

Cecil Avenue Surgery

Inspection report

Cecil Avenue

Hornchurch

Essex

RM11 2LY

Tel: 01708476011

The practice does not have a website


Date of inspection visit: 17 July to 17 July 2018

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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?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Inadequate 

Overall summary

This practice is rated as Inadequate overall. (Previous rating June 2017 Requires Improvement overall.)

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Inadequate

We carried out an announced comprehensive inspection at Cecil Avenue Surgery on 17 July 2018. This was to follow up the inspection of the 19 June 2017, when the practice was rated as requires improvement overall, and requires improvement for providing safe and effective services. The practice was in breach of Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008.

This was because the provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users; specifically regarding fire, infection control, emergency and major incidents and the storage and management of medicines and prescription forms and pads. In addition, the registered person did not do all that was reasonably practicable to ensure effective systems and processes were in place. Specifically, by failing to address below average clinical performance for the care of some patient groups and not ensuring all mandatory training was completed by all staff including fire safety and information governance.

At this inspection on 17 July 2018 we found:

The provider had made improvements when providing effective care to patients and had addressed clinical performance, and staff had completed some of the mandatory training. We found the practice had made some improvements to the management of infection control and of prescriptions. However, the lack of assessment and mitigation to the risks of the health and safety, premises, hazard substances, fire and some of the management of medication put patients and staff at risk.

In addition, we found the provider did not always have in place the written policies and protocols necessary to ensure a consistent approach. The practice did not always have systems in place to make sure equipment, staff

training, clinical waste, medicines documentation and staff immunisations were up to date. There was no clarity around processes to identify, understand, monitor, and address current and future risks, including risks to patient safety.

For example:

- The management of the risks associated with fire, health and safety, premises and hazardous substances continued to be either unidentified or not mitigated and risks remained for both staff and patients.
- The practice did not have a system in place to check whether staff vaccinations were maintained in line with current Public Health England guidance (PHE).
- The management of medicines and safe storage of prescriptions had improved. However, we found four patient group directions that had expired. The practice did not have a risk assessment in place to identify and mitigate any risks associated with the decision not to hold all the recommended emergency medicines.
- The practice had oxygen and a defibrillator which the practice manager said was checked by the GP. However, we found two masks had passed the date for safe use and there was no documentary evidence of regular checks of the emergency equipment.
- The practice had a small staff team that responded to patient needs but did not always have the written policies and protocols necessary to ensure a consistent approach by staff. For example, there was no significant events or incident policy, no medical emergency protocol, no protocol for reception staff to follow to decide on priority when a patient contacted the service, and no induction pack for locum GPs.
- The practice did not always have systems in place to make sure equipment, staff training, clinical waste, medicines documentation, legionella monitoring and staff immunisations were up to date. The provider did not provide any evidence of medical indemnity insurance for the nurse.
- The practice had 2,466 patients registered with the practice. This meant patients often saw the same GP who understood their individual needs and tailored the services in response to those needs.
- Twenty-five out of 27 patients stated that the practice was excellent and they were treated with dignity and respect. They stated they could not fault the care, were always listened to and the doctor explained things clearly and do their best to respond to patient needs.

Overall summary

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. The doctor and nurse had received up-to-date safeguarding and safety training appropriate to their role.
- The practice had improved in the monitoring of treatment and care and had made improvements following the inspection in June 2017.
- The practice had introduced e-learning for staff to ensure they completed their mandatory training.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The care records we saw showed that information needed to deliver safe care and treatment was available to staff.
- We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.
- The practice had an active patient participation group and had carried out their own patient survey, which they had responded to. However, they were unaware of the national GP survey and had therefore not reviewed or responded to the results.

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

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

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

- Review the approach for identifying and providing support to patients with caring responsibilities.

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

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

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

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, and a practice nurse specialist adviser.

Background to Cecil Avenue Surgery

Dr Malcolm Flasz and Dr Bright Ighorodje are the registered providers. They are registered as a partnership with the Care Quality Commission (the Commission) to provide the regulated activities of: diagnostic and screening procedures; treatment of disease, disorder or injury; maternity and midwifery services; and family planning at:

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Cecil Avenue Surgery provides a service for 2,466 patients as part of the general medical services contract with NHS Havering Clinical Commissioning Group (CCG) on behalf of NHS England.

Cecil Avenue Surgery catchment area is classed as within the ninth less deprived areas in England. (1 = Most deprived 10 = Least deprived). The practice population is similar to that of others in the area and the Havering CCG.

The practice operates from a semi-detached bungalow that has one GP consultation room, a treatment room

shared between the nurse and the practice manager, and a patient waiting room. In addition, there is an administration/reception office and separate staff and patient toilets.

The practice team at the surgery is made up of two partners, one partner (male) works full time and the second partner (male) provides no clinical or management input. They are supported by a part time practice manager and administration/reception staff. The practice nurse works two/three hours a week and two hours once a month in the early evening. The nurse's main role is to carry out vaccinations and cervical smears. The partner is supported by permanent locum GPs.

The practice opening hours are Monday, Tuesday, Wednesday and Friday 8:30am to 12:30pm and 2:30pm to 6:30pm, and Thursday 8:30am to 12:30pm.

The GPs provide, between them, 10 clinical sessions per week. The appointment times are:-

- Monday and Tuesday 9am to 10:40am and 4.30pm to 5.20pm
- Wednesday 8.30am to 11.30am and 4.30pm to 5.20pm
- Thursday 8.30am to 11.30am
- Friday 9am to 12am and 4.30pm to 5.20pm

- The GP also offers up to four telephone consultation from 12midday Monday and Tuesday and at 6pm Monday, Tuesday, Wednesday & Friday.

Out of hours care can be accessed via the surgery telephone number or by calling the NHS 111 service.

Are services safe?

We rated the practice as inadequate for providing safe services.

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

At the two previous inspections on the 22 September 2016 and 19 June 2017 the practice was required to make improvements when providing safe services. At the inspection on the 19 June 2017 the provider was asked to assess and mitigate against the risks to the health and safety of service users associated with fire, infection control, emergency and major incidents and the storage and management of medicines and prescription forms and pads. Although we found the practice had made some improvements to the management of infection control and of prescriptions, there was a lack of assessment and mitigation to the risks of the health and safety, premises, hazard substances, fire and some of the management of medication put patients and staff at risk.

Safety systems and processes

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. The doctor and nurse had received up-to-date safeguarding and safety training appropriate to their role. The staff knew how to identify and report concerns. However, the records submitted showed that the practice manager and two of the administration staff had not completed their safeguarding awareness course level one. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for their role and had received a disclosure and barring service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The provider took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was a risk assessment for the management and prevention of infection control in place dated 21 March 2017 that staff had updated.
- The practice had arrangements to ensure that clinical equipment was calibrated and in good working order.

- Arrangements were in place for the management of waste and clinical specimens. However, staff had not labelled the clinical waste bins in the treatment and GP consultation rooms. In addition, we found three sharps bins that had not been replaced since February 2017.
- The practice did not have a system in place to check whether staff vaccinations were maintained in line with current Public Health England guidance (PHE) or as required in the practice's infection control policy.

Risks to patients

- The practice had one permanent GP who was the provider. The nurse worked two/three hours a week and two hours once a month in the early evening. Their main role was to carry out vaccinations and cervical smears. When the nurse was on leave the practice commissioned locum doctors and nurses. The administration/reception staff said they worked flexibly to cover leave.
- The practice did not have an induction pack for locum doctors to enable them to follow practice protocols and to inform them of the other clinical and safeguarding contacts. However, the practice manager explained the practice mostly used the same locum GPs.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, the practice did not have a written protocol in place for staff to follow in the event of a medical emergency.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

Information to deliver safe care and treatment

- The care records we saw showed that information needed to deliver safe care and treatment was available to staff. There was a documented approach to managing test results in patient notes. However, the protocol stated that the GP would review all blood results and manage them accordingly. This would not have provided enough information for staff when the GP was on leave.

Are services safe?

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

Appropriate and safe use of medicines

- The practice had some systems in place for managing and storing medicines, including vaccines. However, we found four patient group directions that had expired. (Patient Group Directions (PGDs) were written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- The practice had oxygen and a defibrillator which the practice manager said was checked by the GP. However, we found two masks had passed the date for safe use and there was no documentary evidence of regular checks of the emergency equipment.
- The practice had some emergency drugs but these did not include atropine and hydrocortisone for injection, an antiemetic, diclofenac, rectal or IV diazepam. The practice did not have a risk assessment in place to identify and mitigate any risks associated with the lack of these medicines.
- The practice had improved their system for the safe storage and receipt of prescriptions. Staff told us they thought repeat prescriptions waiting to be collected were checked each month. However, we found eight prescriptions dating back to March 2018 that had not been collected.
- The practice had reviewed its antibiotic prescribing and acted 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.

Track record on safety

- The practice did not have health and safety, premises or hazardous substances risk assessments in place.
- The practice manager had completed a fire risk assessment; however, it did not identify all of the risks to patients and staff.
- The practice did not have a hot water tank, and the practice manager had assessed that the practice did not need a legionella risk assessment completed by an independent contractor. However, the practice's legionella policy stated the water temperatures would be monitored and recorded at least twice a year. The practice manager stated this was not carried out.

Lessons learned and improvements made

- Staff understood their duty to raise concerns and report incidents and near misses. The provider and managers supported them when they did so. However, the practice manager was unable to provide a significant events policy or protocol to demonstrate a formal system that staff followed a consistent approach.
- The provider told us no significant events had occurred since June 2017 and staff also confirmed this. We were provided with the information for one event on 8 June 2017 that had been fully investigated and lessons learned from and the patient involved informed of the event and apologised to. Staff said they would always inform the doctor if an event occurred.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. However, the practice manager did not keep a log to demonstrate that all safety alerts had been reviewed and actioned appropriately.

Please refer to the evidence tables for further information

Are services effective?

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

Effective needs assessment, care and treatment

The practice had one permanent GP. The nurse worked two/three hours a week and their main role was to carry out vaccinations and cervical smears. The GP and the nurse had systems to kept up to date with current evidence-based practice. We saw that the GP assessed and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

This population group was rated good for effective because:

- The GP reviewed older patients' hospital admissions, if appropriate patients received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review, including a review of medication.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The GP had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice offered longer appointments for older people. In addition, the same GP mostly saw them.

People with long-term conditions:

This population group was rated good for effective because:

- 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.

- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- Where appropriate the practice offered help with smoking cessation and flu vaccinations.
- Adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice could demonstrate how it identified patients with undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension).
- The practice's performance on quality indicators for long-term conditions was in line with local and national averages.

Families, children, and young people:

This population group was rated good for effective because:

- Childhood immunisation in three areas continue to be 72%, which is below the national target of 90%. The practice provided figures that not yet published and in the public domain that show an improvement in the figures for 2017 to 2018.
- The practice nurse told us they did not follow up the failed attendance of children's appointments. This was the role of the administration staff. The administration staff explained they telephoned the family and made another appointment, and this was red flagged on patient notes. Due to the size of the practice staff were aware of the families that did not attend and therefore reminded patients at every opportunity.

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

This population group was rated good for effective because:

- The practice's uptake for cervical screening was 73%, which was below the 80% coverage target for the national screening programme but in line with the CCG and the national average of 73 and 72%.

Are services effective?

- The practice's uptake for breast and bowel cancer screening was above the national average.
- 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.
- Staff referred school leavers to a local travel clinic to receive the meningitis vaccine.

People whose circumstances make them vulnerable:

This population group was rated good for effective because:

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

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

This population group was rated as good for effective because:

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer, and access to 'stop smoking' services. There was a system for following up patients who failed to attend for administration of long term medication.
- The GP referred patients with depression to local counselling services.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- The practice offered annual health checks to a patient with a learning disability.
- The practice's performance on quality indicators for mental health was above the local and national averages.

Monitoring care and treatment

The GP had carried out an audit to review the uptake of cervical smears at the practice. The uptake of cervical smears in July 2017 was 74.4% following implementing the recommendations from the audit. A review of the practice figures in May 2018 showed an uptake of 83%.

- Where appropriate, clinicians took part in local and national improvement initiatives, such as medication and a review of diabetic patients.
- The practice scored an overall figure of 504 out of 559, which was in line with the CCG average of 524. The overall exception rate was 3.8 which was better than the CCG and national average.
- The GP was actively involved in quality improvement activity. Where appropriate, the GP took part in local and national improvement initiatives such as diabetes.

Effective staffing

- The practice nurse 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 commenced online training for staff. Following the previous inspection, the staff had completed many training courses, such as fire, accident and incident reporting, chaperoning and basic life support. However, two of the administration staff and the practice manager had not completed their child safeguarding or infection control training.
- All staff had an annual appraisal apart from the practice nurse. The doctor explained how they reviewed what the staff found difficult in their roles and what they wanted to improve upon.
- The GP had completed their revalidation in 2015 and their annual appraisal in November 2017.

Coordinating care and treatment

- We saw records that showed that all appropriate staff were involved in assessing, planning and delivering care and treatment.
- The practice shared clear and accurate information with relevant professionals when discussing care delivery for people with long term conditions and when coordinating healthcare for care home residents. They shared information with, and liaised, with community

Are services effective?

services, social services, and carers for housebound patients and with health visitors and community services for children who had relocated into the local area.

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

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.
- The GP 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.
- Staff advised patients of local support group if appropriate.
- The provider took the opportunity to offer health assessments for patients during other routine appointments.

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

Please refer to the evidence tables for further information

Are services caring?

We rated the practice as good for caring.

Kindness, respect and compassion

- Staff treated patients with kindness, respect and compassion.
- Feedback from patients was positive about the way staff treat people.
- Staff understood patients' personal, cultural, social, and religious needs.
- The practice gave patients timely support and information.
- The practice's GP patient survey results were in line with local and national averages for questions relating to kindness, respect and compassion. For example, 91% find the receptionists at this surgery helpful compared to the local CCG average of 86% and the national average of 87%. 80% say the last GP they saw or spoke to was good at treating them with care and concern and 87% say the last nurse they saw or spoke to was good at treating them with care and concern.
- We observed the positive interactions that staff had with patients.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment. They were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information that they are given.)

- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them.
- The practice's GP patient survey results were in line.

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.
- The practice offered chaperones for patients.

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 good for providing responsive services good.

Responding to and meeting people's needs

- The practice had 2,466 patients registered with the practice. This meant patients often saw the same GP who understood their individual needs and tailored the services in response to those needs.
- Telephone consultations and earlier morning appointments were available which supported patients who were unable to attend the practice during normal working hours.
- The staff responded to and met patient needs despite of the limitation of the premises. The practice was in a small bungalow, where the limited space challenged the abilities of the staff to provide a service. The practice had one GP consultation room, a treatment room that was shared between the nurse and the practice manager, and a patient waiting room. In addition, there was an administration/reception office, although this did not have enough space for staff to have seated work space, and there were also separate staff and patient toilets.
- The practice provided effective 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 good for providing a responsive service because:

- Due to the size of the surgery patients saw the same 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 and longer appointments for those with enhanced needs. The GP and practice accommodated home visits for those who had difficulties getting to the practice.
- The practice offered the administration of the flu vaccine in the patient's homes.

People with long-term conditions:

This population group was rated good for providing a responsive service because:

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

Families, children, and young people:

This population group was rated good for providing a responsive service because:

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

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

This population group was rated good for providing a responsive service because:

- 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 morning appointments and telephone consultations.

People whose circumstances make them vulnerable:

This population group was rated good for providing a responsive service because:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

Are services responsive to people's needs?

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

This population group was rated good for providing a responsive service because:

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia. The GP had an interest in people experiencing poor mental health and had completed their Master's degree in psychotherapy.
- Due to the size of the surgery and that patients saw the same GP, the staff used all opportunities during the routine appointments to check on the patient's well-being.

Timely access to care and treatment

- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised. However, the practice did not have a protocol in place to reflect this and ensure a consistent approach.
- Patients reported that the appointment system was easy to use.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. For example, the percentage of patients who gave a positive answer to "Generally, how

easy is it to get through to someone at your GP surgery on the phone?" and how they were able to access appointments at the practice was higher than the local CCG and national averages. However, the percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours was slightly lower than the local CCG and national average.

Listening and learning from concerns and complaints

- The practice manager told us that they had only received one complaint in the last twelve months. We saw the provider had received this complaint from NHS England on behalf of a patient. The letter demonstrated this was investigated and responded to with information about where to complain to if they were unhappy with the provider's response.
- The practice followed the local CCG and NHS England complaints policy. However, it did not have a leaflet or information available to inform patients of how to make a complaint to the practice.
- We spoke with the receptionists who told us that they would speak with the practice manager who would respond to the complaints. However, they could not remember ever having received one complaint.

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:

We found the provider did not always have in place the written policies and protocols necessary to ensure a consistent approach. The practice did not always have systems in place to make sure equipment, staff training, clinical waste, medicines documentation and staff immunisations were up to date. There was no clarity around processes to identify, understand, monitor and address current and future risks, including risks to patient safety.

Leadership capacity and capability

- The practice management team at the surgery was made up of two partners, one partner works full-time and a part-time practice manager. The second partner provides no clinical or management input.
- The full-time GP was knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them, such as the premises and the need to recruit a practice nurse.
- The full-time GP and the practice manager were visible and approachable.

Vision and strategy

- The practice had a mission statement.
- The practice was a small practice where staff were aware of patients' individual needs.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.

Culture

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.

- Most staff had regular annual appraisals in the last year except for the practice nurse. The practice nurse had recently met the requirements of professional revalidation.
- There were positive relationships between staff members.

Governance arrangements

- The practice had a small staff team that responded to patient needs but did not always have in place the written policies and protocols necessary to ensure a consistent approach. For example, there was no significant events or incident policy, no medical emergency protocol, no protocol for reception staff to follow to decide on priority when a patient contacted the service, and no induction pack for locum GPs.
- The practice manager did not always have systems in place to make sure equipment, staff training, clinical waste, medicines documentation and staff immunisations were up to date.
- The GP medical indemnity covered four sessions per week, that the doctor explained they had agreed with the insurance company could be split into smaller lasting session.
- The provider and the nurse did not provide any evidence of medical indemnity insurance for the nurse at the time of the inspection or at the drafting of this report.

Managing risks, issues and performance

There was no clarity around processes to identify, understand, monitor and address current and future risks, including risks to patient safety.

- The practice fire risk assessment had been carried out by the practice manager and did not identify all the risks to both patients and staff.
- The practice did not have health and safety, premises or hazardous substances risk assessments in place to identify and mitigate any risks to patients or staff.
- The practice did not have a risk assessment to assess and mitigate the decision to not hold some of the emergency drugs.
- The practice had received one complaint and logged one significant event. Both the practice manager and the GP were fully aware of these.
- The clinical audits reviewed had a positive impact on quality of care and outcomes for patients.

Are services well-led?

- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Due to the size of the practice many discussions about quality and sustainability were discussed informally. The practice had daily discussions about operations and issues.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, the use of note pads that contained all patient identification and medical information would have made it difficult for the provider to meet a data protection access request.

Engagement with patients, the public, staff and external partners

- There was an active patient participation group. This had three to four members and met four times a year.

- At the time of the inspection the practice manager and GP were unaware of the existence of the GP patient survey, so had not reviewed or responded to the results.
- The practice had carried out their own survey, which asked patients to rate their experience with reception staff, nurse and GP, and to provide any other general comments. We saw the provider had collated the results and responded to the feedback.
- The service was transparent, collaborative, and open with stakeholders about performance.
- The most recent practice team meeting which was documented was held on 10 July 2018. However, prior to this the last documented meeting was in 21 November 2017. The practice nurse did not attend these practice team meetings.

Continuous improvement and innovation

- There was a focus on continuous learning and improvement by the GP.
- The provider was looking at ways of improving the size of the premises.
- The provider was reviewing the partnership and looking for further GPs to join the practice.

Please refer to the evidence tables for further information.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the provider was failing to provide care and treatment to service users in a safe way.</p> <p>In particular:-</p> <p>The fire safety arrangements did not keep patients safe and the fire risk assessment completed by the practice manager in October 2017 did not identify or mitigate risks to patients and staff.</p> <p>Assessments of the risks to the health and safety of patients and staff were not being carried out.</p> <p>We identified risks relating to infection prevention and control.</p> <p>We identified risks relating to the arrangements for the safe management and administration of medicines.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was failing to operate effective systems or processes established to ensure compliance with the requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>In particular:-</p> <p>The policies and procedures were either not in place or did not reflect the staff and practices actions.</p>

This section is primarily information for the provider

Enforcement actions

There were no systems, or ineffective systems, in place to assess, monitor and mitigate the risks to patients and staff and improve the quality and safety of the services being provided.