The Alma Partnership

Inspection report

Alma Medical Centre
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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	Requires improvement
Are services safe?	**Requires improvement**
Are services effective?	**Requires improvement**
Are services caring?	**Requires improvement**
Are services responsive?	**Requires improvement**
Are services well-led?	**Inadequate**

Overall summary

This practice is rated as requires improvement overall. (Previous rating September 2016 -Good)

The key questions are rated as:

Are services safe? – requires improvement

Are services effective? – requires improvement

Are services caring? – requires improvement

Are services responsive? – requires improvement

Are services well-led? - inadequate

We carried out an announced comprehensive at The Alma partnership on 25 July 2018, as part of our inspection programme.

At this inspection we found:

- The practice had systems to manage risk so that safety incidents were less likely to happen.
- Risk assessments were completed, but there were unreasonable delays in taking appropriate action to minimise risk. There was a lack of clarity on what constituted a significant event.
- The practice did not routinely review the effectiveness and appropriateness of the care it provided.
- Recruitment processes did not ensure that staff were of good character prior to commencing employment.
- Staff did not always treat patients with compassion, kindness, dignity and respect.
- Patients did not always find the appointment system easy to use and reported that they were not always able to access care when they needed it.
- There was limited involvement from the GP partners in the running of the practice.
- Systems and processes in place to support good governance were not fully embedded, to demonstrate business resilience and ongoing improvement. Quality and sustainability were not routinely discussed with all relevant staff.
- Staff were not fully involved in the running of the practice.
- The information used to monitor performance and the delivery of quality care was not consistently accurate and useful. There were limited plans to address any identified weaknesses; action taken to address issues was reactive rather than proactive.

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

- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- 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:

- Take action to improve communication of learning from significant events and safeguarding concerns to all relevant staff members.
- Take action to develop a clear protocol on what the practice deems a significant event and communicate this to all relevant staff members.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Population group ratings

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

Our inspection team

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

Background to The Alma Partnership

The Alma Partnership consists of two GP partners and is registered to provide the following regulated activities:

- Diagnostic and screening procedures
- Family planning services
- Maternity and midwifery services
- Surgical procedures
- Treatment of disease, disorder or injury
- There are just over 8000 patients registered with the practice, which is situated in an area of low deprivation. The practice has higher numbers of patients in the 15 to 44 year old age group.
- The premises and telephone lines are open between 8am and 6.30pm, appointments are available between 8.30am and 11.40am; and 2.30pm and 5.30pm.
- Extended hours appointments are only offered for contraception services on Mondays until 7.30pm.
- Out of hours care is provided by South West Ambulance Service which can be accessed using the NHS 111 service telephone number.
- The practice employs two salaried GPs to undertake clinical sessions, the two GP partners do not undertake clinical sessions at the practice. In addition, there is a practice manager who covers a total of three GP practices, a deputy practice manager, two practice nurses and a team of reception and administration staff.
- The practice operates from one location, 31 Alma Road, Winton, Bournemouth, Dorset, BH9 1BP.

Requires improvement

Are services safe?

We rated the practice as requires improvement for providing safe services.

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

- The practice was unable to demonstrate that all staff had received safeguarding training to the appropriate level.
- There was a reliance on using meeting minutes to cascade information about learning from safeguarding events.
- There were shortfalls in ensuring that Disclosure and Barring checks had been carried out on all staff who had regular contact with patients on their own and in line with practice policy.
- Delays in implementing actions from infection control audits did not demonstrate that the practice were proactive in minimising risk.
- There was a reliance on locum GPs to provide clinical sessions, which did not promote safe and consistent care. Arrangements to manage staff shortfalls were reactive rather than proactive.
- Risk assessments were completed, but there were unreasonable delays in taking appropriate action to minimise risk.
- There was a lack of clarity on what constituted a significant event. However, staff reported issues to the practice manager, who determined whether an event was significant or not.

Safety systems and processes

The practice had systems to keep people safe and safeguarded from abuse.

- The practice had appropriate systems to safeguard children and vulnerable adults from abuse. Not all staff had received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff, but there was a reliance on meeting minutes to cascade this information, as not all staff could routinely attend meetings. Safeguarding was a standing agenda item at clinical meetings, but these had not occurred since May 2018. Clinical meetings were usually held on a monthly basis.
- Staff who acted as chaperones were trained for their role and had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice did not demonstrate that it carried out appropriate staff checks at the time of recruitment and on an ongoing basis. We looked at five staff files and found that one members of clinical staff have not received a DBS check. There were no control measures in place to assess whether these staff members were suitable to work unsupervised with patients.
- There was a system to manage infection prevention and control. However, there were delays in implementing recommended actions from the annual infection control audit.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order.
- Arrangements for managing waste and clinical specimens kept people safe.

Risks to patients

There were not adequate 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. However, there was a reliance on locum GPs to provide the service and the practice maintained staffing levels at what they considered to be the minimum levels needed. This consisted of two GPs and a practice nurse working each day. Rotas showed that on occasion there was only one GP and one practice nurse on duty.
- The practice was unable to demonstrate that there was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.

Requires improvement

Are services safe?

- 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

Staff had the information they needed to deliver safe care and treatment to patients.

- 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.
- 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 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.
- Staff prescribed, 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.

Track record on safety

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

- There were risk assessments in relation to safety issues, but there were delays in ensuring checks were carried out at regular intervals as required. For example, ensuring the fixed electrical wiring survey was carried out; and carrying out fire drills on a six-monthly basis.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong, but this was not supported by a clear procedure to follow.

- Staff understood their duty to raise concerns and report incidents and near misses. The protocol was for staff to raise concerns with managers, who then determined whether an incident was a significant event.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons and took action to improve safety in the practice.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

Please refer to the Evidence Tables for further information.

Requires improvement

Are services effective?

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

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

- Systems and processes in place to monitor performance were not effective. The practice had recall systems in place for QOF indicators and immunisations, which were in line with relevant guidance and contractual obligations. However, there was limited oversight and benchmarking to determine how the practice was performing throughout the year.
- Training which the practice considered was mandatory was not consistently provided within the timeframes set out.

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 clinical pathways and protocols.

- Patients' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- There was a system of text reminders for appointments.
- 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 requires improvement for effective because of shortfalls across the whole domain.

However, there were areas of good practice:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs, including regular medicines reviews.
- 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 practice worked with community teams to support older patients.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated requires improvement for effective because of shortfalls across the whole domain.

- Patients with long-term conditions were offered an annual review to check their health and medicines needs were being met. However, staff reported that they did not have a piece of equipment to enable them to carry out reviews effectively.
- Patients were able to request a telephone appointment to discuss their condition, if they are unable to attend the practice or get a face to face appointment.
- The practice's performance on quality indicators for long term conditions was below local and national averages. In particular for diabetes, asthma and chronic obstructive pulmonary disease (COPD, a breathing disorder) indicators. Only 48% of patients with asthma had received a review during the period 2016/17; and exception reporting was 19%. Indicators for COPD showed that 34% of patients had been excepted from the indicator for an assessment of breathlessness. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

However, there were areas of good practice:

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- The practice was able to generate care plans tailored to the specific needs of patients with long term conditions using their computer system.

Families, children and young people:

This population group was rated requires improvement for effective because of shortfalls across the whole domain. However, there were areas of good practice:

- Childhood immunisation uptake rates below the target percentage of 90% or above. Reminders were placed on patients' records to alert clinicians for the need for reviews, or when immunisations were required.

Requires improvement

Are services effective?

- The practice considered these figures were linked to a transient population and were planning to target specific groups to improve uptake, but had yet to commence this work.

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

This population group was rated requires improvement for effective because of shortfalls across the whole domain.

- The practice's uptake for cervical screening was 67%, which was below the 80% coverage target for the national screening programme. The practice provided leaflets in different languages and monitored uptake rates and encouraged eligible patient to attend for screening by sending letters.

However, there were areas of good practice:

- The practice's uptake for breast cancer screening was 70%, local and national figures were not available for comparison.
- 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:

This population group was rated requires improvement for effective because of shortfalls across the whole domain.

However, there were areas of good practice:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated requires improvement for effective because of shortfalls across the whole domain.

However, there were areas of good practice:

- 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 medicines.
- 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. However, 11% of patients diagnosed with dementia had been excepted from QOF indicators and there were no clear plans in place to improve uptake.
- The indicator for patients with schizophrenia whose alcohol consumption had been recorded was 100%.
- The practice offered annual health checks to patients with a learning disability.
- The practices performance on quality indicators for mental health was in line local and national averages.

Monitoring care and treatment

The practice had a programme of quality improvement activity and reviewed the effectiveness and appropriateness of the care provided. There was limited involvement in local and national initiatives, due to the GPs being locum or salaried.

The practice was aware of high levels of exception reporting, but had made limited progress in improving exception reporting figures.

- The practice provided unverified data for 2017/18, which showed that they had achieved 385.6 points out of 559 available (approximately 69%). This was a decline from the time period 2016/17 where the practice had achieved 89%.

Requires improvement

Are services effective?

- Asthma indicators showed they had achieved 41.3 out 45 points (92%); COPD 25.9 out of 35 points (74%); cancer 5.8 out 11 points (53%); CVD 2 out of 10 points (20%); dementia 22.2 out of 50 points (45%); and diabetes 46.2 out of 86 points (54%).
- There was a system in place for recalls which was in line with national guidance and contractual obligations.

Effective staffing

Staff had the skills and experience to carry out their roles. However, not all staff were provided with regular training to assist their knowledge.

- Staff had appropriate knowledge for specific roles, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.
- Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. However, not all staff had received up to date training in infection control. The Mental Capacity Act 2015; and information governance as required by the practice policy.
- The practice did not consistently provide staff with ongoing support. Temporary staff told us they did not receive any induction to working in the practice. The practice manager said that there was no formal induction programme in place. Appraisals had been planned for, but not carried out.

Coordinating care and treatment

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

- We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice shared 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 services, social services and carers for housebound patients and with health visitors and community services for children who have relocated into the local area.
- Patients received coordinated 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 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.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients receiving end of life care, 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.
- The practice offered an in-house Smoke-Stop service for patients who wished to stop smoking.

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.

Requires improvement

Are services caring?

We rated the practice as requires improvement for caring.

The practice was rated as requires improvement for caring because:

- Patients were not consistently treated with kindness and respected by staff.

Kindness, respect and compassion

Staff did not consistently treat patients with kindness, respect and compassion.

- Feedback we received from patients was mixed about the way staff treated patients.
- Staff had an understanding of patients' personal, cultural, social and religious needs.
- The practice gave patients support and information.
- Results from the national GP survey July 2017 showed that patients considered they were treated with care and concern.
- Recent NHS Choices comments referred to a poor staff attitude.

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 on request.
- 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 identified carers and supported them, but this did not include young carers.
- Results from the national GP patients survey showed that patients considered they were involved in decisions about care and treatment.

Privacy and dignity

The practice did not consistently respect patients' privacy and dignity.

- Conversations held at the reception desk could be easily overheard, even though patients were requested to stand away from the desk whilst waiting to be seen.
- We witnessed an incident where a patient was distressed, but the member of staff continued to discuss the patient's concern in the waiting area.

Please refer to the evidence tables for further information.

Requires improvement

Are services responsive to people's needs?

We rated the practice as requires improvement for providing responsive services .

The practice was rated as requires improvement because:

- Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.
- Continuity of care was not promoted for patients.
- There were limited arrangements for extended hours appointments.
- Complaints were acknowledged and acted upon, however there were shortfalls in the system to ensure this was achieved in a timely manner.

Responding to and meeting people's needs

The practice organised and delivered to meet patients' needs. However, this was not consistent across all population groups.

- Due to the manner in which the practice was staffed and the reliance on locum GPs, patients were not able to consistently see the same GP, which some patients commented on negatively.
- 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 care for patients who are more vulnerable or who have complex needs.
- 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 requires improvement for responsive.

- The practice aimed to have a named GP for patients over the age of 75 years, but staffing arrangements within the practice did not enable them to see their named GP on a regular basis.

However, there were areas of good practice:

- The practice offered home visits for older patients.
- The practice liaised and held meetings with other health professionals to discuss care and treatment of older patients.

People with long-term conditions:

This population group was rated good for responsive.

- Patients with a long-term condition were offered 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 community nursing teams to discuss and manage the needs of patients with complex medical issues.

Families, children and young people:

This population group was rated good for responsive.

- 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 18 were offered a same day appointment when necessary.

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

This population group was rated requires improvement for responsive.

- Extended hours appointments were only available for contraception services.

However, there were areas of good practice:

- Pre-bookable; on the day and telephone appointments were available for working age people.

People whose circumstances make them vulnerable:

This population group was rated good for responsive.

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

Requires improvement

Are services responsive to people's needs?

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

This population group was rated good for responsive.

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Members of the community mental health team attended multi-disciplinary meetings at the practice to discuss patients care and treatment.
- Care plans had been developed for those patients with an enduring mental health condition.

Timely access to care and treatment

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

- Patients had 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.
- Results from the national GP survey showed that patients were satisfied with the opening hours of the practice. However, areas related to getting through by telephone and making an appointment were below local and national averages. Some patients reported that appointments were not always easy to arrange, due to difficulties in reaching the practice by telephone. The practice had responded by installing a new telephone system on 18 June 2018, but it was too early to judge what impact this had made on patient experience.

Listening and learning from concerns and complaints

- The practice took complaints and concerns seriously, but systems to support complaint handling were not adequate. All written complaints were usually logged and responded to appropriately. However, we received a complaint letter from June 2018 with one of the comment cards we received, which had not been responded to. This was discussed with the practice manager and their deputy. They found that the complaint had not been logged on their system and were unaware of it. There was no record of the acknowledgement letter being sent. We were given assurances that the complainant would be contacted the day after the inspection and their complaint thoroughly investigated.
- The record of complaints received showed that themes and trends of complaints were identified. There was no information on further action taken to monitor the outcome of complaints, to see if the situation was resolved or improving.
- Information about how to make a complaint or raise concerns was available.
- The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care.

Please refer to the evidence tables for further information.

Inadequate

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:

- There was limited involvement from the GP partners in the running of the practice. Not all staff felt supported by leadership to perform their role effectively.
- Systems and processes in place to support good governance were not fully embedded, to demonstrate business resilience and ongoing improvement. Quality and sustainability were not routinely discussed with all relevant staff.
- Staff were not fully involved in the running of the practice. Patient feedback had limited impact on the quality of care provided.
- The information used to monitor performance and the delivery of quality care was not consistently accurate and useful. There were limited plans to address any identified weaknesses; action taken to address issues was reactive rather than proactive.

Leadership capacity and capability

Leaders did not have the capacity and skills to deliver high-quality, sustainable care. We were told by staff that neither of the GP partners, one of whom was the registered manager, had day to day involvement with the running of the practice. Staff reported feeling unsupported by the partners.

There was a lack of clarity on how lines of responsibility and reporting for staff were organised at the practice. In particular information related to performance management, employment and supervision of staff in the practice.

The practice manager and deputy were not given sufficient capacity to undertake their roles effectively.

The clinical lead informed us that they had only taken on that role on the day of the inspection visit and therefore had limited knowledge of how the practice was organised. The practice manager had taken on responsibility for the practice four weeks prior to the inspection. Some improvements had been made in governance systems, but these were not at the time of inspection embedded.

There was a planned schedule of meetings in place for clinical and administration staff. However, the last three clinical meetings were cancelled due to no clinicians being able to attend. There were limited systems in place to ensure that staff were kept up to date with important information.

Vision and strategy

The practice had a vision and credible strategy to deliver high quality, sustainable care. The practice manager told us that this was due to be reviewed at a meeting in August 2018. The current vision included offering consistency of care for patients, but barriers to achieve this included a reliance on locum GPs.

Culture

Improvements were needed to ensure all staff were valued and included in the running of the practice.

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

- Staff views were mixed regarding whether they were supported and included in the running of the practice.
- The practice focused on the needs of patients, but this was not consistently overseen by leadership. We witnessed two incidents where a member of staff was not focusing on the patient's need.
- 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.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. However, these were not sufficiently embedded to ensure there was effective oversight of the system. We found that not all staff had received an annual appraisal and there were gaps in training provision.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.

Governance arrangements

The practice was unable to demonstrate fully responsibilities, roles and systems of accountability to support good governance and management.

Inadequate

Are services well-led?

There was a shortfall in the provision of a governance framework to support the delivery of the strategy and good quality care. We found that the practice was unable to demonstrate fully how it managed performance and risk.

- However, changes had recently been made to appointment availability and telephone access, but the practice had yet to determine whether these were effective.
- The practice was unable to demonstrate that its recruitment processes were safe and appropriate checks had been carried out on all staff.

The practice provided us with a list of staff and their responsibilities within the practice. However, some of the staff had only recently joined the management team and were establishing themselves in their roles and learning about the practice and its staff.

- Structures, processes and systems to support good governance and management were in place, but were not fully understood and effective.
- Staff were clear on their roles and accountabilities including in respect of safeguarding and infection prevention and control
- There were policies, procedures and activities to ensure safety which were currently under review. We were not provided with an indication of when the review would be completed.

Managing risks, issues and performance

There were processes for managing risks, issues and performance but these were ineffective.

- We requested information to demonstrate how the process to identify, understand, monitor and address current and future risks including risks to patient safety was managed at the practice. This information was not provided.
- The practice had limited processes to manage current and future performance. For example, the practice were aware of the need to improve QOF outcomes for patients, but were unable to demonstrate how this would be achieved.
- There was not an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- Risk assessments were undertaken, but were not acted upon in a timely way.
- There was limited oversight of safety alerts, incidents, significant events, and complaints.
- The practice had plans in place and had trained staff for major incidents.

Appropriate and accurate information

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

- Quality and sustainability were not routinely discussed with all relevant staff.
- The information used to monitor performance and the delivery of quality care was not consistently accurate and useful. There were limited plans to address any identified weaknesses; action taken to address issues was reactive rather than proactive.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The practice did not have an active patient participation group.
- We were informed that a patients' survey had been carried out and an action plan was being developed. We requested copies of the work undertaken so far, but these have not been provided by the practice.
- Short surveys were carried out on a two-monthly basis and the results and actions taken from these were displayed in the waiting area. For example, a review of appointment availability in response to patient concern.
- The practice had not responded to comments made on NHS Choices in recent months.

Continuous improvement and innovation

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

Inadequate

Are services well-led?

- There was a system in place to monitor training required and provided, but this did not demonstrate fully that all mandatory training required by the practice had been undertaken.
- Learning was shared and used to make improvements, but staff did not consider they were fully involved. One reason given was being unable to attend meetings to discuss learning face to face and having to rely on written minutes.
- The practice made use of internal reviews of incidents and complaints. Learning was shared and used to make improvements.
- Systems in place did not support staff to take time out to review individual and team objectives, processes and performance.

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	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. In particular: The system for appraising staff stated that all staff would receive an appraisal every year. One of the members of staff had not received an appraisal since 2015. This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The registered person's recruitment procedures did not ensure that only persons of good character were employed. In particular:Staff who worked in the practice had not had Disclosure and Barring checks carried out when they commenced employment and there were no control measures in place to assess whether these staff members were suitable to work unsupervised with patients. This was in breach of regulation 19 (1)&(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that 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	Regulation 17 HSCA (RA) Regulations 2014 Good governance **The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and improve the quality and safety of the services being provided.** **The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk.** In particular: • A fire risk assessment had been completed in 2016, but no actions had been taken to ensure fire drills were carried out on a regular basis; and fixed electrical wiring safety checks had not been carried out. • A gas safety check had been carried out in 2015. No work had been done in the interim to ensure that the gas boiler was safe to use, in line with the Health and Safety Executive guidance of an annual inspection. **The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services.** In particular: • There was limited evidence to demonstrate that the practice had fully acted on feedback from staff and patients.

This section is primarily information for the provider

Enforcement actions

- We received mixed views from patients about the service provided which aligned with information on NHS Choices and from patient surveys which the practice had carried out.
- There was no active patient participation group (PPG).
- Positive or negative comments about service provision made by patients via the NHS Choices website had not been acknowledged or responded to by the practice since April 2018.
- We witnessed two events where patients were not treated with respect and dignity and their views were not taken into consideration when they were making requests to see or speak with a GP or manager.
- Complaints and significant events had been categorised to identify trends and themes; but this information had not been used to formulate an action plan to drive and monitor improvement and ensure any actions taken were effective.

The registered person had systems or processes in place that operating ineffectively in that they failed to enable the registered person to evaluate and improve their practice in respect of the processing of the information obtained throughout the governance process.

In particular:

- There was a lack of oversight and monitoring of data collected through Quality and Outcome Framework (QOF) reporting. There was no system in place to monitor performance against QOF indicators throughout the year. We were informed that necessary equipment to carry out monitoring of patients' long-term conditions was not readily available.
- Information showed that take up of childhood immunisations was just below the target indicator of 90% in three of the four outcomes.
- The quality of care was not consistently monitored. For example, both of the two clinical audits we reviewed were one cycle audits and neither had a date for the second cycle to be completed to make sure actions implemented had promoted improvement in patient care.
- The clinical lead for the practice had only taken on responsibility for the practice on the day of the inspection.

There was additional evidence of poor governance.

This section is primarily information for the provider

Enforcement actions

In particular:

- There was no evidence to demonstrate that the lead GP for safeguarding had received appropriate training to the recommended level for children.
- There were shortfalls in oversight of systems to ensure staff were appropriately supported. Staff training files showed that not all staff had received training to ensure they were competent in their role in line with practice policy. For example, training in: fire safety, infection control, information governance and the Mental Capacity Act 2005. There were no plans in place to demonstrate how and when this training would be provided.
- There was a limited induction process in place at the practice, which did not demonstrate that staff were appropriately. Staff reported that they had not received sufficient information to enable them to carry out their role when they started working at the practice.

Regulation 17(1) (2)