

# Figges Marsh Surgery

## Inspection report

182 London Road

Mitcham

Surrey

CR4 3LD

Tel: 0208 640 4445

[https://www.figgesmarshsurgery.nhs.uk/  
your-surgery/](https://www.figgesmarshsurgery.nhs.uk/your-surgery/)

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

## Ratings

### Overall rating for this location

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Requires improvement



Are services responsive?

Inadequate



Are services well-led?

Inadequate



# Overall summary

**This practice is rated as inadequate overall.** (Previous rating January 2016 – Good)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Requires improvement

Are services caring? – Requires improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Figges Marsh Surgery on 2 October 2018 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was carried out in response to concerns from monitoring information we hold. The inspection was carried out using our next phase inspection programme methodology.

At this inspection we found:

- The systems to keep people safeguarded from abuse were not clear.
- The practice did not have clear systems to manage risk to patients and staff including risks relating to recruitment, health and safety, security, infection control, medicines management and the home visiting system.
- Information systems including medical records and incoming correspondence management did not always ensure safe care and treatment was provided, in a timely way.
- Incident reporting systems were not operating effectively. The practice did not always identify, report and learn from incidents and safety alerts to improve their processes.
- Care and treatment was delivered according to evidence-based guidelines in most, but not all cases.
- The practice did not have clearly structured systems to monitor and support the effectiveness of the care it provided.
- Staff treated patients with compassion, kindness, dignity and respect although patients were not always involved in decisions about their care.
- The systems to support carers and those who had suffered a bereavement were not effective.

- Patients reported difficulty contacting the practice by telephone. Patients who visited the practice in person were more likely to secure appointments.
- Not all complaints were handled in line with the practice's complaints policy and complaints information was not easily accessible to patients.
- The partners did not work cohesively to be able to deliver high-quality care; there was limited capacity to drive learning and improvement.
- The practice did not foster a culture where quality and safety was prioritised and staff did not always work as a team.
- Governance arrangements were unclear.
- There were limited systems to gather and utilise feedback from patients and staff.

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

- Ensure care and treatment is provided in a safe way to patients
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care
- Ensure there is an effective system for identifying, receiving, recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity.

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

- Review the systems for identifying and supporting carers and those who have suffered a bereavement.
- Review and improve access to appointments, including the ability for patients to contact the practice easily by telephone.

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

## Overall summary

necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a second CQC inspector and a GP specialist advisor.

## Background to Figges Marsh Surgery

The registered provider of the service is Figges Marsh Surgery. The address of the registered provider is 182 London Road, Mitcham, Surrey, CR4 3LD. The practice is registered as a partnership of three partners with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, maternity and midwifery services and treatment of disease, disorder or injury. Regulated activities are provided at one location operated by the provider. The practice website is <https://www.figgesmarshsurgery.nhs.uk/your-surgery/>.

Figges Marsh Surgery provides services to 8400 patients in Mitcham, Surrey and is one of 23 member practices of Merton Clinical Commissioning Group (CCG).

The practice has a higher than local and national average population of children and young people and a lower than local and national average number of those over 65. Deprivation scores for both older people and children are higher than local and national averages; deprivation affecting older people is considerably higher. The practice is in the 5th most deprived decile in England. Of patients registered with the practice, approximately 44% are White or White British, 27% are Asian or Asian British, 21% are Black or Black British, and 8% are other or mixed ethnic backgrounds.

Figges Marsh Surgery operates from a purpose built medical centre, comprising eight consulting rooms, one treatment room, an 'annex' room, one conference room, administrative office space and a patient waiting area with three patient toilets. The surgery is accessible to those with mobility problems. The medical centre also houses a musculoskeletal physiotherapy service.

There are three part-time male GPs who are partners and one part-time female salaried GP. The practice also uses five regular locum GPs. In total the doctors provide approximately 36 sessions per week. The nursing team consists of two part-time practice nurses and two part-time health care assistants. The practice employs two part-time phlebotomists who also carry out administrative duties. One part-time clinical pharmacist works across other practices in the locality and a second pharmacist for the practice has been recently recruited. A social prescriber works at the practice one day per week.

The clinical team is supported by an assistant practice manager and seven reception and administrative staff. There is no practice manager in post.

Out of hours, patients are directed to the local out of hours provider for Merton CCG via 111.

# Are services safe?

## We rated the practice as inadequate for providing safe services.

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

- The systems to keep people safeguarded from abuse were not clear.
- The practice did not seek assurance that appropriate staff checks and mandatory training had been carried out for locum and agency staff.
- The systems to assess, monitor and manage risks including for health and safety, security, infection control, medicines management and the home visiting system were not operating effectively.
- Information management systems did not always ensure safe care and treatment was provided, in a timely way.
- Incident reporting systems were not operating effectively. The practice did not always identify, report and learn from incidents to improve their processes.
- The system for dealing with safety and medicines alerts was not clear.

## Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- The practice had some systems to safeguard children and vulnerable adults from abuse. There were policies in place but not all staff were aware of how to access these.
- Most staff had received up-to-date safeguarding and safety training appropriate to their role. Most, but not all, staff knew how to identify and report concerns.
- Reports and learning from safeguarding incidents were not always shared with staff and there were no clear systems to demonstrate how information of concern was shared with health visitors. The systems did not give assurance that all patients at risk were being appropriately identified and recorded on the practice's safeguarding registers.
- Staff who acted as chaperones were trained for their role and had received a Disclosure and barring service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

- Staff checks had been carried out for permanent staff on recruitment, however the practice did not always ensure that the appropriate staff checks had been carried out for locum and agency staff.
- There was no system to consider when and if DBS checks needed to be updated for permanent staff.
- The practice did not have clear and effective arrangements to ensure that facilities and equipment were safe and in good working order:
  - A number of actions following a health and safety risk assessment had not been completed including portable appliance testing and testing for electrical safety of the premises.
  - A number of risks relating to the environment were noted on the inspection day including broken chairs and a loose toilet seat.
  - Fire risks had been assessed but not fully considered.
  - The control of substances hazardous to health had not been fully assessed.
  - There was no formal system to check single-use equipment; out of date equipment was found.
- There was limited evidence that the practice had mitigated and managed risks to staff and patients resulting from a number of aggressive patient episodes.
- The practice did not have safe systems to assess and mitigate risks to staff from lone-working including the undertaking of home visits.
- The practice did not have an effective system to manage infection prevention and control:
  - No action had been taken to address concerns found following two NHS England infection control audits in 2017 and 2018. A premises grant had been applied for to fund improvements, but there were no short-term measures to reduce risks in the interim, such as replacing chairs and steam cleaning carpets in clinical areas.
  - The arrangements for managing risks related to legionella were unclear. Staff were not aware of any required actions following the risk assessment.
  - The practice did not have assurance that infection control training had been completed by all relevant staff.
  - Cleaning arrangements were not effective. Cleaning schedules were not detailed enough and there were no arrangements to monitor the quality of cleaning.
  - There was no system to ensure clinical equipment was cleaned between patients.

# Are services safe?

- Arrangements for managing waste and clinical specimens did not always ensure safety was prioritised. There was no availability of specific sharps bins to dispose of blood contaminated sharps in line with guidance. Waste bins in patient toilets were damaged or inaccessible in some cases.

## Risks to patients

The systems to assess, monitor and manage risks to patient safety were not always effective.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an induction programme for new staff, including temporary staff, however this did not include induction checklists. Staff were given fire safety information but there was limited evidence that a range of procedures was discussed in relation to reporting incidents and safeguarding.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- The home visiting system did not ensure that that care and treatment was provided in a safe way to patients. The home visit protocol was not always followed and was not clear. Reception staff were passing requests to named doctors, but these were not acted on consistently or triaged appropriately, incurring delays before home visits were conducted.
- When there were changes to services or staff the practice assessed and monitored the impact on safety. There was a business continuity plan in place, but this was not accessible off site and it did not give assurance that clear arrangements were in place for all risks that may affect the service.
- Not all medical records we saw showed that enough information was available to deliver safe care and treatment as some medical records contained limited details.
- Systems to manage incoming correspondence including hospital letters and patient results did not always ensure care and treatment was provided in a timely and safe way if patients' named GPs were absent.
- The practice did not have accessible documented protocols outlining day to day processes for reception staff to follow; we were told information was given to staff verbally.
- The practice had systems for sharing information with other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols and there were systems to monitor these.

## Appropriate and safe use of medicines

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

- The systems for managing and storing medicines, medical gases, emergency medicines and equipment, minimised risks.
- Policies and procedures in relation to medicines management were not always available for staff to follow.
- The systems for managing and storing vaccines that required refrigeration were not operating effectively. For example, vaccine refrigerator temperatures were not consistently recorded when the practice was open.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance.
- The Clinical Commissioning Group (CCG) pharmacist had reviewed the practice's antibiotic prescribing, and supported the practice to take action to support good antimicrobial stewardship in line with local and national guidance.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines.

## Information to deliver safe care and treatment

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

## Track record on safety

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

## Are services safe?

- There was limited evidence that issues identified from risk assessments in relation to safety issues were acted on.
- The practice did not have clear arrangements to monitor and review activity so that it was aware of and understood identified risks.

### **Lessons learned and improvements made**

The practice did not have clear systems to report incidents and learn and make improvements when things went wrong.

- Not all staff understood their duty to raise concerns and report incidents and near misses.

- There was evidence from discussions with staff and information gathered during the inspection, that a number of incidents had occurred that had not been reported.
- There was limited documentation within central logs, individual reporting forms and meeting minutes to demonstrate learning and development from individual incidents and complaints.
- There was some evidence the practice acted on and learned from external safety events such as missed diagnoses by hospital services.
- The system for reviewing and taking action following patient and medicine safety alerts was not clear.

**Please refer to the Evidence Tables for further information.**



# Are services effective?

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

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

- Some medical records were not accurate as they had not been completed in line with recommended guidance. Care plans and templates on the electronic record system were not consistently used.
- Performance data showed that overall the practice were below local and national averages.
- There were limited systems to monitor and improve the quality of medical records.
- There was evidence that staff did not always work together effectively or receive appropriate support to enable effective care and treatment.
- Clinical and some multi-disciplinary meeting minutes were not detailed enough to ensure patients received effective and joined-up care.

## Effective needs assessment, care and treatment

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

- There was some evidence of best practice guidance being discussed ad hoc in clinical meetings, for example for frailty, and guidance was discussed during internal and external training events. However, there were no standard agenda arrangements during clinical meetings for consistently discussing evidence-based guidance, safety and medicines alerts and clinical audits.
- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing for the majority of records checked. However, from approximately 30 medical records we viewed during the inspection, 15 of these in detail, we found that 10 records did not include an accurate record of all decisions taken in relation to care and treatment, there was limited evidence that national and local guidance was being followed and patient record system templates and care plans were not always being used.

- The practice used technology to improve care and treatment; they offered ambulatory blood pressure monitoring and had access to a hand-held heart monitor to assist in diagnosis and monitoring of patients with cardiovascular disease.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- We saw no evidence of discrimination when making care and treatment decisions.

### Older people:

This population group was rated requires improvement for effective services due to all the issues which led to the overall practice rating of requires improvement for effective.

In addition, this population group was rated requires improvement for effective because:

- Unverified practice data showed that the practice had completed 43% of over 75s health checks for 2017/18.

However we also found areas of effective care for older people:

- The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- The practice discussed those at the end of life in a monthly multidisciplinary team meeting.
- 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.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

This population group was rated requires improvement for effective services due to all the issues which led to the overall practice rating of requires improvement for effective.

In addition, this population group was rated requires improvement for effective because:

- The practice's performance on quality indicators for some long-term conditions (diabetes, hypertension and



## Are services effective?

atrial fibrillation) was below local and national averages for the last two years, although some outcomes had improved. The practice told us they had the highest prevalence of diabetes in the Clinical Commissioning Group (CCG) area for their patient list size, with 523 patients on the diabetes register. They experienced challenges in monitoring these patients due to overseas travel during the year to their country of origin.

However we also found areas of effective care for people with long-term conditions:

- Nursing staff had lead roles in the management of some chronic conditions.
- There were GP leads for some long-term conditions including diabetes. Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care, including working with the in-house pharmacist.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice was able to demonstrate how it identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

Families, children and young people:

This population group was rated requires improvement for effective services due to all the issues which led to the overall practice rating of requires improvement for effective.

In addition, this population group was rated requires improvement for effective because:

- The practice had unclear arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation;

we were told that reception staff were asked to call patients but GPs would call if there were concerns. The practice told us that concerns were discussed informally; there were no structured meetings where safeguarding issues were discussed.

- Childhood immunisation uptake rates were below the target percentage of 90% or above. The practice were aware of this and had put actions in place to aim to improve uptake.

However we also found areas of effective care for families, children and young people:

- The practice had recruited a nurse dedicated to improving childhood immunisation uptake rates.
- Chlamydia testing was offered to those aged 16-25.
- Treatment for pregnant and postnatal women was carried out in line with recommended guidance.

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

This population group was rated requires improvement for effective services due to all the issues which led to the overall practice rating of requires improvement for effective.

In addition, this population group was rated requires improvement for effective because:

- Data showed that the practice were below local and national averages for reviewing patients diagnosed with cancer within six months.

However we also found areas of effective care for working age people (including those recently retired and students):

- The practice's uptake for cervical screening was 64.8%, which was below the 80% coverage target for the national screening programme, although this was comparable to the local and national averages. The practice was aware of this and additional practice nursing resource had improved screening rates. Unverified data from the practice demonstrated that cervical screening uptake had increased over the last two years.
- The practice's uptake for breast and bowel cancer screening was in line with the national average.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

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- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. Data showed the practice had exceeded their target number of health checks for this age group.
- 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:

This population group was rated requires improvement for effective services due to all the issues which led to the overall practice rating of requires improvement for effective.

In addition, this population group was rated requires improvement for effective because:

- There was minimal evidence of a structured system for reviewing patients with high numbers of accident and emergency attendances and hospital admission rates; we were told that GPs monitored this via hospital letters.

However we also found areas of effective care for people whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were 27 patients on the practice's learning disabilities register and 22 patients, which was 81%, had received a health check in 2017/18.
- The practice discussed patients on the learning disabilities register with the local authority learning disabilities co-ordinator every two months.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated requires improvement for effective services due to all the issues which led to the overall practice rating of requires improvement for effective.

In addition, this population group was rated requires improvement for effective because:

- There were currently 87 patients on the practice's mental health register. The mental health lead GP was not able to recall any patients on the register and there was evidence that standardised patient record templates and care plans were not always used for these patients.
- The practice's performance on quality indicators for mental health was below local and national averages. Data showed that 59.8% of patients with severe mental illness had received a comprehensive agreed care plan. Recently published data showed that performance had improved to 75%, however this was still below local and national averages. The exception reporting rate (which captures those patients not appropriate or who had declined) was low at 1.2% indicating that 23.8% of patients had not been monitored appropriately.

However we also found areas of effective care for people experiencing poor mental health (including people with dementia):

- The practice provided access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long term medicines.
- The practice met quarterly with a consultant psychiatrist from the community mental health services to discuss patients on the practice's mental health register.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

### Monitoring care and treatment

The practice had some evidence of quality improvement activity to routinely review the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

# Are services effective?

- Overall performance data for the last three years was below local and national averages. Data showed a dip in performance from 2015/16 to 2016/17 but some improvements in 2017/18.
- The practice used information about care and treatment to make improvements. There had been two full clinical audits over the last year which had been linked to areas where the practice had identified lower performance including monitoring patients with diabetes and health checks for patients with mental health conditions.
- There had been medicines audits undertaken by the Clinical Commissioning Group (CCG) pharmacist, and benchmarking prescribing data was seen, however the practice did not have copies of the audit documents on the inspection day.
- Audits were undertaken to monitor the quality and safety of cervical screening and the cervical screening rate.
- The practice was involved in quality improvement activity to address local health population needs; one of the partners took part in local improvement initiatives where appropriate.
- There was no practice-wide system to monitor the quality of medical records to ensure records were in line with guidance.
- Although the practice had clinicians in lead roles for some clinical areas, for example for mental health and diabetes, they operated a 'personal list' system so GPs was responsible for monitoring and reviewing each patient on their list. There were no clearly structured re-call systems to regularly contact patients who were due for reviews. Staff told us that the member of staff who had previously been involved with the recall system had left the practice.
- There was no formal system for reviewing unplanned admissions and re-admissions; we were told that hospital letters were reviewed by doctors.
- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. Three clinical staff were currently undertaking specialist diabetes training.
- 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 had understood the learning needs of staff and provided protected training to meet them, however some staff told us they were not always given time or opportunities to develop.
- Records of skills, qualifications and training were kept however there were gaps where mandatory training had not been completed or recorded for both permanent and temporary staff. The practice did not have clear systems to monitor whether training had been undertaken by staff. We were told it was each staff member's responsibility to ensure their mandatory training had been done.
- The practice did not always provide clinical staff including GPs, nurses and trainee GPs with the appropriate ongoing support. Staff told us that there was some resistance from the partners when they requested advice during consultations, as the 'personal list' system meant doctors were reluctant to see other patients. There was evidence in clinical meeting minutes that salaried and trainee GP staff felt there were a lack of support systems in place, especially if their mentor was unavailable.
- There was an induction programme for new staff, however this did not include induction checklists. Staff received annual appraisals and probationary reviews.
- There were systems for supporting and managing staff when their performance was poor or variable.

## Coordinating care and treatment

There were some systems to enable staff to work together and with other health and social care professionals but these did not always enable effective care and treatment.

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

## Effective staffing

Most staff had the skills, knowledge and experience to carry out their roles, although there was evidence that staff did not always work together effectively.

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people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community services, mental health services and social services.

- There were no regular arrangements to liaise with health visitors and there were no structured meetings to discuss patients on the safeguarding registers.
- Patients receive coordinated and person-centred care in most cases, this included when they moved between services, when they were referred, or after they were discharged from hospital. However there was evidence that some correspondence from hospitals had not been actioned in a timely way.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. Meetings were held monthly to discuss those at the end of life.
- Clinical meetings were held monthly where some complex patient cases were discussed. Minutes of these meetings were not comprehensive enough to ensure patients received effective and joined-up care.

### 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 in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance, however consent processes were not clearly monitored.

- 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. However, from checking the training records for four GPs, only one GP had undertaken Mental Capacity Act training.
- The practice did not have systems to monitor the processes for seeking and recording consent.

**Please refer to the evidence tables for further information.**

# Are services caring?

## **We rated the practice as requires improvement for caring.**

The practice was rated as requires improvement for caring because:

- Data showed that patients did not always feel they were involved as much as they wanted to be in decisions about their care and treatment.
- The systems for identifying and supporting carers and those who had suffered a bereavement were not operating effectively.

## **Kindness, respect and compassion**

Staff treated patients with kindness, respect and compassion.

- Feedback from patients was mostly positive about the way staff treat people.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line or slightly below local and national averages for questions relating to kindness, respect and compassion.

## **Involvement in decisions about care and treatment**

Staff helped patients to be involved in decisions about care and treatment, although there were limited systems to identify and support carers. Not all staff in key roles were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff communicated with people in a way that they could understand, for example, easy read materials could be made available.

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice had a carers' register and there were examples where they had identified carers and supported them, however the number of carers was lower than the nationally recognised target, despite the practice population experiencing a higher than local and national average deprivation of older people.
- There were systems for supporting relatives of patients who had experienced a bereavement; however there was evidence that this was not always working effectively.
- The practice's GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment. Patient responses showed that during their last GP appointment they were not involved as much as they wanted to be.
- Feedback gathered from patients during the inspection indicated that the majority of patients felt they were given enough information and choice during their consultations.

## **Privacy and dignity**

The practice respected patients' privacy and dignity.

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

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

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

The practice was rated as inadequate for responsive because:

- Due to the named GP personal list system operated by the practice, patients did not always get timely access to care and treatment, including home visits, as there were unclear arrangements in place.
- Patients reported difficulty getting through on the telephone. Patients who visited the practice in person were more likely to secure appointments.
- The premises were not fully suited to meet patients' needs.
- Complaints were not clearly managed in line with the practice's complaints policy and complaints information was not easily accessible to patients.

## Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. However, it did not always take account of patients' needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours and extended hours were offered on Saturdays.
- The facilities and premises were not always maintained in good order for patients. The automatic accessible doors to the practice were broken, we noted a loose-fitting toilet seat in one patient toilet and we observed stains on the carpet and a few cracked chairs in the waiting area.
- The practice made reasonable adjustments when patients found it hard to access services including home visits and methods to improve communication. However, the hearing loop was not able to be located and we were later told this was currently not working.
- The practice operated a 'personal list' so that patients were seen by their named GP under most circumstances, for continuity of care, however some staff told us that patients did not always come first; there was a reluctance by GPs to see patients other than those on their personal list.

- Chaperone services were offered and there was evidence these were used, however there was also evidence that some female patients had been asked to re-book to see another GP when they attended for consultations that necessitated an intimate examination with a male GP. This was not always convenient for patients.
- The practice provided care coordination for patients who are more vulnerable or who have complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

### Older people:

This population group was rated inadequate for responsive services due to all the issues which led to the overall practice rating of inadequate for responsive.

However we also found areas of responsive care for older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Older people were provided with the practice's bypass telephone line to improve access to timely care and treatment. Patients commented that this made it easier to book appointments.

### People with long-term conditions:

This population group was rated inadequate for responsive services due to all the issues which led to the overall practice rating of inadequate for responsive.

However we also found areas of responsive care for people with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions could be reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs if requested.



# Are services responsive to people's needs?

- The practice provided phlebotomy appointments in-house which particularly suited those with long-term conditions.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated inadequate for responsive services due to all the issues which led to the overall practice rating of inadequate for responsive.

In addition, this population group was rated inadequate for responsive because:

- Feedback from some patients was that children were not always seen, including children with asthma. There were examples given where parents had been directed to accident and emergency or the extended GP access hub for the Clinical Commissioning Group (CCG) for appointments.
- We found minimal evidence of a structured system to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.

However we also found areas of responsive care for families, children and young people:

- Specific appointment slots for children were available in the afternoons after school hours and appointments were available on Saturday mornings.

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

This population group was rated inadequate for responsive services due to all the issues which led to the overall practice rating of inadequate for responsive.

However we also found areas of responsive care for working age people (including those recently retired and students):

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, early appointments from 8am and Saturday appointments, which included urgent as well as pre-bookable appointment slots.

- Online appointment booking and an online repeat prescription service was available; the practice reported that more appointments were now made available online.
- Phlebotomy was available in-house and physiotherapy services were available on the premises.

People whose circumstances make them vulnerable:

This population group was rated inadequate for responsive services due to all the issues which led to the overall practice rating of inadequate for responsive.

However we also found areas of responsive care for people whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- A number of staff were multi-lingual which supported patients from a range of cultural backgrounds.
- Patients who were vulnerable were given the practice's bypass number to improve access to timely care and treatment
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- A social prescribing service had recently commenced at the practice weekly, particularly offering support and signposting to other services for those who lived in vulnerable circumstances.

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

This population group was rated inadequate for responsive services due to all the issues which led to the overall practice rating of inadequate for responsive.

However we also found areas of responsive care for people experiencing poor mental health (including people with dementia):

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- GPs were able to refer to a local dementia hub.
- Patients were signposted to a local psychological therapies service.

## Timely access to care and treatment



## Are services responsive to people's needs?

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

- Patients were able to see their named GP.
- Delays and cancellations were minimal and managed appropriately.
- Patients could often experience waiting times for routine appointments of two weeks or more.
- Patients had timely access to initial assessment, test results, diagnosis and treatment in most cases.
- Patients with the most urgent needs had their care and treatment prioritised, although there were some examples where patients were not seen in a timely way including those requiring home visits and children.
- Patients' views on the appointment system were mixed. Patients reported that they experienced difficulties in getting through on the telephone. Patients felt it was easier to visit the practice in the morning and book an appointment; they reported they would be fitted in if they came in person.
- The practice's GP patient survey results were in line with or slightly below local and national averages for questions relating to access to care and treatment.

### **Listening and learning from concerns and complaints**

The practice did not always consider complaints and concerns seriously and did not respond to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available but it was out of date and not easy to read.
- Complaint responses contained apologies, however the content of complaint responses did not always indicate that the practice treated patients who made complaints compassionately.
- The complaints policy and procedures were in line with recognised guidance, but they contained some out of date information. Complaints were not always acknowledged in a timely way, in line with the policy.
- There was some evidence that the practice learned lessons from individual concerns and complaints and also from analysis of trends to improve the quality of care, although additional issues arising from complaints investigations were not always followed up.

**Please refer to the evidence tables for further information.**

# Are services well-led?

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

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

- The practice did not have a clear vision or strategy.
- There was evidence that the partners did not work cohesively to be able to deliver high-quality care.
- The practice did not foster a culture where quality and safety was prioritised.
- Governance arrangements were unclear.
- The partners did not have an oversight of all risks and issues that affected the service.
- There were limited systems to gather and utilise feedback from patients and staff.
- The practice did not have reliable systems to learn from risks, incidents, safety alerts and complaints.

### Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care.

- Leaders were knowledgeable about some areas of concern and priorities relating to the quality and future of services. There was evidence that some issues were being addressed.
- There was evidence that the partners did not work together cohesively enough to be able to deliver high-quality, sustainable services and to address priorities.
- The partners were not always visible and approachable.
- There was limited evidence that the practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice. There had been no practice manager for approximately two years, since the last CQC inspection.

### Vision and strategy

The practice did not have a clear vision or strategy in place to deliver high quality, sustainable care.

- The practice's vision and aims were detailed in their Statement of Purpose; however these were not always adhered to.
- Staff were aware of and understood the practice's aims and vision.
- There was no strategy or supporting business plan and partners' meeting minutes did not contain evidence of business plan discussions.

- There was some evidence that the practice planned its services to meet the needs of the practice population.

### Culture

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

- Some staff had worked at the practice for a number of years and felt committed to the practice, however three members of staff reported they felt undervalued.
- Some staff reported there was an 'atmosphere' in the practice, partners did not work cohesively and staff did not work as a team.
- The culture did not support quality improvement and some staff felt patient care was not prioritised as staff did not work together effectively.
- The zero tolerance systems to support staff in instances of aggressive and abuse behaviour were not being followed and were ineffective; there was evidence that staff safety and well-being was not always prioritised.
- There were inadequate systems to support staff and encourage openness and transparency. Some staff felt they did not have confidence that any issues raised would be addressed.
- There was some evidence of openness, honesty and transparency when responding to incidents that had been reported, however it was not clear that complaints were always well-handled.
- The provider had systems to ensure compliance with the requirements of the duty of candour
- There were processes for providing some staff with the development they needed, although staff reported they did not always have time to make improvements to the service.
- All staff records we checked showed that staff had received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.

### Governance arrangements

The practice did not have clear responsibilities, roles and systems of accountability to support good governance and management.

- There had been recent changes to the governance arrangements; staff were not always clear about the organisational structure and who the nominated leads were for specific areas.

# Are services well-led?

- Those in lead roles did not always demonstrate an oversight of their accountabilities and responsibilities.
- There was a range of policies and procedures, however these were not always accessible and did not support good governance and management of the service. There were many examples where policies were not detailed enough, did not contain the most up to date practice information and were not being adhered to.
- There was minimal evidence of systems to support clinical governance.
- There were gaps in governance arrangements for identifying and managing risks related to recruitment, training, health and safety, medicines management and premises and equipment.
- There was a staff meeting structure, however this was not always followed, and records of discussions were not consistent or adequate in most cases.

## Managing risks, issues and performance

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

- The practice had plans in place and had trained staff for major incidents.
- The processes to identify, understand, monitor and address current and future risks including risks to patient safety were not effective.
- Information about risk and performance were not used effectively to drive improvements.

Actions from the legionella risk assessment, infection control audits, performance indicators, incidents, complaints and alerts did not trigger quality improvement projects in most instances.

- However, there was some evidence of action to improve the quality of services and outcomes for patients from clinical audits.
- The practice did not have clear systems to consider the impact on the quality of care from service changes or developments.

## Appropriate and accurate information

The practice did not always have access to appropriate and accurate information.

- Quality and operational information was used to monitor and improve the service, however some performance data inaccuracies meant that data did not provide a clear picture of the practice's performance. There were plans to address some weaknesses.
- The practice used local and national data to gauge performance of the practice.
- Quality and sustainability were not routinely discussed in relevant meetings.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice did not have clear systems to ensure that data or notifications would be submitted to external organisations as required.
- Updated information governance (IG) systems were not embedded in the practice. There were some risks identified due to gaps in the management of some confidential information.

## Engagement with patients, the public, staff and external partners

The practice had limited systems to involve patients, the public, staff and external partners to support high-quality sustainable services.

- There was a patient participation group (PPG), which provided a forum for social engagement for members, which they valued. However, the PPG was not actively used to drive improvements in the quality of the practice.
- There were limited systems to gather and review patient feedback.
- NHS Friends and Family Tests (FFT) were not actively promoted; there had been minimal respondents to this over the past six months.
- There were some systems to gather staff feedback but they were not well established.

## Continuous improvement and innovation

There was minimal evidence of systems and processes for learning, continuous improvement and innovation.

- There were some clinical and procedural audits that were used to improve the service.
- There was evidence the practice had engaged with some local initiatives to develop and improve the service.

## Are services well-led?

- The practice did not have reliable systems to learn from risks, incidents, safety alerts and complaints, and learning was not cascaded to all staff.
- Leaders and managers did not prioritise time for staff to assist in continuous improvement of the service.

**Please refer to the evidence tables for further information.**

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p><b>How the regulation was not being met:</b>The registered person had failed to establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. In particular:</p> <ul style="list-style-type: none"><li>• Information about how to make a complaint or raise concerns contained out of date information and was not easy to read.</li><li>• The content of complaint responses did not always indicate that the practice treated patients who made complaints compassionately.</li><li>• The complaint policy and procedures contained out of date information and complaints were not always acknowledged in a timely way, in line with the practice policy.</li></ul> <p>This was in breach of regulation 16(2) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Receiving and acting on complaints.</p>

## Enforcement actions

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered persons had not done all that was reasonably practicable to assess and mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• The systems to assess, monitor and manage risks including health and safety, security, medicines management and the home visiting system were not operating effectively.</li></ul> <p>Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:</p> <ul style="list-style-type: none"><li>• The practice did not seek assurance that appropriate staff checks and mandatory training had been carried out for locum and agency staff.</li><li>• The equipment being used to care for and treat service users was not safe for use. In particular:</li><li>• There was no formal system to check single-use equipment; out of date equipment was found.</li></ul> <p>The registered persons had not done all that was reasonably practicable to prevent and control the spread of infections, including those that are health care associated. In particular:</p> <ul style="list-style-type: none"><li>• No action had been taken to address concerns found following two NHS England infection control audits.</li><li>• The arrangements for managing risks related to legionella were unclear.</li><li>• The practice did not have assurance that infection control training had been completed by all relevant staff.</li><li>• Cleaning arrangements were not effective.</li></ul>

This section is primarily information for the provider

## Enforcement actions

There was additional evidence that safe care and treatment was not being provided. In particular:

- The systems to keep people safeguarded from abuse were not clear.
- Information management systems did not always ensure safe care and treatment was provided, in a timely way.
- Incident reporting systems were not operating effectively. The practice did not always identify, report and learn from incidents to improve their processes.
- The system for dealing with safety and medicine alerts was not clear.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

### Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### How the regulation was not being met:

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided. In particular:

- The practice did not have reliable systems to learn from risks, incidents, safety alerts and complaints, and learning was not clearly cascaded to all staff.
- There were no systems to monitor the quality of medical records.
- Leaders and managers did not prioritise time for staff to assist in continuous improvement of the service.
- There were inadequate systems to support staff and encourage openness and transparency. Some staff felt they did not have confidence that any issues raised would be addressed.

The registered person had systems or processes in place that were operating ineffectively in that they failed to



## Enforcement actions

enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk. In particular:

- There were gaps in governance arrangements for identifying and managing risks related to recruitment, training, health and safety, medicines management and premises and equipment.
- The zero tolerance systems to support staff in instances of aggressive and abuse behaviour was not being followed and was ineffective.

The registered person had systems or processes in place that were operating ineffectively in that they failed to enable the registered person to ensure that accurate, complete and contemporaneous records were being maintained securely in respect of each service user. In particular:

- We reviewed in detail 15 medical records and 10 of these were not in line with record-keeping guidance.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular:

- There had been no practice survey and NHS Friends and Family Tests were not clearly promoted.
- The Patient Participation Group was not actively used to gather feedback and improve services.

There was additional evidence of poor governance. In particular:

- There was evidence that the partners did not work cohesively to be able to deliver high-quality care.
- Governance arrangements were unclear.
- Policies and procedures were not always accessible, not always up to date, detailed, accurate or reliable and were not always adhered to.

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