

Water Eaton Health Centre

Inspection report


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

Ratings

Overall rating for this location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

This practice is rated as inadequate overall.

The key questions at this inspection are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Requires Improvement

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Water Eaton Health Centre on 2 October 2018. This inspection was carried out under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

At this inspection we found:

- The practice did not have clear systems in place to manage risk so that safety incidents were less likely to happen. The practice could not demonstrate that they learned from safety incidents and other events such as complaints and improved their processes.
- The governance of the practice was poorly managed. Leaders lacked the capacity and capability to manage the practice effectively.
- Policies and procedures had not been established to enable the practice to operate safely and effectively. The management of safety systems was not evident particularly in relation to safeguarding, employment checks and risk assessments.
- The practice had failed to identify and support all vulnerable children within their patient population. Records kept in regard to safeguarding were incomplete and inaccurate.
- There was no management oversight of staff training and some staff had not undertaken required training.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.

- Patients found the appointment system difficult to use and reported that they were not always able to access care when they needed it.
- The provider was aware of and had systems to encourage compliance with the requirements of the duty of candour however evidence that these were consistently followed was lacking.

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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. (Please refer to the requirement notice section at the end of the report for more detail).
- Ensure patients are protected from abuse and improper treatment. (Please refer to the enforcement section at the end of the report for more detail.)
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. (Please refer to the enforcement section at the end of the report for more detail.)

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

- Ensure that the recently expanded system for managing safety alerts is followed and that records are kept to support appropriate dissemination and discussion of alerts, as good practice.
- Continue with efforts to identify and support carers within the practice population.
- Continue with efforts to improve patient satisfaction with particular regard to the areas highlighted in the results of the national GP patient survey as being in need of improvement.
- Review registration processes to ensure that all patients, including those with no fixed abode are able to access care and treatment when needed.

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.

Overall summary

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

Please refer to the detailed report and the evidence tables for further information.

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager adviser.

Background to Water Eaton Health Centre

Water Eaton Health Centre provides a range of primary medical services including minor surgical procedures, to the residents of Bletchley from its location at Fern Grove, Bletchley, MK2 3HN. It is part of the NHS Milton Keynes Clinical Commissioning Group (CCG). The practice population is pre-dominantly white British with a higher than average below 39 year age range.

National data indicates the area is one of high deprivation. The practice has approximately 6,300 patients with services provided under a nationally agreed General Medical Services (GMS) contract (which is a nationally agreed contract between general practices and NHS England for delivering general medical services to local communities).

There is one male Lead GP who is registered with the CQC as the sole provider of services. The practice utilises locum doctors regularly to provide additional clinical support and to ensure regular patient access to a female GP. The nursing team consists of one minor illness trained nurse practitioner, two practice nurses and a phlebotomist, all female. The practice also employs a

female pharmacist. There is a team of administrative and reception staff all led by the practice manager. Members of the community midwife and health visiting team operate regular clinics from the practice location. Trust community staff (District nurses) are also based at the premises.

The practice operates from a single storey purpose built property shared with a dental surgery. There is a car park outside the surgery, with disabled parking available. The practice is open from 8am to 6.30pm Mondays to Fridays and offers extended opening hours from 7am to 8am on Mondays, Wednesdays and Thursdays.

When the practice is closed out of hours services are provided by Milton Keynes Urgent Care Services and can be contacted via the NHS111 service.

The practice provides family planning, surgical procedures, maternity and midwifery services, treatment of disease, disorder or injury and diagnostic and screening procedures as their regulated activities.

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- Systems to keep people safe and safeguarded from abuse required strengthening. The practice was unable to provide assurance to support that appropriate safety systems were in place to safeguard vulnerable adults and children.
- Recruitment procedures did not provide assurance that staff had suitable skills and experience for their role.
- Appropriate background checks had not been undertaken for all staff and resulting risks to patient safety had not been assessed.
- Risks to patients and staff had not adequately been assessed, in particular with regard to health and safety, COSHH, water safety, staff training, induction training, locum training and blank prescription security.
- Systems for managing safety incidents were lacking. Processes for managing significant events were inconsistent and did not offer assurance that appropriate action had been taken in response to concerns identified. Evidence of shared learning and improved safety as a result of complaints, significant events and external safety alerts was not demonstrated.

Safety systems and processes

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

- The practice did not have appropriate systems to safeguard children and vulnerable adults from abuse. The majority of staff had received up-to-date safeguarding and safety training appropriate to their role. However, one clinical member of staff had not updated their training for safeguarding children to a level appropriate to their role. Staff we spoke with knew how to identify and report concerns.
- Learning from safeguarding incidents was not available to staff. We found that records of safeguarding concerns were not accurately maintained and that minutes from safeguarding meetings were not kept. It was unclear when safeguarding meetings were held and the outcomes of meetings were not clearly documented. The system for recording information on families

identified as being at risk was inconsistent and outcomes of discussions and actions were not clearly demonstrated to ensure vulnerable patients were not at risk.

- At the time of our inspection the practice did not maintain registers of children identified as at risk. Immediately following our inspection, the practice sought advice from the Milton Keynes Clinical Commissioning Group to compile these registers. Upon doing this the practice identified multiple children who were under the care of a health visiting team in Buckinghamshire. Buckinghamshire is the neighbouring county to Milton Keynes. Prior to inspection, the practice had failed to recognise that children under their care would fall under different localities for health visiting services and had therefore never engaged with those health visiting teams.
- Staff who acted as chaperones were trained for their role however, not all 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 practice had failed to undertake a risk assessment of any staff undertaking chaperone duties without a DBS check. Following our inspection, we were advised by the practice that applications for DBS checks had been made for those staff requiring them.
- Staff took some steps, including working with other agencies, to protect patients from abuse, neglect, discrimination and breaches of their dignity and respect. However, processes needed strengthening to ensure risks to patient safety were minimised.
- We reviewed five staff files and found that the practice did not consistently undertake appropriate staff checks at the time of recruitment or on an ongoing basis. Evidence of DBS checks and references were not available in any of the files we reviewed, these included a locum file and the files for two nurses. We were informed DBS checks had been requested for the two nurses two weeks prior to our inspection. We found one non-clinical member of staff did not have a staff file and they also did not have a required DBS check. Checks on locum staff were also incomplete. We reviewed the file for one member of the nursing team and found there was no evidence of training to demonstrate competence in undertaking advanced nursing roles. We were advised

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by the practice that no assurance of competence had been sought upon employment of the nurse. On the day of inspection, the nurse was able to provide records of appropriate training through provision of her own training folder, sourced from her previous employer.

- A system to manage infection prevention and control had been developed but some areas needed strengthening. In particular, staff records of vaccinations were incomplete. We saw records for three members of the administrative team did not demonstrate immunity status for Hepatitis B. In addition, records for two members of the administrative team and two members of the clinical team did not demonstrate immunity status for varicella (chicken pox), measles, mumps and rubella viruses. We saw the practice was awaiting the results of blood tests for the two clinical members of staff to confirm their immunity status. The practice had not assessed the resulting risks to patients and staff. Immediately following our inspection, we were informed the practice had scheduled for all outstanding vaccines and blood tests to be undertaken in October 2018.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order. However, records were not readily available on the day of inspection. For example, the practice was not able to provide certified evidence of portable appliance testing or calibration checks on equipment. Following our inspection, the practice provided a list created in-house to demonstrate the month and year within which the checks had taken place but no further evidence to support this. Records demonstrated that the calibration of equipment was due to be undertaken in September 2018 and had not been done.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

We reviewed systems to assess, monitor and manage risks to patient safety.

- 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 system for staff however, this was not tailored to their role. There was no locum pack for locum GPs or nurses.

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. However, one clinical member of staff had not undertaken refresher training in basic life support and there was no schedule for completion of the training.
- 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.

Information to deliver safe care and treatment

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

- The care records we saw showed information needed to deliver safe care and treatment was available to staff.
- The practice systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment needed strengthening. In particular, information in relation to safeguarding was not effectively managed.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

We reviewed the practice systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, processes for managing prescription stationery security needed strengthening in accordance with security of prescription forms guidance issued by NHS Protect. Following our inspection, we were sent evidence that the practice had updated their prescription handling policy to improve the security of blank prescription forms in the future.
- Staff prescribed and administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken 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.

Are services safe?

Track record on safety

We reviewed the practice track record on safety.

- There were risk assessments in relation to some safety issues. There were comprehensive risk assessments in relation to Fire safety and Legionella undertaken by the landlords. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Records of regular fire checks were available, however, evidence of required regular water checks, as stated in the Legionella risk assessment were lacking. The practice was unable to demonstrate it had sought assurance on water safety.
- The practice had not undertaken a health and safety risk assessment of the premises and security or an assessment of risk from chemicals or substances known to be hazardous to health (COSHH). On the day of inspection, the practice was unclear as to whether responsibility for managing these risks lay with the practice or with the landlords. Immediately following our inspection, we were sent evidence that the practice had undertaken a health and safety risk assessment and compiled a COSHH file.
- The practice did not monitor and review activity to improve safety. The practice did not have a systematic approach to handling significant events. The practice told us there had been three significant events in the 12 months preceding the inspection. Upon review we found there were no records maintained in relation to two of these events. The remaining significant record did not demonstrate that the practice had appropriately followed up on the concerns identified. There was no evidence of consistent sharing of significant events or learning from them.

Lessons learned and improvements made

We reviewed the process for learning and making improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- Systems for reviewing and investigating when things went wrong needed strengthening. The practice was unable to demonstrate an effective process for learning, sharing lessons and taking action to improve safety in the practice. For example, complaints and significant events were not routinely discussed and evidence of appropriate action taken in response to complaints and significant events was lacking. There was no annual analysis of complaints or significant events to enable identification of trends and reduce risks to safety in the future.
- The practice acted on external safety events including patient and medicine safety alerts. We saw the practice pharmacist had developed a system for ensuring appropriate action was taken on receipt of patient safety alerts and records of action taken were kept. However, there was no evidence safety alerts were routinely discussed within the practice. No other staff were aware of the system developed by the pharmacist for handling alerts. The practice also expanded their safety alert policy to ensure that repeat searches were undertaken over time for relevant safety alerts received to ensure patient safety was maximised.

Please refer to the evidence tables for further information.

Are services effective?

We rated the population groups of people with long-term conditions and people experiencing poor mental health (including those with dementia) as inadequate. The issues identified result in the provider being rated as inadequate for providing effective services overall.

The practice was rated inadequate for providing safe, effective, responsive and well led services; the issues identified affected all patients including the population groups.

The provider was rated inadequate for providing effective services because:

- Systems to ensure staff received appropriate training were lacking.
- Evidence that patients with long-term conditions and those experiencing poor mental health were receiving adequate support and monitoring was lacking.

Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs 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.
- The practice had invested in equipment to support patients' awareness and ability to manage their own health. For example, the practice was able to provide patients with 24-hour ambulatory blood pressure monitoring; a service aimed to enable more accurate blood pressure monitoring.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

Older people:

- Older patients were offered priority appointments and had access to a by-pass telephone number, enabling them to contact the practice urgently when needed.

- 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.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. Flu, pneumococcal and shingles vaccinations were offered.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

- 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.
- 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 which are medicines that reduce levels of cholesterol in the blood and help reduce the risk of exacerbation of cardiovascular disease. 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.
- The practice's performance on quality indicators for long term conditions was largely in line with local and national averages.
- The practice pharmacist undertook regular medicines reviews for patients with long-term conditions.

Families, children and young people:

- Childhood immunisation uptake rates were in line with the target percentage of 90% or above (April 2016 to March 2017). We saw that the practice made continued efforts to encourage patients to ensure their children

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were vaccinated. This included opportunistic discussions during GP or nurse appointments and ensuring immunisation clinics were available after school.

- The practice supported a local school and attended self-care assemblies to discuss self-care with parents and children in a familiar environment.

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

- The practice's uptake for cervical screening was 65%, which was below the 80% coverage target for the national screening programme. Uptake for bowel cancer screening was also lower than local and national averages. The practice informed us that patients were often reluctant to engage in screening programmes. The practice had been proactive in encouraging patients to engage with screening programmes. For example, the practice followed up on patients who failed to attend cervical cancer screening appointments to encourage patient uptake and health promotion information was readily available within the practice.
- The practice's uptake for breast 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.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- 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 had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice was working to support patients on opioids and safely reduce dosages over time through close monitoring and care. These patients were offered continuity of care and saw the same GP at all times where possible.
- The practice offered annual health checks to patients with a learning disability.

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

- 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.
- 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 a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided which included where appropriate participation in local and national improvement initiatives. For example:

- Through joint work with the Clinical Commissioning Group (CCG), for example by auditing antimicrobial prescribing. There was evidence of actions taken to support good antimicrobial stewardship (which aims to improve the safety and quality of patient care by changing the way antimicrobials are prescribed so it helps slow the emergence of resistance to antimicrobials thus ensuring antimicrobials remain an effective treatment for infection).
- The practice used information about care and treatment to make improvements.
- The practice was actively involved in quality improvement activity. Although evidence of audit activity was limited, we saw audits undertaken were relevant to the needs of the practice population and effective. For example, we reviewed the practice's work to reduce opioid prescribing. We saw that in February 2018 the practice identified 128 patients on opioids during an audit. The practice introduced measures to ensure close monitoring and dosage reduction where possible. At the time of our inspection a reaudit demonstrated several improvements. For example, 23

Are services effective?

patients had had their opioid medicines stopped, 23 patients had been places on two-weekly prescriptions and six patients had been changed to weekly prescriptions.

- Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published QOF results were 97% of the total number of points available compared with the national average of 94%. The overall exception reporting rate was 8% compared with a national average of 6%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.) (Please note: Any QOF data relates to 2016/17.)

We reviewed exception reporting for the practice and were satisfied that the practice was working in line with guidelines when excepting patients. We were told that patients received three letters from the practice before being excepted.

Effective staffing

We reviewed the practice's systems to ensure that staff had the skills, knowledge and experience to carry out their roles.

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews. However, we found that the practice had not sought assurance of these competencies for all appropriate staff prior to employment.
- Not all 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. For example, we found one member of staff had not completed required update training for cervical screening. Following our inspection, the practice informed us suitable training had been arranged for completion in November 2018.
- The practice provided protected time for staff to undertake learning and training. However, up to date records of skills, qualifications and training were not well maintained.

- The practice did not undertake regular appraisals for all staff. We were informed the appraisal programme had been affected by staff shortages. Staff we spoke with informed us that they were encouraged and given opportunities to develop.
- There was a generic induction programme for all new staff. The practice did not provide locum staff with an induction and there was limited evidence of employment checks undertaken on locums prior to them undertaking patient consultations at the practice.

Coordinating care and treatment

We reviewed practice systems for ensuring staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The practice advised all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. However, evidence of discussions and regular multi-disciplinary meetings were not available.
- 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, and liaised, with community services, social services and carers for housebound patients. However, systems for sharing information with health visitors and community services for children who had relocated into the local area were lacking.
- Most 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. However, systems for ensuring that all vulnerable children received coordinated care needed strengthening.
- The practice ensured end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Helping patients to live healthier lives

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

Are services effective?

- 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.

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

Please refer to the evidence tables for further information.

Are services caring?

We rated the practice as requires improvement for caring.

The provider was rated requires improvement for providing caring services because:

- Data from the national GP patient survey published in August 2018 showed patients rated the practice lower than others for experience of consultations and involvement in their care and treatment.

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.
- Results from the national GP patient survey published in August 2018 showed that the practice was performing largely below local and national averages for questions relating to kindness, respect and compassion. For example:
- 74% of patients stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018), compared to a local average of 85% and national average of 89%.
- 67% of patients stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018), compared to a local average of 82% and national average of 87%.

The practice advised that there had been continued difficulties in the recruitment of long term clinicians. As a result, the practice had been reliant on locum support which had impacted on continuity of care for patients, which the practice attributed to the low areas of performance in the national GP patient survey. The practice advised that they had secured two long term GP locums and employed three nurses over the twelve months preceding our inspection. The practice informed us that they had received positive verbal feedback from patients since the stabilisation of the clinical team and that they expected patient satisfaction to improve over time.

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 communicated with people in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.
- The practice proactively identified carers and supported them. There was a carers champion and identified patients were signposted to appropriate support services.
- Results from the national GP patient survey published in August 2018 showed that the practice was performing largely below local and national averages for questions relating to involvement in decisions about care and treatment. For example:
- 78% of patients stated that that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018), compared to a local average of 89% and national average of 93%.

The practice was aware of the lower areas of performance in the national GP patient survey and was working towards improvement. The practice advised that GPs attended regular training sessions and were committed to improving the standard of care provided.

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 inadequate for providing safe, effective, responsive and well led services; the issues identified affected all patients including the population groups.

The provider was rated requires improvement for providing responsive services because:

- Feedback received from patients regarding satisfaction with access to appointments was mixed.
- Data from the national GP patient survey published in August 2018 showed patients rated the practice lower than others for access to appointments and experience of making an appointment.
- Records maintained in relation to handling of complaints and concerns were inconsistent. Evidence of learning and improvement to the quality of care as a result of complaints was not available.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone GP consultations were available which supported patients who were unable to attend the practice during normal working hours.
- The facilities and premises were appropriate for the services delivered.
- The practice made reasonable adjustments when patients found it hard to access services.
- The practice provided effective care coordination for patients who had complex needs. They supported them to access services both within and outside the practice.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services. However, records of multi-disciplinary palliative care meetings were not maintained.

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. The practice nurse also accommodated home visits for those who had difficulties getting to the practice.

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 were reviewed at one appointment where possible, and consultation times were flexible to meet each patient's specific needs.
- The practice had invested in technologies to support patients with long-term conditions or those identified as at risk of developing them. For example, the practice had invested in technology to monitor patients taking anti-coagulants to support appropriate prescribing. (Anti-coagulants are medicines used to thin the blood in patients identified as being at risk of developing blood clots).

Families, children and young people:

- We found 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 required strengthening.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary. When the practice was unable to provide urgent appointments for children, patients could be seen at the Primary Care Centre located within the hospital. The service was organised by the local GP Federation, of which the practice was a member and ensured that children from across the locality received same day urgent appointments when their own GP practice was unable to facilitate an appointment.
- The practice provided family planning services, including fitting of contraceptive devices and patient education.

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

Are services responsive to people's needs?

- 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 where possible.
- The practice provided extended hours appointments on Mondays, Wednesdays and Thursdays from 7am to 8am.
- The practice actively promoted the use of online services to improve access for patients unable to telephone or attend the practice during normal working hours.
- The practice had signed up to the Electronic Prescribing Service (EPS), enabling patients to collect their prescriptions from a pharmacy of choice.
- The practice also used a two way text messaging service (Mjog) to improve digital communications with patients.
- The practice was making efforts to reduce waiting times, delays and cancellations. For example, the practice had worked to improve appointment availability through the recruitment of nurses.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients we spoke with reported that the appointment system was not always easy to use.
- Results from the national GP patient survey published in August 2018 showed that the practice was performing largely below local and national averages for questions relating to access to care and treatment. For example:
 - 19% of patients responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018), compared to a local average of 58% and national average of 70%.
 - 44% of patients responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018), compared to a local average of 60% and national average of 69%.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. However, registers of vulnerable children were not maintained.
- Systems for ensuring patients with no fixed abode could register needed improving as the practice leaflet advised only patients with proof of identification were able to register.
- The practice provided health care services for patients living in sheltered accommodation.

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.
- The practice worked with local services to support patients experiencing poor mental health.
- Where appropriate patients received close monitoring of medicines to reduce risks to patient safety.

Timely access to care and treatment

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

- Patients did not always have timely access to initial assessment, test results, diagnosis and treatment.

The practice was aware of low performance in the national GP patient survey for access to the service. We were informed that the practice had introduced a new telephone system in June 2017, increasing the number of telephone lines available and increased the number of staff answering the telephones during busy periods. In response to continued negative feedback the practice had changed its appointment system in June 2018. The updated system enabled patients to prebook appointments up to five weeks in advance for some services. The practice had also made efforts to actively promote online services, including the ability for patients to book appointments with the minor illness nurse practitioner online. The practice advised that whilst the impact of the changes was yet to be reflected in the national GP patient survey, verbal feedback received from patients had been positive.

Listening and learning from concerns and complaints

The practice system for handling complaints and concerns and responding to them appropriately to improve the quality of care needed strengthening.

- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were largely in line with recognised guidance, however, information on the ombudsman for NHS complaints was not incorporated as required on the practice complaints

Are services responsive to people's needs?

response letter. Immediately following our inspection, the practice provided assurance that details for the ombudsman would be available to patients in the future.

- The practice did not demonstrate a consistent approach to handling complaints. Evidence that appropriate action had been taken when needed was not available. There was no evidence of learning and improvement following receipt of complaints. Complaints were not

routinely shared during practice meetings and a routine analysis of complaints to improve the quality of care was not undertaken. Following our inspection, the practice advised that complaints would be added as a standing agenda item for future practice meetings.

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 because:

- The practice failed to ensure there was effective governance and leadership at the practice therefore increasing risks to patients and persons employed.
- There were ineffective systems to assess the risks presented by unsafe staff as there were not effective checks completed on recruitment or engagement of clinical staff to assess their suitability for the role and mitigate the risks to health, safety and welfare of patients who used the service.
- We found that appropriate background checks to mitigate risks associated with working with vulnerable adults and children had not been undertaken for all staff.
- Risks associated with infection prevention and control had not been adequately assessed in relation to staff vaccinations and immunity.
- The training needs of staff were not assessed and monitored, staff did not receive regular appraisals.
- Processes for recording and acting upon significant events were lacking.
- Records maintained in relation to handling of complaints and concerns were inconsistent. Evidence of learning and improvement to the quality of care was not available.
- The practice failed to establish systems to ensure regular engagement with other services and health care professionals involved in the care of vulnerable patients to ensure the safety and wellbeing of those patients.
- A focused approach to quality and sustainability was not demonstrated. Evidence of a structured and established meeting system was not demonstrated. Documentation such as minutes or actions arising out of governance meetings and other practice meetings were not consistently available.

Leadership capacity and capability

We reviewed the practice's leadership capacity and skills to deliver high-quality, sustainable care.

- Leaders were not knowledgeable and showed a lack of understanding about issues and priorities relating to the quality and future of services. There was evidence of a lack of insight relating to quality improvement and the management of risk.

- Staff informed us that the Lead GP and practice manager were visible and approachable.
- We were informed that a reduction in the clinical team had impacted on the capacity of the leadership team to operate effectively. In particular we found that the practice management of non-clinical duties needed improving.

Vision and strategy

We reviewed the practice's vision and values

- Although there was no formal documented vision or values staff we spoke with discussed a shared commitment to provide high-quality sustainable care. However, there was no formal strategy or supporting business plans to achieve priorities. Leaders we spoke with were able to describe plans to continue with efforts to stabilise the clinical team and improve access to care and treatment for the local patient population.
- The practice planned its services to meet the demands of its patient population. For example, the lead GP undertook a weekly ward round at a local care home, a family planning clinic was facilitated and appointments for immunisations and long terms conditions reviews were available at flexible times.

Culture

We reviewed the practice culture.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were not consistently demonstrated when responding to incidents and complaints. The provider was aware of and had systems to encourage compliance with the requirements of the duty of candour however evidence that these were consistently followed was lacking.
- 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.
- Processes for providing all staff with the development needed required strengthening. All staff did not receive regular annual appraisals. We identified risks as one member of the clinical team had not undertaken required update training for cervical screening. One nurse had not completed training in safeguarding

Are services well-led?

children to an appropriate level since September 2016. One nurse did not have certification to demonstrate they had completed update training in basic life support.

- Risks to staff safety and well-being had not been consistently considered and addressed. For example, risks associated with infection prevention and control had not been adequately assessed in relation to staff vaccinations and immunity.
- The practice actively promoted equality and diversity. Staff felt they were treated equally.
- There were positive relationships between staff, the practice manager and the Lead GP.

Governance arrangements

Governance arrangements were not understood and therefore lacking and not operating effectively.

- Structures, processes and systems to support good governance and management were not established.
- Not all staff were clear on their roles and accountabilities and risks were identified with regard to safeguarding and infection prevention and control.
- Practice leaders had established some policies, procedures and activities to encourage safety however evidence that they were monitored and operating effectively was lacking.
- Records of meetings held were inconsistent and evidence of actions taken in response to concerns identified during meetings were lacking.
- The practice failed to establish systems to ensure regular engagement with other services and health care professionals involved in the care of vulnerable patients to ensure the safety and wellbeing of those patients.

Managing risks, issues and performance

There was no clarity around processes for managing risks, issues and performance.

- There was no effective process to identify, understand, monitor and address current and future risks including risks to patient safety.
- There were ineffective systems to assess the risks presented by unsafe staff as there were not effective checks completed on recruitment or engagement of clinical staff to assess their suitability for the role and mitigate the risks to health, safety and welfare of patients who used the service.

- We found that appropriate background checks to mitigate risks associated with working with vulnerable adults and children had not been undertaken for all staff.
- Risks associated with infection prevention and control had not been adequately assessed in relation to staff vaccinations and immunity. The practice had failed to seek assurance that appropriate testing of the water supply was being undertaken by the landlords.
- Although evidence of clinical audit was limited, audits undertaken had a positive impact on quality of care and outcomes for patients.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The practice did not always have appropriate and accurate information.

- Staff we spoke with and the lead GP told us that quality and sustainability were discussed regularly. However, we did not see any documentation such as minutes or actions arising out of these meetings to validate such discussions and actions.
- During our inspection the practice failed to demonstrate that records relating to vulnerable children and safeguarding were accurately maintained. Evidence that appropriate action had been taken in response to identified concerns was lacking. Following our inspection, the practice identified children at risk who were under the care of Buckinghamshire health visiting team. The practice advised that they had not previously engaged with the health visiting team in Buckinghamshire to support children identified as at risk.
- Processes for recording and acting upon significant events were lacking. We found records for two out of three significant events recorded by the practice were missing. The remaining record did not provide assurance that appropriate action had been taken.
- Records maintained in relation to handling of complaints and concerns were inconsistent.
- The practice used information technology systems to monitor and improve the quality of care. For example, the practice had invested in technology to support patients taking anti-coagulants.
- The practice submitted data or notifications to external organisations as required.

Are services well-led?

- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

We saw little evidence that the practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- The patient participation group (PPG) had not met for some time. We spoke with a member of the PPG who advised that the practice manager always attended meetings. However, there was no evidence of improvements and changes made following engagement with the PPG.
- There were opportunities for patients to complete the Friends and Family Test (FFT). The practice had undertaken an in-house patient survey in September 2017.

- Staff informed us that meetings occurred but the frequency of meetings was unclear and evidence of meetings held was varied, as minutes were not consistently kept.
- The service was transparent, collaborative and open with stakeholders about performance.

Continuous improvement and innovation

Systems and processes for learning, continuous improvement and innovation needed development.

- The practice did not undertake reviews of incidents and complaints. Evidence that learning was shared and used to make improvements was not demonstrated.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none">• The practice had not sought assurance that risks associated with Legionella were being adequately managed.• Risks associated with blank prescription form management had not been considered.• Records provided as part of our inspection highlighted that the calibration of clinical equipment was overdue and had not been done. <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered persons had not done all that was reasonably practicable to ensure that systems or processes were established and operated effectively to prevent abuse of service users. In particular:</p> <ul style="list-style-type: none">• The practice had failed to maintain records of vulnerable children.• Evidence to demonstrate that vulnerable children had been safeguarded was not clearly recorded and the practice was not able to provide assurance of action taken to mitigate risk. This included failure to liaise with other appropriate services involved in safeguarding.• Records of safeguarding meetings were not kept and evidence that required action had been taken to follow up on concerns identified by other healthcare professionals was lacking.• The practice had failed to assess risks in relation to persons employed involved in safeguarding procedures without having undertaken a DBS check. <p>This was in breach of regulation 13 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered persons had not done all that was reasonably practicable to ensure that systems or processes were established and operated effectively to ensure good governance at the practice. In particular:</p>

Enforcement actions

- The practice had failed to ensure there was effective governance and leadership at the practice therefore increasing risks to patients and persons employed.
- The practice had failed to develop effective systems to assess the risks presented by unsafe staff as there were not effective checks completed on recruitment or engagement of clinical staff to assess their suitability for the role and mitigate the risks to health, safety and welfare of patients who used the service.
- The practice was unable to demonstrate that appropriate background checks had been undertaken for all staffed based on their roles. Risks associated with this had not been assessed.
- The practice had failed to assess all risks in relation to infection control and prevention. In particular risks associated with lack of staff vaccinations and immunity for specific viruses had not been assessed. The training needs of staff were not assessed and monitored. Risks were identified as one nurse was undertaking cervical cytology screening without appropriate update training having been completed since November 2013. One nurse had not completed training in safeguarding children to an appropriate level since September 2016. One nurse did not have certification to demonstrate they had completed training in basic life support.
- All staff did not receive regular appraisals to assess performance, ensure competence and to promote learning and development.
- Processes for recording and acting upon significant events were lacking.
- Records maintained in relation to handling of complaints and concerns were inconsistent. Evidence of learning and improvement to the quality of care was not available.
- The practice had failed to establish systems to ensure regular engagement with other services and health care professionals involved in the care of patients to ensure the safety and wellbeing of those patients. In particular, we found there were no records of meetings held to discuss safeguarding.
- The practice did not have adequate systems for ensuring regular communication between the practice team. Although we were advised that meetings were held, evidence of a structured and established meeting system was not demonstrated. Records of meetings held were not consistently documented.

This section is primarily information for the provider

Enforcement actions

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