Dr Isis Neoman

Quality 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 service	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Requires improvement
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

This practice is rated as Inadequate overall. (Previous inspection was on 30 March 2016 and the practice was rated Requires Improvement overall)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires Improvement

Are services caring? – Requires Improvement

Are services responsive? – Requires Improvement

Are services well-led? - Inadequate

As part of our inspection process, we also look at the quality of care for specific population groups. The practice was rated as requires improvement for providing caring services and rated inadequate for providing safe, effective, responsive and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate:

Older People – Inadequate

People with long-term conditions – Inadequate

Families, children and young people – Inadequate

Working age people (including those retired and students – Inadequate

People whose circumstances may make them vulnerable – Inadequate

People experiencing poor mental health (including people with dementia) - Inadequate

We carried out an announced comprehensive inspection at Dr Isis Neoman also known as St George's Medical Centre on 15 November 2017 as part of our inspection programme.

At this inspection we found:

- The practice did not have adequate systems in place to keep patients safe and safeguarded from abuse.
- The practice did not have effective systems in place to keep clinicians up to date with current evidence-based practice.
- The practice did not have adequate systems in place to supervise and monitor staff induction and training.
- Results from the July 2017 annual national GP patient survey were mixed in relation to patient satisfaction with the service. Action was not taken to address low patient satisfaction scores.

Summary of findings

- The practice did not actively seek patient views about their experience and quality of care and treatment.
- There were inadequate arrangements in place for patients requiring end of life care.
- The practice did not have a system in place for handling complaints and concerns.
- Governance arrangements did not ensure that there were clear and effective processes for managing risks, incidents and performance.
- There was some innovation in relation to improving the service for housebound patients.

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.
- Establish effective sustems to ensure fit and proper persons are employed.

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

- Establish a system of identifying and supporting carers.
- Advertise within the practice the provision of translation services for patients.
- Improve processes for making appointments.
- Consider improving communication with patients who have a hearing impairment and review the requirements of Accessible Information Standard (AIS) as per national guidelines.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?	**Inadequate**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Requires improvement**
Are services well-led?	**Inadequate**

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**
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**

Dr Isis Neoman

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 and an expert by experience.

Background to Dr Isis Neoman

Dr Isis Neoman, also known as St George's Medical Centre, operates from 9 Dollis Hill Lane, London, NW2 6JH. The practice provides NHS services through a General Medical Services (GMS) contract to approximately 2,300 patients. The practice premises are in a converted house based over two floors, with the consulting rooms situated on the ground floor. It is contracted to NHS Brent Clinical Commissioning Group (CCG) and regulated by Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is a partnership of one female GP and a practice manager. The clinical staff comprises of one female GP and a locum GP who provide a combination of nine sessions per week, one practice nurse who works 16 hours per week and a healthcare assistant who works 20 hours per week. Also employed is one practice manager and three reception staff.

The practice opening times are from 8am to 6pm on Monday, Tuesday, Thursday and Friday and from 8am until 1pm on Wednesday. Appointments are from 8am to 12noon every morning and 3.30pm to 6pm daily with the exception of Wednesday. The practice does not offer any extended hours. Patients calling the practice when it is closed are informed about their out of hours provider, Care UK.

The patient profile for the practice indicates a diverse population of working age people, with a larger proportion of adults in the 35 to 54 age range.

Inadequate

Are services safe?

Our findings

We rated the practice as inadequate for providing safe services.

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

- The provider had not ensured that care and treatment was provided in a safe way for patients.

Safety systems and processes

The practice did not have adequate systems in place to keep patients safe and safeguarded from abuse.

- The practice did not conduct all necessary safety risk assessments. For example, there was no up to date health and safety or fire risk assessment. We saw evidence that the practice carried out fire drills but not all staff were aware that these had taken place.
- The practice used an external company to develop and review their practice policies. They had recently updated policies which were not yet accessible on the practice shared drive but were stored in a policies folder kept in the reception area. Not all were aware of the new policies.
- The practice told us that staff received safety information for the practice as part of their induction and refresher training. However, there were no induction records on file for three newly recruited members of staff and one member of staff we spoke with on the day told us they had received informal training.
- The systems in place to safeguard children and vulnerable adults from abuse were inadequate. The safeguarding policy and procedure was last updated in April 2017 and some members of staff were not aware of this policy. The policy did not include a safeguarding lead and there were inconsistencies in staff understanding of the reporting procedure. For example, when asked what they would do if abuse was suspected, a clinical member of staff told us that they would inform the police, whereas the policy stated that if abuse was suspected, they were to discuss their concerns with their safeguarding lead whom the practice told us was the lead GP. Two non-clinical staff members had not received up to date safeguarding training appropriate to their role and the lead GP had received level two training in safeguarding vulnerable children, rather than the required level three training.
- Although the practice told us that they worked with other agencies to support patients and protect them from neglect and abuse, there was no evidence that there was an effective system in place to monitor those at risk. For example, the vulnerable patients list was kept as a paper copy, and electronic patient records did not alert staff of these patients.
- The practice carried out staff checks including proof of identity; however, these were incomplete. When we reviewed recruitment records for three new staff, we found appropriate recruitment checks had not been carried out for example, full employment history, references and incomplete contracts on file. Disclosure and Barring Service (DBS) checks were undertaken but risk assessments not carried out where appropriate. Following the inspection, the practice carried out a risk assessment to mitigate this risk. (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).
- The system to manage infection prevention and control required improvement. The practice had carried out an infection control audit in August 2017 which identified that chairs in the reception area needed replacement. The practice had taken steps to action this. We observed there was no handwashing basin in the staff toilet located on the first floor. The practice told us that staff would normally use the washbasin in the staff room located on the same floor. This had not been identified in the August 2017 infection control audit and there had been no action taken to address this at the time of inspection. After the inspection the provider told us that the toilet had been put out of order until an appropriate solution was found.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.

Risks to patients

Inadequate

Are services safe?

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

- There were some arrangements in place for planning and monitoring the number and mix of staff needed. The practice provided regular locum cover and the practice nurse provided cover for the healthcare assistant. However, there were no arrangements to cover for the practice nurse. When we spoke to non-clinical staff, they told us that they provided cover for each other; they felt their staffing levels were not sufficient due to decreases in administration staff and increased paperwork.
- There was no evidence of induction being carried out for new members of staff.
- We were not assured that staff understood their responsibilities to manage certain emergencies on the premises and to recognise those in need of urgent medical attention. For example, there was no protocol in place to enable assessment of patients with severe infections such as sepsis.
- All staff had received basic life support update training.
- Not all staff were aware of the business continuity plan despite one being in place. When we reviewed this document, it was incomplete and did not highlight all the relevant emergency contact details.

Information to deliver safe care and treatment

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

- Individual care records were generally written and managed in a way that kept patients safe, however electronic records did not include alerts for vulnerable patients.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver care and treatment.
- Referral letters included all of the necessary information.

Safe and appropriate use of medicines

The practice had inadequate systems for appropriate and safe handling of medicines.

- The system for managing vaccines was not effective. The practice had two vaccines fridges which only had one thermometer per fridge. There were no thermometers independent of the mains power in either fridge.
- There was a defibrillator and oxygen available at the practice.
- The systems for managing emergency medicines were inadequate. For example, there was no nebulizer (used to treat asthma) in place and a significant number of the recommended emergency medicines such as aspirin (for use with suspected heart attack), midazolam (epileptic fit), dexamethasone (croup in children), diclofenac (pain relief), furosemide (heart failure), glucagon (low blood sugar levels) and naloxone (opioid overdose) were not available. A risk assessment had not been carried out to identify which medicines were not suitable to stock.
- The practice kept prescription stationery securely and monitored its use. Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.

Track record on safety

The practice did not have an adequate safety record.

- There were inadequate risk assessments in relation to safety issues in relation to health and safety and fire safety.
- The practice did not monitor and review activity which would have helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

We were not assured that the practice learned or made sufficient improvement when things went wrong.

- There were inconsistencies regarding the process for recording significant events. Staff told us that there was

no recording template for significant events, instead, significant events were recorded on a piece of paper and placed inside the folder. However, we saw a significant event policy with a blank recording template.

- There was no evidence to show that significant event analysis was taking place or that they were discussed in meetings.
- There was no formal system for receiving and acting on patient safety alerts to ensure that all clinicians received them, that actions had been taken where necessary or that they were discussed in clinical meetings.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

We rated the practice as requires improvement for providing effective services overall and across all population groups, with the exception of long-term conditions which has been rated inadequate.

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

- Not all staff had the skills, knowledge and experience to carry out their roles.
- We did not see evidence that there were adequate arrangements for end of life care.
- The practice did not have effective systems in place to keep clinicians up to date with current evidence-based practice.

Effective needs assessment, care and treatment

The practice did not have effective systems in place to keep clinicians up to date with current evidence-based practice. Although we saw that clinicians assessed needs and delivered care and treatment in line with current legislation and had clear pathways, standards and guidance were not always supported by clear protocols.

- The practice did not have any systems in place to keep clinicians up to date with current guidance. They told us that this process was informal and clinicians could access current guidelines through the internet and their clinical meetings. The practice did not record minutes of clinical meetings.
- Patients' needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- The practice was not an outlier for any of prescribing indicators.

Older people:

The practice was rated as requires improvement for providing caring, effective and responsive services and rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs and personalised care plans were in place.
- Those identified as being frail had a clinical review including a review of medicines and were offered flu vaccinations. All housebound patients were visited by the GP together with the practice nurse and healthcare assistant every three months in order to undertake a full review of their needs. On these days, the practice booked locum GP and nurse to cover the surgery.
- Patients aged over 75 were invited for a health check. Outcomes of health assessments where abnormalities or risk factors were identified were followed up.
- 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.

People with long-term conditions:

The practice was rated as requires improvement for providing caring, effective and responsive services and rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals such as the diabetes specialist nurse to deliver a coordinated package of care; however, there were no minutes of multidisciplinary meetings.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. For example, the practice nurse had received update training in diabetes management.
- There were no outliers in the Quality Outcomes Framework relating to long-term conditions for example, diabetes, asthma, COPD, hypertension and atrial fibrillation.

Families, children and young people:

The practice was rated as requires improvement for providing caring, effective and responsive services and

Requires improvement

Are services effective?

(for example, treatment is effective)

rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above for vaccinations given to two year olds. The practice uptake rate for vaccinations given to one year olds was 86 percent, compared to the national standard of 90%. The practice was aware of this and told us that some parents declined immunisations and they tried to improve uptake by carrying out in-house scheduled and unscheduled baby clinics.
- The practice sent new mothers congratulations cards upon birth notification from the hospital. They were also invited to attend post-natal checks as well as receive contraception advice and encouraged to attend immunisation clinics at the six-week check.

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

The practice was rated as requires improvement for providing caring, effective and responsive services and rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- The practice's uptake for cervical screening was 64%, which was below the 72% coverage target for the national screening programme.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time. They also took part in the catch-up programme for students aged 17 and over for the MMR vaccine.
- 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 practice was rated as requires improvement for providing caring, effective and responsive services and rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- The practice did not have a register of vulnerable patients with a learning disability.
- Staff knew how to recognise the signs of abuse in vulnerable adults and children. However, not all staff were aware of their responsibilities regarding reporting concerns.
- The number of carers registered with the practice was only two (less than 1% of the patient list) despite 181 patients aged 70 and above being registered with the practice.
- The practice was wheelchair accessible.
- We were not assured that end of life care was delivered effectively due to the lack of evidence of multidisciplinary team meetings where end of life care was discussed.

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

The practice was rated as requires improvement for providing caring, effective and responsive services and rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- 89% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This was higher than the CCG average of 85% and the national average of 84%.
- 96% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This was comparable to the CCG average of 92% and the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example the percentage of patients experiencing poor mental health who had received discussion and advice about alcohol consumption was 100%, higher than the CCG average of 93% and the national average of 91%.

Monitoring care and treatment

Requires improvement

Are services effective?

(for example, treatment is effective)

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. We were shown examples of five audits including two two-cycle practice led audits of diabetes and mental health patient outcomes, in response to QOF performance. Although we saw evidence of improvement in these audits, they were not comprehensive audits as there was missing data about how many patients the audit was referring to and what action was taken by the practice to improve the average blood sugar level scores. For example, one audit carried out by the practice related to diabetes outcomes and the percentage of patients who had normal average blood sugar levels. The first cycle audit showed that 60% of patients with diabetes had normal average blood sugar levels. The practice had put an action plan in place to invite patients who had not had their blood sugar checks for more than 12 months. Second cycle results showed that the number of patients with normal average blood sugar levels had increased to 67%. Two of the audits provided were part of a local prescribing incentive scheme carried out in conjunction with the CCG prescribing team.

The most recent published Quality Outcome Framework (QOF) for 2016/17 results were 90% of the total number of points available compared with the clinical commissioning group (CCG) average of 96% and national average of 95%. The overall exception reporting rate was 7%, compared to the local average 9% and the national average of 10%. (QOF is a system intended to improve the quality of general practice and reward good practice. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

The exception rates for some clinical domains were higher than the CCG or national averages. For example:

- Exception reporting rate for contraception was 40%. compared to the CCG average of 5% and national average of 2%.
- Exception reporting rate for cardiovascular disease-primary prevention was 46%, compared to the CCG average of 18% and the national average of 25%.

We were not assured that the practice were aware of the high exception reporting rates or had taken effective action to address this. They told us that patients would not attend appointments despite booking them. However, we also found that one member of staff was carrying out coding duties without the appropriate training, supervision or monitoring in place.

Effective staffing

Not all staff had the skills, knowledge and experience to carry out their roles. However, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice did not understand the learning needs of all staff. For example, we found a member of staff was carrying out coding duties without the appropriate training in place. She had received informal coding training by her predecessor who had written a guide on a piece of paper. No supervision, ongoing support or appraisals were taking place in respect of this role.
- For other staff, up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop. For example, one of the receptionists had received the Care Certificate training in order to become a healthcare assistant.
- We did not see evidence of an induction process in three recruitment files for newly employed staff. There was a training policy in place with an induction checklist but this had not been recorded. We saw appraisal records for some members of staff and the practice told us that clinical staff members had informal one-to-one meetings with the GP. The GP received support for revalidation in line with General Mecidal Council (GMC) guidelines.
- There was no clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

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

- We saw patient records that showed that all appropriate staff, including those in different services such as the dietitian and midwives; and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when

Requires improvement

Are services effective?

(for example, treatment is effective)

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.

- However, we did not see evidence that there were adequate arrangements for end of life care. The practice told us that they took part in multi-disciplinary forums to discuss end of life care but we did not see evidence of any meetings where this was discussed. The practice told us that only one patient had been placed on the palliative care register, the care plan implemented jointly with the patient and their end of life wishes were satisfied. Bowel cancer screening uptake for the practice was 31%, which was comparable to the CCG average of 41% and the national average of 54%.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients at risk of developing a long-term condition and carers if required.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity. They had in in-house dietitian who carried out clinics twice a month and those wishing to stop smoking were referred to the local stop smoking service.

Consent to care and treatment

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

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

Requires improvement

Are services caring?

Our findings

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- We were not assured that staff were aware of the Accessible Information Standard.
- Results from the 2017 national GP patient survey showed some areas of low patient satisfaction. These results had not been analysed.
- We were not assured that the practice proactively identified patients who were carers.

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Thirty-five of the 48 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients were generally happy with the service provided; however, 14 comments highlighted issues with access to appointments. Results from the NHS Friends and Family Test and other feedback was not reviewed by the practice.

Results from the July 2017 annual national GP patient survey showed mixed results in relation to how patients felt they were treated with compassion, dignity and respect. 345 surveys were sent out and 113 were returned. This represented 5% of the practice population. The practice had variable satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 86% of patients who responded said the GP gave them enough time; CCG - 82%; national average - 86%.
- 95% of patients who responded said they had confidence and trust in the last GP they saw; CCG - 94%; national average - 95%.
- 75% of patients who responded said the last GP they spoke to was good at treating them with care and concern; CCG– 81%; national average - 86%.
- 82% of patients who responded said the nurse was good at listening to them; (CCG) - 84%; national average - 91%.
- 79% of patients who responded said the nurse gave them enough time; CCG - 85%; national average - 92%.
- 93% of patients who responded said they had confidence and trust in the last nurse they saw; CCG - 94%; national average - 97%.
- 81% of patients who responded said the last nurse they spoke to was good at treating them with care and concern; CCG - 84%; national average - 91%.
- 95% of patients who responded said they found the receptionists at the practice helpful; CCG - 83%; national average - 87%.

The practice had not taken any action in response to the national patient survey data. A suggestion box was in place in the reception area however there was no other information displayed in the practice that encouraged patient feedback.

Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care but we were not assured that they were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were not all available for patients who did not have English as a first language. The practice had multi-lingual staff who spoke a variety of languages including Romanian, Arabic, Italian, French, Eritrean and Portuguese. There were inconsistencies regarding the practice provision of an interpreting service. The practice manager told us that they offered

an interpreting service but some staff were not aware of this. Staff told us that patients would often bring their relatives to translate instead. There was no interpreting information displayed in the practice.

- Staff communicated with patients in a way that they could understand, although there was no hearing loop for those with difficulty hearing. The practice told us that they communicated by writing on paper.

We were not assured that the practice proactively identified patients who were carers. The lead GP told us that there was no carers register in place, whereas the practice manager told us that there was a carers register and they had only identified two patients as carers (less than 1% of the practice list), despite having 180 over 70's registered with the practice.The practice submitted additional information following the inspection that indicated that 59 carers had been identified and coded on the electronic records, however we were not assured that a consistent identification system was in place.

- We saw carers' notices in the GP room. The practice told us that carers were usually seen adhoc when they had a health need and were referred to carers support if required.
- Staff told us that if families had experienced bereavement, the GP would visit the family and signpost them to bereavement counselling. Bereavement leaflets were displayed in the reception area.

Results from the national GP patient survey showed patients response was mixed in relation to questions about their involvement in planning and making decisions about their care and treatment, when compared to local and national averages:

- 81% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 83% and the national average of 86%.
- 74% of patients who responded said the last GP they saw was good at involving them in decisions about their care; CCG - 78%; national average - 82%.
- 84% of patients who responded said the last nurse they saw was good at explaining tests and treatments; CCG - 84%; national average - 90%.
- 73% of patients who responded said the last nurse they saw was good at involving them in decisions about their care; CCG - 80%; national average - 85%.

Privacy and dignity

The practice respected and promoted patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- The practice complied with the Data Protection Act 1998.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We rated the practice as inadequate for providing responsive services.

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

- The practice did not always take account of patient needs and preferences.
- The practice did not have an adequate system in place for handling complaints and concerns.
- Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed when compared to local and national averages. No action had been taken to address this.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs but did not always take account of patient needs and preferences.

- The practice did not offer extended hours but offered telephone consultations and could refer patients to the local hub service staffed by a GP and nurse.
- The practice did not have a website but patients could access appointments through patient access, a 24-hour online system whereby patients could access their local GP services to book appointments or order repeat prescriptions.
- The facilities and premises were appropriate for the services delivered, although there was no hearing loop installed in the practice. The practice told us that patients usually preferred to communicate by writing on paper and therefore they felt they did not require a hearing loop in the practice.
- The practice made reasonable adjustments when patients found it hard to access the building. For example, the building was wheelchair accessible and patients who were unable to access the first floor consultation due to poor mobility were seen downstairs.
- Care and treatment for patients with multiple long-term conditions was coordinated with other services.

Older people:

The practice was rated as requires improvement for providing caring, effective and responsive services and rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability. In addition, all housebound patients were visited by the GP together with the practice nurse as well as the healthcare assistant every three months in order to undertake a full review of their needs.
- The practice offered flu vaccinations proactively to older patients.

People with long-term conditions:

The practice was rated as requires improvement for providing caring, effective and responsive services and rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice told us that information was shared with the local district nursing team through the telephone.

Families, children and young people:

The practice was rated as requires improvement for providing caring, effective and responsive services and rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- We found the systems in place to identify and follow up children living in disadvantaged circumstances and who

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances, were inadequate. The GP told us that they had only one meeting with the health visitor in the last year due to the unavailability of the health visitor. They told us that they would get in touch with the health visitor by telephone if required.

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Midwife appointments were offered every fortnight.

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

The practice was rated as requires improvement for providing caring, effective and responsive services and rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- The practice did not offer extended hours but could refer patients to the local hub service staffed by a GP and nurse.
- The practice did not have a website but patients could access appointments through patient access.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

The practice was rated as requires improvement for providing caring, effective and responsive services and rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- There was no register in place of patients with a learning disability. Following the inspection the provider told us that an electronic record was held of patients with a learning disability; however we were not assured that these patients were being actively identified and monitored.
- Patients with learning disabilities were not automatically offered double appointments but they received annual health checks. The practice told us that double appointments were offered on a case by case basis.

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

The practice was rated as requires improvement for providing caring, effective and responsive services and rated inadequate for providing safe and well-led services. The issues identified as inadequate overall affected all patients, therefore all of the population groups were also rated inadequate.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice offered drug misuse clinics as part of the drug misuse shared care scheme. Complex cases were discussed and referred to the local drug clinic.
- The practice worked in collaboration with Improving Access to Psychological Therapies (IAPT), a counselling and community mental health team, to provide services to patients experiencing poor mental health.

Timely access to the service

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were usually minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed when compared to local and national averages. This was supported by observations on the day of inspection and completed comment cards. Three hundred and forty five surveys were sent out and 113 were returned. This represented 5% of the patient list.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- 66% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76%.
- 91% of patients who responded said they could get through easily to the practice by phone; CCG – 65%; national average - 71%.
- 76% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment; CCG - 77%; national average - 84%.
- 74% of patients who responded said their last appointment was convenient; CCG - 72%; national average - 81%.
- 78% of patients who responded described their experience of making an appointment as good; CCG - 67%; national average - 73%.
- 57% of patients who responded said they don't normally have to wait too long to be seen; CCG - 52%; national average - 64%.

Listening and learning from concerns and complaints

We were not assured that the practice had an adequate system in place for handling complaints and concerns.

- The practice told us that they had not received any complaints in the last 12 months.
- There was no information available about how to make a complaint or raise concerns and there was no complaints policy in place. The practice did not respond to online reviews of the service.

Are services well-led?

Inadequate

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

Our findings

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

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

- The practice had limited governance governance arrangements in place to support the delivery of their strategy.
- Policies and procedures were not all effective.
- Leaders did not have effective capacity and skills to deliver high quality, sustainable care.
- The practice vision and strategy to deliver high quality care and promote good outcomes for patients was not effective.

Leadership capacity and capability

The leaders of the practice did not have effective capacity and skills to deliver high quality, sustainable care.

- The leaders were not always aware of the risks and issues within the practice to sufficiently operate safely and effectively. For example, there was a lack of oversight of staff performance and ensuring staff were fully trained for their roles.
- The level of knowledge about issues and priorities relating to the quality and future of services were inadequate. For example, they told us that they aimed to ensure a robust Information Technology (IT) strategy to support the practice but the GP could not demonstrate a comprehensive understanding of the technology in use. We found that the GP was unable to access the shared drive and did not see this as a priority when asked by the inspection team; therefore, these challenges were not being addressed within the practice. The GP was unable to carry out this task independent from the practice manager.
- Staff told us that the leaders at all levels were visible and approachable.

Vision and strategy

The practice vision and strategy to deliver high quality care and promote good outcomes for patients was not effective.

- We were not provided with supporting business plans to achieve priorities.
- Despite their statement of purpose stating that they would develop their vision, values and strategy jointly with patients, staff and external partners, we did not find any evidence to support this. We found that the practice did not proactively seek patient feedback and patient satisfaction scores were not addressed. There was no joint working with the Patient Participation Group (PPG). The practice told us that there were five PPG members but the last PPG meeting they held was in 2016.
- Staff were not aware the mission statement and were unable to recall the practice vision, values and strategy and their role in achieving them.
- The practice did not monitor any progress against delivery of the strategy.

Culture

We were not assured that the practice had a culture of high-quality sustainable care. For example:

- The practice did not always focus on the needs of patients.
- The practice carried out career development conversations such as training receptionists for the healthcare assistant role. However, not all staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was insufficient evidence to determine if openness, honesty and transparency were demonstrated when responding to incidents and complaints. Not all staff were aware of the duty of candour procedures and we were not provided with evidence to show their compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns but not all staff knew of a whistleblowing policy being in place. We were not provided with a policy on request.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.

Are services well-led?

Inadequate

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

- The practice did not actively promote equality and diversity due to the lack of interpreters and the arrangements in place for those with hearing impairment.
- There were positive relationships between staff and teams. Staff stated they felt respected, supported and valued.

Governance arrangements

The practice had limited governance governance arrangements in place to support the delivery of their strategy.

- There were a lack of effective processes and systems to support good governance and management. The lead GP was unable to access some management information independently without input from the practice manager. We found inconsistent working practices among the leadership in relation to reporting significant events, the arrangements for carers and interpreters at the practice.
- Patients were at risk of harm because systems and processes were not adequate to keep them safe. Leaders were unable to assure themselves that they were operating safely as intended. For example, there was a lack of safety risk assessments and staff were not able to access all policies. Although practice policies were currently being developed by an external organisation, they were not all accessible and completed; for example, the safeguarding policy and the business continuity plan.

Managing risks, issues and performance

There were inadequate processes for managing risks, issues and performance.

- Arrangements to identify, understand, monitor and address current and future risks were inadequate. For example, practice leaders did not have oversight of alerts, incidents, recruitment checks, staff training and complaints.
- The practice did not have adequate processes to manage current and future performance. Supervision from the GP to clinical staff was usually informal through reviews of their consultations. There was no evidence of audits carried out to assess performance.
- There were gaps in training and staff had not been trained for some major incidents such as managing sepsis infections.
- We were not assured that clinical audit had a positive impact on quality of care and outcomes for patients. The evidence provided lacked detail and was not was clear evidence of action to change practice to improve quality.

Appropriate and accurate information

The practice did not always act on appropriate and accurate information.

- Quality and operational information was not always used to improve performance and performance information was not combined with the views of patients. For example, we did not see evidence that significant events were discussed with staff and we were not assured that learning from these events had taken place due to the lack of relevant meeting minutes. The practice did not demonstrate that they had taken action to address the high exception reporting rates in the Quality Outcomes Framework.
- The practice did not proactively seek patient views in relation to the quality of care.
- The practice did not carry out regular meetings and therefore we were not assured that staff had sufficient access to information. The practice provided minutes of two staff meetings dated January and June 2017.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The practice engaged with some external partners, for example, the CCG. The GP attended locality meetings in relation to provision of services; however, they were unable to demonstrate that they involved patients, the public and staff in their support for high-quality sustainable services.

Are services well-led?

Inadequate

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

- The practice did not proactively seek patients' and staff views. They had not taken any action in response to the national patient survey data and did not conduct any practice surveys. Staff meetings were held infrequently, as were clinical meetings.
- The practice did not produce evidence to show that they had monitored the quality of treatment and services in the last 12 months.
- The practice told us that in the last year, they had only met with the health visitor once, due to the health visitor's unavailability. There was no evidence provided in the form of meeting minutes to show that they held partners meetings or met with the multi-disciplinary team, such as safeguarding colleagues or that they held meetings to review those with palliative care needs.
- There was no active patient participation group, who had last held a meeting in 2016.
- The service was transparent and open with stakeholders about performance.

Continuous improvement and innovation

The systems and processes for learning, continuous improvement and innovation needed to be implemented effectively.

- The practice did not undertake any internal or external reviews of incidents and complaints. There was no evidence that learning was shared and used to make improvements.
- The lead GP told us that they regularly attended courses to focus on learning and continuous improvement. For example, they had recently completed a three-day course in diabetes management and in addition to that, the lead GP was a trained gynaecologist.
- There was some innovation in relation to improving the service for housebound patients. For example, the practice had developed a system whereby the GP, together with the practice nurse and healthcare assistant, visited housebound patients every three months in order to undertake a full review of their needs.

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 Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** • The registered person had failed to ensure that recruitment checks were complete and adequate. When we reviewed three recruitment records for new staff, we found appropriate recruitment checks had not been carried out for example, full employment history, references and incomplete contracts. This was in breach of regulation 19 (1) (2) 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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Why the regulation was not met:** The provider was failing to ensure that care and treatment was provided in a safe way for patients. In particular: • The provider did not have effective systems to keep patients safe and safeguarded from abuse. • We were not presented with any health and safety or fire risk assessment and there was no effective system in place to monitor those at risk. • There was no protocol in place to enable assessment of patients with severe infections such as sepsis. • There was no set system in place to ensure that all clinicians saw safety alerts or that they were discussed in clinical meetings. • Signficant event analysis did not take place and lessons were not shared. • There were no induction records on file for newly recruited members of staff. • Infection control processes were not adequately monitored. • Not all staff were aware of the business continuity plan despite one being in place and the plan in place did not highlight all the relevant emergency contact details. • The provider did not have adequate systems for appropriate and safe handling of emergency medicines. This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Why the regulation was not met:

The provider failed to establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. In particular:

- The leaders were not always aware of the risks and issues within the practice to sufficiently operate safely and effectively.
- Staff were not aware the mission statement and were unable to recall the practice vision, values and strategy and their role in achieving them. They were not able to access all policies.
- There were inconsistent working practices among the leadership in relation to reporting significant events, the arrangements for carers and interpreters at the practice.
- practice leaders did not have oversight of alerts, incidents, recruitment checks, staff training and complaints
- There was no evidence to show that the provider had monitored the quality of treatment and services in the last 12 months.

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