Church Lane Surgery

Inspection report

Church Lane
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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?	**Inadequate**
Are services responsive?	**Inadequate**
Are services well-led?	**Inadequate**

Overall summary

This practice is rated as inadequate overall.

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services caring? – Inadequate

Are services responsive? – Inadequate

Are services well-led? – Inadequate

We carried out an announced comprehensive inspection at Church Lane Surgery on 8 August 2018 as a part of our inspection programme.

At this inspection we found:

- There was a lack of leadership within the practice to ensure that the service operated safely and effectively.
- The safety systems in place were inadequate and did not ensure that patients and staff would be kept safe from harm.
- There were insufficient staffing levels which led to a failure in managing the workload. For example, we saw a backlog of correspondence, pathology results and patient notes awaiting to be reviewed by clinical staff and there was a protracted delay in sending the referral letters which led to potential risks to patient safety.
- Governance systems and processes in place were not always followed by staff and did not support safe care of patients.
- The practice system to ensure safeguarding was managed effectively needed to be improved for example they did not hold accurate registers of patients where concerns had been raised or hold regular safeguarding meetings with external agencies to share concerns.
- We found that the practice did not have adequate systems and processes in place to ensure the safe management of medicines. For example, there was a system in place to ensure that medicines that required cold storage were stored safely, however this was not always effective.
- Staff reported that lessons were not always shared from significant events and complaints some staff were unsure who to report to within the practice.
- Outcomes for childhood immunisations were above the national target.
- The system for monitoring uncollected prescriptions was not effective.
- Outcomes for the Quality and Outcomes Framework were significantly lower than local and national averages. Not all patients were receiving annual monitoring in a timely manner.
- The practice supported a local dementia café and gave patients support, education and signposted them to appropriate services.
- The practice held some multidisciplinary meetings to discuss patients at the end of life, however there was no evidence of meetings held to discuss other patients, including those with long term conditions.
- There was some evidence of clinical audit, however this was limited and was not used as a tool to drive improvements in the practice.
- Results from the national GP patient survey published in July 2017 were significantly lower than local and national averages. We viewed results from the GP patient survey published in July 2018 which showed the practice were still lower than local and national averages for many outcomes.
- Some staff reported that the working environment was stressful and they did not feel involved with changes in the practice, however they did report they worked well as a practice team and were supportive of each other.
- Some staff did not feel supported and were unsure of what their job role was.
- The practice had identified a low number of patients who were carers.
- Patient uptake for cervical screening was below the national target but comparable to local and national averages.
- On the day of inspection, the practice had not undertaken a health and safety risk assessment. This was completed after the inspection.

Shortly after the inspection and due to the level of risk to patients that we identified, we wrote formally to the provider to establish what immediate action they proposed to take to reduce that risk and to enable us to consider the most appropriate type of enforcement action we would take, if any, to protect patients. The provider replied to us with a satisfactory action plan for improvement in the short term and this meant that more serious enforcement action was not required as the risks were being managed.

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

Overall summary

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

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

- Develop systems and processes to identify carers to ensure they receive appropriate support.
- Improve the performance of the practice in relation to the uptake of patients for cervical screening.
- Review and monitor the system and process in place to ensure all staff complete the online induction programme.

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

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

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

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

Population group ratings

Older people	**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 CQC lead inspector**.** The team included a GP specialist adviser, a second CQC inspector, a practice manager adviser and a shadowing CQC inspector.

Background to Church Lane Surgery

- Church Lane Surgery is a GP practice located in Braintree and is part of the Mid Essex Clinical Commissioning Group.
- Services are provided from: Braintree College, Church Lane, Braintree, CM7 5SN
- Online services can be accessed from the practice website: /www.churchlanesurgery.co.uk/
- Church Lane Surgery is managed by the provider organisation Virgin Care Services Limited. The company took over the contract to provide NHS primary care services at Church Lane on 1 July 2016. The company currently manages 18 primary care services across the country, including GP practices, walk in centres and urgent care centres.
- The practice provides primary medical services to approximately 12,000 patients.
- The practice has a slightly higher elderly population than the national averages with 33% of the practice list aged over 65 years compared to the national average of 27%.
- The practice population is in the seventh decile for deprivation, which is on a scale of one to ten. The lower the decile the more deprived an area is compared to the national average.
- Ethnicity based on demographics collected in the 2011 census shows the patient population is predominantly white British with; 1.4% mixed, 1.7% Asian, 1% black.
- The out of hours provider for this service is Integrated Care 24.
- The provider employs two GPs at the practice, a practice nurse, and a health care assistant. The clinicians are supported by an administration and secretarial team. The practice used regular locums where possible to aid continuity of care.
- The provider is registered to provide the following regulated activities; diagnostic and screening procedures, family planning, maternity and midwifery and treatment of disease, disorder or injury.

Inadequate

Are services safe?

We rated the practice as inadequate for providing safe services.

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

- The safety systems in place were inadequate. The practice did not hold regular safeguarding meetings with external agencies to share concerns. There was no health and safety risk assessment completed on the day of inspection for the building, this was completed after the inspection. There were frequent staff shortages which increased the risk to patients. For example, the systems for managing correspondence, referrals, pathology results and patient notes was ineffective and did not ensure these were managed in a timely manner. We found staff were not following the procedure to manage uncollected prescriptions and clinicians were not using available tools to appropriately assess patients, such as the frailty tool. There was a system to manage the monitoring of fridge temperatures, however if the member of staff that had responsibility was absent from work, monitoring was not completed in a timely manner. Staff reported that lessons were not always shared from significant events and some staff were unsure who to report to within the practice.

Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse. Safety systems, processes and standard operating procedures were not effective.

- There was insufficient attention to safeguarding children and adults. The practice did not have appropriate systems to safeguard children and vulnerable adults from abuse. For example, the practice did not hold meetings with external agencies to discuss safeguarding. There was a meeting date set for 12 September 2018. There was a list of looked after children, children in need and children on a child protection plan, but no list for other children that may have safeguarding concerns or adults with safeguarding concerns. All staff 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.
- Staff took some steps, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. However, the practice did not meet with other agencies to discuss safeguarding, though there was a plan in place to start this.
- After the inspection, the provider provided evidence that a review of vulnerable adults was due to be completed by 24 August 2018. A meeting with other agencies for vulnerable adults was planned to take place on 29 August 2018.
- 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.)
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- There was an effective system to manage infection prevention and control.
- The practice had arrangements to ensure that facilities and equipment were safe and in good working order through calibration and electrical testing.
- 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.

- Substantial and frequent staff shortages increased risks to people who used services. There were some arrangements 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, we found there was a reliance on the use of locum staff to fill current vacancies and there were gaps in the rota for both clinical and non-clinical staff. The provider was aware of this; however, it had resulted in some tasks not being completed in a timely manner such as the actioning of correspondence, managing of pathology results and actioning of referrals.
- There was an ongoing recruitment drive. However, there had been instances where locum staff had not attended work and therefore patient appointments had not been met.

Inadequate

Are services safe?

- There was an induction system for temporary staff tailored to their role, however the online induction programme for permanent staff had not been completed by all staff.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.

Information to deliver safe care and treatment

Staff did not always have the information they needed to deliver safe care and treatment to patients, and information was not always used effectively and therefore had an impact on patient care.

- The care records we viewed showed that information needed to deliver safe care and treatment was available to staff but not always utilised. For example, the practice did not use the available templates to assess and manage frailty.
- We found on the day of inspection 1974 letters that had not been actioned by a GP. We found there was no system in place to deal with these in a timely manner which posed a risk to patient safety as actions were not taken from these letters. Following our inspection, the practice has informed us they have improved the way correspondence is managed and they have reduced the outstanding correspondence.
- There was an approach to managing test results, however this was ineffective. On the day of inspection, we found a small number of test results awaiting action. However, staff reported to us that these were not always managed in a timely manner. We found that, on 1 August 2018, there were 588 test results awaiting review. Some staff we spoke with reported there were limited staffing resources which resulted in delays in dealing with patient correspondence. Some staff reported stress levels within the practice were high and many worked additional hours. Some staff reported additional hours were to be taken as time in lieu, however due to staff shortages they were unable to take it. During the inspection, we were provided with staff rotas which showed dedicated clinician and non-clinician time to manage test results for August and September 2018 to reduce the risk of a further build-up of unactioned test results.
- The practice had some systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. For example, the practice provided reports where necessary but did not hold regular meetings with external agencies such as health visitors. There was a plan in place to commence these from 29 August 2018.
- Clinicians did not make timely referrals in line with protocols. We found 60 referrals were awaiting actioning on the day of inspection. However, we also found that there had been 223 on 1 August 2018 and staff had worked to clear these. There was no documented system in place that was being adhered to in order to manage these on a regular basis. This posed a risk to patients as patients were not receiving timely consultations from other care providers due to the delay in referrals. After the inspection, we were provided with evidence that these had all been actioned by 12 August 2018 and that a resilience plan would be put in place to ensure the risk of this being repeated was reduced.
- On the day of inspection, we found there were approximately 1,500 sets of patient notes were waiting to be sent to other agencies or to patients and six bags of unopened patient notes for patients new to the practice. There had been no effective system in place to manage these. This posed a risk to patients as their clinical notes were not up to date and some patients had requested notes that had not been sent. The practice reported there would be more administration staff in place to manage these in the future.
- On the day of inspection, we were presented with a standard operating procedure to manage uncollected prescriptions. However, this was not being followed and staff told us they were using a different procedure. The standard operating procedure stated the uncollected prescriptions must be checked monthly, whereas staff told us they checked every three months. However, we found prescriptions dated in March 2018, and some of these prescriptions were for children. Since the inspection, the practice has informed us that action has been taken to resolve this issue.

Appropriate and safe use of medicines

Inadequate

Are services safe?

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

- The systems for managing medicines, including vaccines, medical gases, emergency medicines and equipment, minimised risks. However, although we found that fridge temperatures were generally well monitored, when the member of staff who had the responsibility for measuring temperatures was away from work, temperature monitoring was not completed on a daily basis.
- 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. The practice was in line with local and national averages for prescribing.
- Patients' health was monitored in relation to the use of medicines and followed up on appropriately.

Track record on safety

The practice had a mixed track record on safety.

- There were risk assessments in relation to most issues relating to safety. However, there was no health and safety risk assessment available on the day of inspection. This was provided after the inspection and had been completed on 13 August, which was after the date of inspection.
- The practice monitored and reviewed most activities. There were some gaps in staffing that the practice was aware of and they were actively recruiting for additional staff.

Lessons learned and improvements made

The practice made improvements when things went wrong, however these improvements were not always communicated to staff.

- Staff understood their duty to raise concerns and report incidents and near misses. However, due to staff changes, some staff reported they were unsure who to report to.
- There were adequate systems for reviewing and investigating when things went wrong. The provider learned lessons, identified themes and took action to improve safety in the practice. However, staff reported that learning was not always shared. We saw evidence of shared learning in clinical meetings in February, March and August 2018. The practice reported there was a plan to implement full staff meetings.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts. There was a system in place to manage safety alerts.

Please refer to the Evidence Tables for further information.

Inadequate

Are services effective?

We rated the practice as inadequate for providing effective services for all population groups and overall. We rated all population groups as inadequate except families, children and young people and working age people which we rated as requires improvement.

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

- Outcomes for the Quality and Outcomes Framework were significantly lower than local and national averages. We saw some improvements in outcomes for long term conditions for unverified data for 2017/18, however the overall achievement was still lower than average. The practice held some multidisciplinary meetings to discuss patients at the end of life, however there was no evidence of meetings held to discuss other patients, including those with long term conditions. There was some evidence of clinical audit, however this was limited and was not used as a tool to drive improvements in the practice. There were staffing vacancies, however the provider was aware of this and had a current recruitment drive. Staff shortages were affecting the delivery of care and performance. Some staff had not received appraisals. Performance for cervical screening was lower than local and national averages. There was an induction system for temporary staff tailored to their role, however the online induction programme for permanent staff had not been completed by all staff.

Effective needs assessment, care and treatment

The practice had some systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians mostly assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clinical pathways and protocols. However, we saw that outcomes for some areas were lower than local and national averages and that clinicians did not use available frailty tools.

- Patients' immediate and ongoing needs were assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions we viewed.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.
- We saw clinicians had access to the internet for access to guidance and kept themselves up to date with guidance. There were limited clinical meetings to discuss recent guidance or changes to evidence-based practice. Meetings were held in February, March and August 2018 and there was a plan to implement more frequent meetings.

Older people:

This population group was rated inadequate for effective because:

- Older patients who are frail or may be vulnerable did not receive a full assessment of their physical, mental and social needs. For example, the practice did not use an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty, though this was available on the clinical system.
- The practice had a total of 1974 letters requiring actioning on the day of inspection and therefore we were not assured that the practice followed up on older patients discharged from hospital to ensure their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions:

This population group was rated inadequate for effective because:

- Outcomes for patients with long-term conditions were lower than the local and national averages for the year 2016/17 across most of the clinical indicators. We looked at unverified data for the year 2017/18 and there had been some improvements achieved and in several areas, these were considerable. The practice was aware of the areas for improvement and had an action plan in place. This had been achieved through a plan that was implemented the previous year. However, the overall achievement was still lower than local and national averages.
- For patients with the most complex needs, the GP's did not hold regular meetings with other health and care professionals to deliver a coordinated package of care. However, there were meetings booked for September 2018.

Inadequate

Are services effective?

- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- Some adults with newly diagnosed cardiovascular disease were offered statins for secondary prevention. People with suspected hypertension were offered ambulatory blood pressure monitoring and patients with atrial fibrillation were assessed for stroke risk and treated as appropriate. However, outcomes for these conditions were significantly below local and national averages.

Families, children and young people:

This population group was rated requires improvement for effective because:

- Childhood immunisation uptake rates were in line with or above the target percentage of 90% or above.
- The practice reported there were arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation. However, the practice reported this had not occurred in the last eight months. We found 1974 letters that had not been actioned by a clinician and this lack of an effective system affected this population group.

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

This population group was rated requires improvement for effective because:

- The practice's uptake for cervical screening was 68%, which was below the 80% coverage target for the national screening programme. The practice reported that they had struggled with staffing to be able to complete more reviews.
- The practice's uptake for breast and bowel cancer screening was generally in line with the national average.
- There was mixed feedback as to whether the practice offered NHS checks for patients aged 40-74. The GPs reported these were completed by the nursing staff, however nursing staff reported they did not complete these.

People whose circumstances make them vulnerable:

This population group was rated inadequate for effective because:

- End of life care was delivered in a way which took into account the needs of those whose circumstances may make them vulnerable. The practice had contact with the local palliative care team to discuss preferred place of care and end of life decisions.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had 43 patients with a learning disability. Three of these patients had joined the practice in the last six months. The practice had completed one health check of the remaining 40 patients in the last 12 months. The practice told us that they planned to have dedicated clinics and a lead clinician for these patients.

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

This population group was rated inadequate for effective because:

- The practice assessed 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, heart disease, cancer and access to 'stop smoking' services. However, there was no system in place to follow up patients with mental health conditions who did not attend for a review.
- 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 which included referral to external services.
- Patients at risk of dementia were identified using an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- Outcome data relating to mental health for the year 2016/17 were 82%, which was below the local average of 92% and the national average of 94%. Unverified data for 2017/18 showed overall achievement had significantly reduced to 55%. Overall exception reporting for 2016/17 was 18% compared to the local average of 14% and the national average of 11%. Unverified data for 2017/18 showed this had reduced to 8%. The practice was aware of this and had reflected it in their improvement plan for 2018/19.

Monitoring care and treatment

Inadequate

Are services effective?

The practice did not have a comprehensive programme of quality improvement activity and did not fully review the effectiveness and appropriateness of the care provided.

- Overall, the practice was significantly below local and national averages for outcomes on the Quality and Outcomes Framework. The practice had achieved 77% for 2016/17 compared to the local average of 96% and the national average of 96%. We saw unverified data from 2017/18 which showed the practice had achieved 79% overall. The practice had a plan in place to address these results which included lead members of staff for certain areas and utilising the skills of the nursing team.
- The overall exception reporting for the Quality and Outcomes Framework was in line with local and national averages. The practice had achieved 10% overall, which was equal to the local and national average.
- We saw there had been one cycle of a clinical audit relating to the use of sodium valproate in women of child bearing age. This was due to be repeated to ensure improvements in clinical care were achieved.
- We saw a completed audit relating to anti-rheumatic medicines. However, the samples of patients used in the original audit and the re-audit were different sizes. The audit showed that although the recall system was working, patients had not had appropriate follow ups due to capacity.
- The practice had completed a national audit relating to opioid use. There was a plan to implement more clinical audits once permanent staff were employed.

Effective staffing

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. Staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

- The practice had not completed all staff appraisals and therefore could not demonstrate they understood the learning needs of staff. For example, we found three members of permanent staff had not had up-to-date appraisals. Up to date records of skills, qualifications and training were maintained.
- There was an induction system for temporary staff tailored to their role, however the online induction programme for permanent staff had not been completed by all staff. Appraisals had been booked in, but staff had not been informed of this.
- There was an approach for supporting and managing staff when their performance was poor or variable and we saw evidence of this.

Coordinating care and treatment

Staff and teams provided care in isolation and did not always seek support or input from other relevant teams and services to deliver effective care and treatment for all patients.

- We saw records for patients at the end of life that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment. However, this was not evident for other patients. The practice had planned to hold multidisciplinary team meetings from September 2018.
- The practice shared accurate information with relevant professionals when reports were required. There was limited discussion with other services for the delivery of care for patients with long term conditions.
- Patients did not always receive coordinated and person-centred care. For example, we found 60 referrals that had not been completed in a timely manner. The practice provided evidence after the inspection that these referrals had been completed.
- 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 not consistent and proactive in helping patients to live healthier lives.

- The practice identified some patients who may be in need of extra support and directed them to relevant services, for example patients with dementia. Clinicians were able to signpost patients to services, such as the smoking cessation service.

Inadequate

Are services effective?

- Staff did not always encourage patients to be involved in monitoring and managing their own health. Patients did not always feel involved in their care and reported this to us on the day of inspection. This was also reflected in the National GP Patient survey.
- The practice supported some national priorities and the health care assistant was trained to give advice relating to stopping 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.

Inadequate

Are services caring?

We rated the practice as inadequate for caring.

The practice was rated as inadequate for caring because:

- Results from the national GP patient survey published in July 2017, were significantly below local and national averages in several aspects. There was no action plan in place to address these aspects of the survey, although the practice had reviewed them. We viewed the outcomes for the July 2018 GP patient survey which showed the practice were generally below local and national averages. We observed some aspects of care that did not manage patients' privacy discreetly. Some staff were unaware of the accessible information standards. The practice had identified 0.8% of the practice population as carers and did not proactively offer support to them, though there was a plan to address this.

Kindness, respect and compassion

Some patients reported that staff did not always treat them with kindness, respect and compassion.

- Feedback from patients we spoke with was mixed about the way staff treated people. Some patients reported that staff were kind and caring, whereas other patients reported some staff could be rude and unhelpful.
- Results from the national GP patient survey published in July 2017 for outcomes relating to kindness, respect and compassion were significantly below local and national averages. The practice was aware of the results, however there was no action plan in place to address this aspect of the survey.
- Results from the national GP patient survey, published in July 2018 showed the practice were generally below local and national averages for outcomes relating to listening to patients, treating patients with care and concern and patients having confidence in the clinician they saw.
- Staff understood patients' personal, cultural, social and religious needs.
- The practice did not always give patients timely support and information.

Involvement in decisions about care and treatment

Staff did not always help patients to be involved in decisions about care and treatment. Some staff we spoke with were not 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. There were posters in the reception about common conditions.
- Staff did not always help patients and their carers find further information and access community and advocacy services. There was an informal system in reception of signposting patients to local services, however this was not structured and it was unclear whether all reception staff utilised this.
- Results from the national patient survey published in July 2017 for outcomes relating to involving patients in decision about care and treatment were significantly below local and national averages. The practice was aware of the results, however there was no action plan in place to address this aspect of the survey. Patients on the day of inspection reported there was not always continuity of care with clinicians due to high locum use, though the practice tried to use long term locum staff to address this.
- Results from the national GP patient survey, published in July 2018 showed the practice were generally in line with or below average for many outcomes. For example, 39% of patients described their overall experience of this GP practice as good. This was significantly lower than the local average of 79% and the national average of 84%.

Privacy and dignity

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

- We witnessed staff not always managing patients' privacy discreetly. We observed patients being asked to discuss their issues in reception and being asked to speak louder. This was in the presence of other patients in the waiting room, rather than being offered a private room to discuss their needs.
- Consulting room doors were closed so no conversations could be overheard.

Please refer to the evidence tables for further information.

Inadequate

Are services responsive to people's needs?

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

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

- Results from the national GP patient survey were significantly lower than local and national averages. We viewed results from the GP patient survey, published in July 2018 which showed the practice were still significantly below local and national averages in many areas and similar to the previous year's data. Feedback from patients was that it was difficult to obtain appointments and that they sometimes queued outside the practice before opening. Complaints were dealt with in a timely manner, however staff reported learning was not shared with the practice team. The practice did not complete timely review of test results and referrals.

Responding to and meeting people's needs

The practice did not always organise services to meet patients' needs and this required strengthening. It took account of patient needs and preferences and generally tailored care to meet these needs.

- The practice had provided a dementia café for patients to receive support.
- Online appointment booking services were available.
- The facilities and premises were appropriate for the services delivered.
- The practice did not always provide effective care coordination for patients who were more vulnerable or who had complex needs. For example, the practice did not hold meetings with external agencies for vulnerable patients or patients with safeguarding concerns.
- Care and treatment for patients with multiple long-term conditions were not coordinated with other services.

Older people:

This population group was rated inadequate for responsive because:

- 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. However, patients reported that it was difficult to get an appointment with a GP and due to high locum use, patients were unsure which GPs worked at the practice.
- The practice did not use available tools to identify frail patients.
- The practice offered urgent home visits and appointments for those with enhanced needs. However, we observed patients queueing to get appointments on the day of inspection.
- The practice had not held any multidisciplinary team meetings to discuss the needs of older people, though these were planned for September.

People with long-term conditions:

This population group was rated inadequate for responsive because:

- Some patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. However, some outcomes for patients with long term conditions, such as diabetes, were significantly lower than average.
- The practice did not hold meetings with external support agencies to discuss and manage the needs of patients with complex medical issues. The practice planned to implement these, however they had not started at the time of our inspection.

Families, children and young people:

This population group was rated inadequate for responsive because:

- We found there were limited 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. For example, there were no documented multidisciplinary team meetings to discuss children, though the practice planned to start these in September 2018.
- The reception staff had a triaging protocol in place that was supported by a duty GP. This included parents or guardians calling with concerns about a child.

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

This population group was rated inadequate for responsive because:

Inadequate

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. For example, extended opening hours were available on a Tuesday from 6.30pm to 8pm.
- Online booking services were available, however patients reported it was difficult to obtain an appointment.

People whose circumstances make them vulnerable:

This population group was rated inadequate for responsive because:

- The practice held a register of patients living in vulnerable circumstances those with a learning disability.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode.
- The practice had held some meetings to discuss patients at the end of life, however had not held meetings to discuss other vulnerable patients. There was limited evidence of systems and processes in place to manage vulnerable patients with safeguarding concerns.

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

This population group was rated inadequate for responsive because:

- Staff interviewed had an understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held and supported a dementia café which offered support to patients with dementia and signposted them to support services.
- The practice had not held meetings with multidisciplinary teams to discuss patients with poor mental health.

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 have timely access to initial assessment, test results, diagnosis and treatment. For example, we found the system for managing referrals, test results and correspondence was inadequate and not managed in a timely manner.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients we spoke with reported that the appointment system was difficult to use and they could not get appointments when they required them. This was reflected in the outcomes of the national GP patient survey published in July 2018, where patient satisfaction was very low in some areas.
- Results from the national GP patient survey published in July 2017 were significantly below local and national averages for questions relating to access. The practice was aware of this and had changed the phone system, but had not assessed patients' satisfaction with the new system. We observed patients queuing before the service opened on the day of inspection. Outcomes from the July 2018 GP patient survey showed outcomes relating to access were significantly below local and national averages.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- Complaints were dealt with at a corporate level. The complaint policy and procedures were in line with recognised guidance. The practice learned lessons from individual concerns and complaints and from analysis of trends. It acted as a result to improve the quality of care. However, we saw limited evidence of sharing the outcomes and learning from complaints with the practice team.

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:

- Some staff reported that the working environment was stressful and they did not feel involved with changes in the practice and reported a lack of leadership. Governance systems and processes in place were not always followed by staff and did not support safe care of patients. Staff reported they found training difficult to request and there was limited evidence of improvements to outcomes through clinical audit. Some staff did not feel supported and were unsure of what their job role was. Patients reported they were unsure of who to contact in the practice due to several management changes over a short period.

Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care, however these skills had not been fully embedded within the practice at the time of our inspection.

- Leaders were aware of issues relating to the quality and future of services. They understood the challenges and had action plans in place to address them. However, these action plans had not been implemented or embedded in to practice at the time of our inspection.
- There were leaders at a corporate level, but staff reported leadership within the practice was limited. A new service manager was due to start in August 2018, however staff were unsure who to report to.
- The provider had plans in place for the future leadership of the practice, but had a high turnover of both clinical and non-clinical staff. There was a reliance on locum staff while the practice recruited. There was an ongoing recruitment drive in place but we were told that the provider had experienced difficulties in this area.

Vision and strategy

The practice had a vision and strategy to deliver high quality, sustainable care.

- There was a vision and set of values. The practice had an action plan in place to address shortfalls in the service. We were told that they were aware of the issues that we found in inspection and had an improvement plan to manage them.
- Staff were not aware of the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social care priorities across the region.
- The practice monitored progress against delivery of the strategy and updated their action plan. There was a monthly rota for locum staff, however there was limited oversight of managing workload when locums did not turn up for work.

Culture

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

- We were told by some staff that they did not feel respected, supported or valued at a corporate level. They reported they felt they were left to manage the practice with limited staff.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints to patients, but not with staff. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. However, staff reported that outcomes from complaints and significant events were not shared.
- Staff we spoke with told us they were able to raise concerns but felt these were not addressed or they did not get told the outcome.
- There were insufficient processes in place for providing some with the development they need. We found that appraisals for all staff were not complete. The provider reported there were dates booked for these, however had not informed the staff.
- Some staff reported stress levels within the practice were high and many worked additional hours. Some staff reported additional hours were to be taken as time in lieu, however due to staff shortages they were unable to take it. There were positive relationships between staff and teams within the practice. However, the relationship between staff within the practice and the provider were fractured and communication was not always evident.

Governance arrangements

Inadequate

Are services well-led?

There were not clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were set out, however not all were understood and effective. The governance and management of partnerships, joint working arrangements and shared services had not been embedded and therefore did not promote co-ordinated person-centred care.
- Staff were not clear on their roles and accountabilities within the practice.
- Leaders had established policies, procedures and activities to ensure safety, however could not assure themselves that they were operating as intended. For example, we found on inspection that the process for managing uncollected prescriptions as documented in the standard operating procedure was not being followed by staff.

Managing risks, issues and performance

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

- There was a process to identify, understand and address current and future risks including risks to patient safety. However, the action plan had not highlighted some areas of concern, including managing test results, referrals and correspondence.
- The practice had processes to manage current and future performance, however these were ineffective. For example, outcomes on the Quality and Outcomes Framework were significantly lower than local and national averages and had been for two consecutive years. Practice leaders had oversight of safety alerts, incidents and complaints. However, staff reported that learning was not always shared. We saw evidence of shared learning in clinical meetings in February, March and August 2018. The practice reported there was a plan to implement full staff meetings.
- Clinical audit did not have a positive impact on quality of care and outcomes for patients. There was not clear evidence of action to change practice to improve quality.
- The practice had plans in place and had trained staff for major incidents.
- The practice considered and understood the impact on the quality of care of service changes or developments. There was a current recruitment drive to fill staff vacancies and address some of the shortfalls identified in the providers' action plan.

Appropriate and accurate information

The practice did not act on appropriate and accurate information.

- Quality and operational information was used to identify areas of concern.
- Quality and sustainability were discussed, however not all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.
- The information used to monitor performance and the delivery of quality care was accurate. There were plans to address any identified weaknesses, however not all of these had been embedded.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems. However, we found the system for management of patient records that required sending to external agencies or patients was ineffective. There were approximately 1,500 notes requiring sending. The provider has since provided a plan to address this which included using more locum administration staff.

Engagement with patients, the public, staff and external partners

The practice did not always fully involve patients, the public, staff and external partners to support high-quality sustainable services.

- The practice had an active patient participation group. The group reported they were unsure of who to report to but had been kept up to date with changes in the practice. The group reported they would like to be more involved with the practice going forward.
- The practice had not conducted their own staff and patient surveys. However, they were aware of national surveys, such as the GP patient survey, have your say and the friends and family test. The practice utilised

Inadequate

Are services well-led?

'you said, we did' to inform patients of changes to the phone system. However, the practice did not fully use this information to drive improvement. Patient satisfaction data from the two most recent national GP patient surveys reflected that patients were not satisfied with many of the services provided and some data was considerably lower than local and national averages.

- We found there was a system to obtain evidence of patient satisfaction and there was some evidence of this being used to drive improvements in the practice, such as changing the phone system. However, the information was not fully used to drive improvements across all areas of the practice.

Continuous improvement and innovation

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

- There was limited evidence of improvement through clinical audit. One full audit had been completed which did not show improvements to patient outcomes. Some nursing staff reported they were not involved in clinical audits.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **This was in breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.** • The practice had not undertaken a health and safety risk assessment. • Fridge temperatures were not being effectively monitored.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulation 2014: Good governance.** • There was a lack of focus on the clinical leadership and governance systems. There were not systems in place to enable the provider to regularly assess and monitor the quality of the services provided. • There was not an effective system in place to safeguard service users from abuse and improper treatment. There were no formal systems or processes in place to ensure regular safeguarding information sharing meetings took place. • There was not an effective system to manage incoming correspondence, pathology results and patient referrals. • The system for forwarding and reviewing notes of patients when they left or joined the practice was not effective. • Staff were not following the standard operating procedure for the management of uncollected prescriptions. • There was a lack of systems and processes in place to adequately review patients in line with guidance. MDT meetings were not being held to discuss the ongoing care of patients with long-term conditions. • There were limited structures, processes or systems at the practice that identified clinical accountability. • There was a lack of clinical and non-clinical meetings to discuss issues, learning or to receive feedback from staff. • There was a lack of system in place to demonstrate review of staff competencies. Not all staff had received their annual appraisal. • The practice did not assess, monitor or identify improvements to the quality and safety of the service