback from patients, the public and staff

The practice had not gathered feedback from their patients through a patient survey or by any other means, except for the provision of a comments and suggestions box in the reception area for patients to use.

However the practice had carried out a themed survey about the appointment system in May 2015. As a result of the survey the practice identified a number of examples where patients did not attend for their appointment so they amended their appointment system and in addition added six further telephone lines. A further survey or audit had not been undertaken to assess whether the changes had improved patient satisfaction.

The practice had also undertaken a survey about the services provided by two of the GPs and this was conducted by an external organisation in April 2014. The results of the survey reflected positively on the GPs. This survey did not cover patient views about the services provided at the practice as a whole.

The practice had started the NHS Family and Friends test but we were told that there were no results to review as patients were not completing the forms on display in the reception area.

Staff spoken with on the day of the inspection were not aware of the survey results from the National GP Patient Surveys published in July 2015 and January 2016 but told us that they were encouraged to contribute ideas about how the services could be improved.

On the day of the inspection we met with one of the lead members of the Patient Participation Group (PPG) which was small in number and at the time of the inspection there were only three members. They told us of the willingness of the practice to involve them in identifying improvements to the services and of the difficulty in recruiting and retaining patients on the PPG. They were currently trying to recruit additional volunteers and create a virtual patient group so that patients could contribute ideas by email.

We were told that PPG meetings were attended by the practice manager and these took place more or less on a monthly basis. The PPG produced a regular newsletter for patients and this was used to provide education and support for patients. Some examples were health prevention advice in relation to food preparation and illness, immunisation guidance when travelling abroad and alcohol and dietary advice.

We were also told that the PPG members often attended the reception area to observe the inter-action between patients and staff, to seek feedback from patients and to check to see that patients were seen on time and were available to obtain appointments at a time that suited them. The PPG had not been made aware of the performance data available to the practice and were therefore unsighted on the results of the Quality and Outcomes Framework or the National GP Patient Survey.

Continuous improvement

We found that there was a lack of focus on continuous learning and improvement at many of the levels within the practice. There was a lack of assessing and monitoring the services provided at the practice and a lack of both clinical and non-clinical audits. There were also known performance issues and these had not been addressed or action plans put in place for improvement.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12** **Safe care and treatment** **Patients on blood thinning medicines were not being monitored or reviewed prior to receiving a repeat prescription.** **This was in breach of regulation 12(1)(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **Regulation 16** **Receiving and acting on complaints.** **We found that complaints were not thoroughly investigated in a timely manner and a transparent explanation provided including action take to mitigate a reoccurrence.** **This was in breach of regulation 16(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 – Good governance**

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	There was a lack of systems in place to assess, monitor and improve the quality of the services provided. In particular there was a lack of clinical and non-clinical audits being undertaken at the practice. Patient feedback was not being sought by the practice in relation to the services provided. Feedback from external surveys was not being evaluated or improved upon. There was a lack of systems in place to assess, monitor and mitigate the risks to the health, safety and welfare of patients. In particular a risk assessment had not been carried out in relation to the control of substances hazardous to health. The system for managing patient safety alerts did not include cascading relevant information to all clinical staff including locum GPs. There was a lack of record keeping in relation to the management of the practice. In particular meetings held at the practice were infrequent, did not include all relevant staff and did not contain evidence of the issues discussed including performance, complaints, significant events, learning, the action taken in relation to improvements and an audit trail. Staff were not being kept informed of the issues affecting the practice in a timely manner and their ideas and views were not being sought in a satisfactory way. This was in breach of regulation 17(1)(2)(a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 Fit and proper persons employed. We found that there was an inconsistent approach to obtaining recruitment documentation prior to employing new staff at the practice to demonstrate that staff had the appropriate skills, qualifications and experience, including documents required by Schedule 3 of the legislation. The induction process for new staff was not being recorded to ensure they were competent for the role.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 19(1)(a)(b)(c), (2)(a)(b) and 3(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 Good governance There was a lack of governance at the practice and some systems in place were unsatisfactory. The practice were not assessing, monitoring and improving the quality of the services they provided or the risks relating to the health, safety and welfare of patients at the practice. In particular; The coding of the diagnosis of the health conditions of patients was inconsistent and staff were not trained to carry this out effectively. This included maximising opportunities to run clinical searches and produce accurate performance data. There was no audit process in place to check that the coding was accurate. The recall system for patients due for health reviews was not effective. Staff at the practice were not sufficiently aware of issues affecting the practice such as performance, the learning from complaints and significant events and the views of patients that had provided feedback. Patient feedback from the National GP Patient Survey was not being acted upon and the practice had not sought their own feedback from patients. There was a lack of clinical and non-clinical audits to drive improvement. The system in place to monitor the expiry dates of emergency medicines was not being recorded. There were no risk assessments in relation to the control of substances hazardous to health. Recruitment procedures were inconsistent in relation to documentation required under schedule 3 of the legislation and there was no recording of the induction process for new staff. The system to cascade patient safety alerts to staff was ineffective. There was a lack of monitoring and review of patients on blood thinning medicines to ensure prescriptions were safe to prescribe.

This section is primarily information for the provider

Enforcement actions

The system for handling complaints was unsatisfactory. Meetings being held at the practice were not being recorded, they were infrequent and staff were not being kept informed of issues affecting them

This was in breach of regulation 17(1)(2)(a)(b)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.