Dr Tariq Rahman

Quality Report

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

Ratings

Overall rating for this service	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr Tariq Rahman (also known as Cecil Square Surgery) on 5 February 2015. Overall the practice is rated as requires improvement.

Specifically, we found the practice to be good for providing effective and caring services. It required improvement for providing safe, responsive and well-led services which has led to this rating being applied to all patient population groups; older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), people whose circumstances may make them vulnerable and people experiencing poor mental health (including people with dementia).

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Not all risks to patients were assessed and well managed. For example, the practice was unable to demonstrate that risk assessments had been carried out in order to identify infection control risks and implement plans to reduce them where possible.
- Patients' needs were assessed and care was planned and delivered in line with current legislation. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information to help patients understand the services available was easy to understand. Staff treated patients with kindness and respect, and maintained confidentiality.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. However, the practice did not provide an on-line booking service for appointments or repeat prescriptions.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

However, there were areas of practice where the provider needs to make improvements.

Importantly the provider must;

- Review its infection control management to ensure all areas of the practice are clean and comply with national infection control guidance.
- Review its risk assessment activity to include infection control
- Ensure it is equipped to deal adequately with medical emergencies before the arrival of an ambulance.
- Revise its governance processes and ensure that all documents used to govern activity are up to date and contain contact details of relevant external organisations.

The provider should also;

- Review guidance available to staff in the management of patient consent as well as equality and diversity
- The provider should ensure all relevant staff have up to date knowledge of the Mental Capacity Act 2005.
- Review information about the practice and ensure it is readily available to all patients when they need to access it.
- Review its process for recording complaints processes as well as feedback given to staff on outcomes from serious untoward incident investigations and results of clinical audit activity.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

The practice is rated as requires improvement for safe. The practice was unable to demonstrate it was fully compliant with national guidance on infection control and was not adequately equipped to deal with a medical emergency before the arrival of an ambulance. Cecil Square Surgery had systems to monitor, maintain and improve safety and demonstrated a culture of openness to reporting and learning from patient safety incidents. The practice had policies to safeguard vulnerable adults and children who used services. They monitored safety and responded to identified risks. There were systems for medicines management. Sufficient numbers of staff with the skills and experience required to meet patients' needs were employed. There was enough equipment to enable staff to care for patients. Staff were trained and the practice had plans to deal with foreseeable emergencies.

Are services effective?

Good

The practice is rated as good for providing effective services. Staff at the Cecil Square Surgery referred to guidance from the National Institute for Health and Care Excellence and had systems to monitor, maintain and improve patient care. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients were satisfied with the care provided by Cecil Square Surgery and were treated with respect. Staff were careful to keep patients' confidential information private and maintained patients' dignity at all times. Patients were supported to make informed choices about the care they wished to receive and felt listened to.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. The practice was responsive to patients' individual needs such as language requirements and mobility issues. Access to services for all patients was facilitated in a wide

Summary of findings

variety of ways, such as routine appointments with staff at Cecil Square Surgery and telephone consultations. However, the practice did not provide an on-line booking service for appointments or repeat prescriptions. Patients could get information about how to complain in a format they could understand. However, this information did not contain the names and contact numbers of relevant complaints bodies that patients could go to in the event they were unhappy with the response they received from the practice.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for providing well-led services. There was a clear leadership structure with an open culture that adopted a team approach to the welfare of patients and staff at Cecil Square Surgery. The practice used a variety of policies and other documents to govern activity. However, the practice was unable to demonstrate that they had a system to help ensure all governance documents were kept up to date. The practice held meetings where governance issues were discussed. However, the practice was unable to demonstrate how results of clinical audits were shared with relevant staff. There were systems to monitor and improve quality. The practice took into account the views of patients and those close to them as well as engaging staff when planning and delivering services. Practice systems had failed to identify and reduce risks associated with infection control and management of medical emergencies.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Requires improvement

The practice is rated as requires improvement for the care of older people. The overall rating applies to everyone using the practice, including this patient population group. Documents were available that guided staff specifically in the care of older patients. Patients over the age of 75 had been allocated a dedicated GP to oversee their individual care and treatment requirements. Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff. There were plans to help avoid older patients being admitted to hospital unnecessarily. Specific health promotion literature was available as well as details of other services for older people. The practice held regular multi-professional staff meetings that included staff who specialised in the care of older people. Not all risks to patients were assessed and well managed and the practice was unable to demonstrate it was equipped to deal adequately with a medical emergency before the arrival of an ambulance.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The overall rating applies to everyone using the practice, including this patient population group. Documents were available that guided staff specifically in the care of patients with long-term conditions. Service provision for patients with long-term conditions included dedicated clinics with a recall system that alerted patients as to when they were due to re-attend. The practice employed staff trained in the care of patients with long-term conditions. The practice supported patients to manage their own long-term conditions. Specific health promotion literature was available. Not all risks to patients were assessed and well managed and the practice was unable to demonstrate it was equipped to deal adequately with a medical emergency before the arrival of an ambulance.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The overall rating applies to everyone using the practice, including this patient population group. Documents were available that guided staff specifically in the care of families, children and young people. Services for mothers, babies, children and young people at Cecil Square Surgery included dedicated midwives and health visitor care. Specific health promotion literature was available. The practice held regular

Summary of findings

multi-professional staff meetings that included staff who specialised in the care of mothers, babies and children. Not all risks to patients were assessed and well managed and the practice was unable to demonstrate it was equipped to deal adequately with a medical emergency before the arrival of an ambulance.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The overall rating applies to everyone using the practice, including this patient population group. Documents were available that guided staff specifically in the care of working age patients (including those recently retired and students). The practice provided a variety of ways this patient population group could access primary medical services. These included appointments from 8.30am to 6pm on Monday, Wednesday and Friday as well as 8.30am to 7pm on Tuesday each week day and telephone consultations. Specific health promotion literature was available. Not all risks to patients were assessed and well managed and the practice was unable to demonstrate it was equipped to deal adequately with a medical emergency before the arrival of an ambulance.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people living in vulnerable circumstances. The overall rating applies to everyone using the practice, including this patient population group. The practice offered primary medical service provision for people in vulnerable circumstances in a variety of ways. Patients not registered at the practice could access services and interpreter services were available for patients whose first language was not English. Specific health promotion literature was available. Specific screening services were also available. Not all risks to patients were assessed and well managed and the practice was unable to demonstrate it was equipped to deal adequately with a medical emergency before the arrival of an ambulance.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The overall rating applies to everyone using the practice, including this patient population group. Documents were available that guided staff specifically in the care of patients experiencing poor mental health including young patients. This patient population group had access to psychiatrist and community psychiatric nurse

services as well as local counselling services. Specific health promotion literature was available. The practice held regular multi-professional staff meetings that included staff who specialised in the care of patients experiencing poor mental health. Not all risks to patients were assessed and well managed and the practice was unable to demonstrate it was equipped to deal adequately with a medical emergency before the arrival of an ambulance.

Summary of findings

What people who use the service say

During our inspection we spoke with two patients who told us they were satisfied with the care provided by the practice. They considered their dignity and privacy had been respected and that staff were polite, friendly and caring. They told us they felt listened to and supported by staff, had sufficient time during consultations and felt safe. They said the practice was well managed, clean as well as tidy and they did not experience difficulties when making appointments. Patients we spoke with reported they were aware of how they could access out of hours care when they required it as well as the practice's telephone consultation service.

We looked at 44 patient comment cards. 42 comments were positive about the service patients experienced at Cecil Square Surgery. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe. Two comments were less positive but there were no common themes to these.

We looked at the NHS Choices website where patient survey results and reviews of Cecil Square Surgery were available. Results ranged from 'among the worst' for the percentage of patients who would recommend this practice, through 'average' for scores for consultations with doctors and nurses. Results were 'as expected' for scores for opening hours and 94 per cent of patients rated their ability to get through on the telephone as very easy or easy. 80 per cent of patients rated this practice as good or very good.

Areas for improvement

Action the service MUST take to improve

- Review its infection control management to ensure all areas of the practice are clean and comply with national infection control guidance.
- Review its risk assessment activity to include infection control.
- Ensure it is equipped to deal adequately with medical emergencies before the arrival of an ambulance.
- Revise its governance processes and ensure that all documents used to govern activity are up to date and contain contact details of relevant external organisations.

Action the service SHOULD take to improve

- Review guidance available to staff in the management of patient consent as well as equality and diversity
- The provider should ensure all relevant staff have up to date knowledge of the Mental Capacity Act 2005.
- Review information about the practice and ensure it is readily available to all patients when they need to access it.
- Review its process for recording complaints processes as well as feedback given to staff on outcomes from serious untoward incident investigations and results of clinical audit activity.

Dr Tariq Rahman

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

Background to Dr Tariq Rahman

Dr Tariq Rahman (also known as Cecil Square Surgery) is situated in Margate, Kent and has a registered patient population of 2,167 (1,131 male and 1,036 female). There are 621 registered patients under the age of 19 years (317 male and 304 female), 1,449 registered patients between the age of 20 and 74 years (770 male and 679 female) and 85 registered patients over the age of 75 years (36 male and 49 female).

Primary medical services are provided Monday, Wednesday and Friday between the hours of 8.30am to 6pm, Tuesday 8.30am to 7pm and Thursday 8.30am to 11am. Primary medical services are available to patients registered at Dr Tariq Rahman via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (the 111 service and IC24) to deliver services to patients outside of Dr Tariq Rahman's working hours.

The practice staff consisted of one GP (male), one practice manager, one practice nurse (female), one respiratory nurse (female), two healthcare assistants (both female) one administrator and two receptionists. There is a reception and a waiting area on the ground floor. All patient areas one the ground floor are wheelchair accessible.

Services are provided from Cecil Square Surgery, 1 Cecil Square, Margate, Kent, CT9 1BD, only.

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This provider had not received a comprehensive inspection before and that was why we included them.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Detailed findings

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England, the local clinical commissioning group and local Healthwatch, to share what they knew. We carried out an announced visit on 5 February 2015. During our visit we spoke with a range of staff (one GP, the practice manager, one practice nurse, one receptionist and one administrator) and spoke with two patients who used the service. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Requires improvement

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risk and improve quality regarding patient safety. For example, reported incidents and accidents, national patient safety alerts as well as comments and complaints received. The staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. For example, an incident where a patient developed shingles after receiving a shingles vaccination at the practice had been reported, investigated and the outcome discussed with staff so that they were aware to be vigilant for this rare complication in the future.

We reviewed safety records and incident reports for the last 12 months. This showed the practice had managed these consistently over time and so could show evidence of a safe track record over the long term.

Learning and improvement from safety incidents

The practice had a system for reporting, recording and monitoring incidents, accidents and significant events. We reviewed records of three significant events that had occurred in the last 12 months and saw this system was followed appropriately. All reported incidents, accidents and significant events were managed by dedicated staff. Staff told us that feedback from investigations was discussed at staff meetings. However, this was not evident from minutes of staff meetings.

The practice produced an annual report of significant incidents that had taken place at Cecil Square Surgery. Staff told us that the report described the incident, the action taken as well as the learning implemented and records confirmed this. For example, a patient became violent during a consultation with a locum GP at the practice. Security systems at the practice had subsequently been reviewed and staff made aware of how to handle such a situation should it happen again.

National patient safety alerts were disseminated electronically as well as in paper form to practice staff. There was a protocol document that guided staff in the management of medicines alerts and patient safety notices.

Reliable safety systems and processes including safeguarding

The practice had systems to safeguard vulnerable adults and children who used services. There was written information for safeguarding vulnerable adults and children as well as other documents readily available to staff that contained information for them to follow in order to recognise potential abuse and report it to the relevant safeguarding bodies. For example, a safeguarding children policy. Contact details of relevant safeguarding bodies were available for staff to refer to if they needed to report any allegations of abuse of vulnerable or children. However, contact details of such bodies were not available for staff to refer to if they needed to report any allegations of abuse of vulnerable adults. The practice had a dedicated GP appointed as lead in safeguarding vulnerable adults and children trained to the appropriate level (level three). All staff we spoke with were aware of the dedicated appointed leads in safeguarding as well as the practice's safeguarding policies and other documents. Records demonstrated that staff were up to date with training in safeguarding. When we spoke with staff they were able to describe the different types of abuse patients may have experienced as well as how to recognise them and how to report them.

The practice had a whistleblowing policy that contained relevant information for staff to follow that was specific to the service. The policy detailed the procedure staff should follow if they identified any matters of serious concern. The policy contained the names and contact details of external bodies that staff could approach with concerns, such as a national independent whistleblowing charity. All staff we spoke with were able to describe the actions they would take if they identified any matters of serious concern and most were aware of this policy.

The practice had a monitoring system to help ensure staff maintained their professional registration. For example, professional registration with the General Medical Council or Nursing and Midwifery Council. We looked at the practice records of four clinical members of staff which confirmed they were up to date with their professional registration.

Records demonstrated all relevant staff had Disclosure and Barring Service (DBS) clearance (a criminal records check) or an assessment of the potential risks involved in using those staff without DBS clearance.

Requires improvement

Are services safe?

The practice had written chaperone guidelines and information about them was displayed in public areas informing patients that a chaperone would be provided if required. Patients we spoke with told us they were aware this service was available at the practice.

Medicines management

Cecil Square Surgery had documents that guided staff on the management of medicines such as a prescribing policy, a drug storage protocol and a controlled drugs protocol. Staff told us that they accessed up to date medicines information and clinical reference sources when required via the internet and through published reference sources such as the British National Formulary (BNF). The BNF is a nationally recognised medicines reference book produced by the British Medical Association and Royal Pharmaceutical Society. There was a GP lead in prescribing who was a member of the local clinical commissioning group (CCG) medicines management team. The practice received input from the local CCG's pharmacist and was signed up to the CCG's prescribing incentive to help save on the costs of medicines they prescribed.

Patients were able to obtain repeat prescriptions either in person or by completing paper repeat prescription requests. Repeat prescriptions were not available to patients on-line at Cecil Square Surgery. Patients' medicines reviews were carried out during GP appointments and during dedicated clinic appointments such as asthma clinics.

Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Medicines and vaccines were stored securely in areas accessible only by practice staff. The practice kept inventories of medicines and vaccines held. Staff told us that stock levels and expiry dates of medicines and vaccines held were checked and the checks recorded on a monthly basis. Records confirmed this. Medicines and vaccines that we checked were within their expiry date and fit for use.

Appropriate temperature checks for refrigerators used to store medicines and vaccines had been carried out and records of those checks were made.

The practice nurse administered vaccines using directions that had been produced in line with legal requirements and national guidance. Records showed that staff had received appropriate training to administer vaccines.

Cleanliness and infection control

The premises were generally clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns regarding cleanliness or infection control at Cecil Square Surgery.

The practice had infection control policies that contained procedures for staff to refer to in order to help them follow the Code of Practice for the Prevention and Control of Health Care Associated Infections. The code sets out the standards and criteria to guide NHS organisations in planning and implementing control of infection.

The practice had an identified infection control lead. Staff told us they were up to date with infection control training and records confirmed this.

Personal protective equipment (PPE) including disposable gloves, aprons and coverings were available for staff to use.

The treatment and consulting rooms were clean, tidy and uncluttered. However, there patient's chair in the GP's consulting room was cloth covered and stained. Staff told us this was cleaned between patients with a spray cleaner. However, as the material was porous cleaning would not therefore always be effective.

Antibacterial gel was available throughout the practice for staff and patients to use. Antibacterial hand wash, paper towels and posters informing staff how to wash their hands were available at all clinical wash-hand basins in the practice. Some clinical wash-hand basins at the practice did not comply with Department of Health guidance. For example, some clinical wash-hand basins contained overflows. There was, therefore, a risk of cross contamination when staff used them. Staff told us that the practice had plans to replace these clinical wash-hand basins during future refurbishment. However, there were no records available to confirm these plans and no risk assessment had been carried out or actions plans made to reduce the risk of infection.

There was a system for safely handling, storing and disposing of clinical waste. This was carried out in a way

that reduced the risk of cross contamination. Clinical waste was stored securely in locked, dedicated containers whilst awaiting collection from a registered waste disposal company.

Cleaning schedules were used and there was a supply of approved cleaning products. The practice directly employed a cleaner to clean the premises daily and records were kept of domestic cleaning that was carried out in the practice. Staff told us that they cleaned equipment such as an ECG machine (a piece of equipment used to monitor the electrical activity of a patient's heart), between patients but did not formally record such activity.

The practice used a document entitled 'infection control risk assessment – Cecil Square Surgery' to audit and monitor infection control activity. This document was an audit tool and not a risk assessment tool. The practice was unable to demonstrate that risk assessments had been carried out in order to identify infection control risks and implement plans to reduce them where possible.

The practice was unable to demonstrate it had a system that monitored and recorded the hepatitis B status of GPs and nurses at Cecil Square Surgery.

The practice was unable to demonstrate that it had a system for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). There were records of a legionella risk assessment which was incomplete and not dated so it was not clear when it had been carried out. The practice was unable to demonstrate it was carrying out regular checks in line with national guidance in order to reduce the risk of infection to staff and patients from legionella.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and there were equipment maintenance logs and other records that confirmed this.

Staffing and recruitment

The practice had policies and other documents that governed staff recruitment. For example, a recruitment and selection policy. Personnel records contained evidence that appropriate checks had been undertaken prior to employment. For example, proof of identification, references and interview records.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Locum GPs were employed directly to cover the GP's planned leave such as annual leave. Locum GPs were also employed when the GP was on sick leave and there were plans to work with other local practices if locum GPs were not available. Agency nurses were employed to cover any nurse absence. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Monitoring safety and responding to risk

The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the practice had a dedicated health and safety representative.

A fire risk assessment had been undertaken that included actions required in order to maintain fire safety. However, mobile screens in the treatment room used to maintain patients' privacy during examinations or treatments were stored in front of a fire exit. Staff told us that the mobile screen were not usually stored in front of the fire exit and moved them elsewhere before we left the practice.

Staff told us there were a variety of systems to keep them, and others, safe whilst at work. There was an emergency incident procedure document that guided staff when dealing with situations such as verbal aggression or physical violence at work. They told us they had the ability to activate an alarm via the computer system to summon help in an emergency or security situation as well as activate a panic alarm that was connected to the local police station.

There was a system governing security of the practice. For example, visitors were required to sign in and out using the dedicated book in reception.

The patient toilet was equipped with an alarm so that help could be summoned if required.

Arrangements to deal with emergencies and major incidents

Requires improvement

Are services safe?

There were protocol documents that guided staff in dealing with medical emergency situations. For example, the heart attack action plan – desk aid for reception protocol and the patient emergency handling – patient in distress desk aid protocol. There was also a protocol document that guided staff in the event that a patient telephoned the practice whilst experiencing a medical emergency.

Records confirmed that all staff were up to date with basic life support training.

Records confirmed medicines held by the practice for use in emergency situations were checked regularly. However, these were limited to those used in the treatment of anaphylaxis (a life threatening allergic reaction) only. Cecil Square Surgery was unable to demonstrate it was equipped to deal adequately with a medical emergency before the arrival of an ambulance. There was no dedicated emergency equipment, including access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). There was no risk assessment to demonstrate that the practice had considered the risks of not keeping emergency equipment. Staff told us that there had not been any medical emergencies at the surgery which was why they did not keep emergency equipment and emergency medicines (other than those for the treatment of anaphylaxis).

There was a business continuity and disaster recovery plan protocol document that indicated what the practice would do in the event of situations such as a temporary or prolonged power cut and loss of the practice premises due to fire or flooding.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Clinical Excellence (NICE) and from local commissioners. We found from our discussions with the GPs and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

Staff described how they carried out comprehensive assessments which covered all health needs and was in line with these national and local guidelines. They explained how care was planned to meet identified needs and how patients were reviewed at regular intervals to help ensure their treatment remained effective. For example, patients with diabetes were having regular health checks and were being referred to other services when required. Feedback from patients confirmed they were referred to other services or hospital when required.

The GP told us they lead in specialist clinical areas such as diabetes, heart disease as well as asthma and the practice nurse supported this work, which allowed the practice to focus on specific conditions. Clinical staff we spoke with were open about asking for and providing colleagues with advice and support. GPs told us this supported all staff to review and discuss best practice guidelines, such as the management of respiratory disorders, and records confirmed this.

The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to help ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to help ensure that all their needs were continuing to be met.

Discrimination was avoided when making care and treatment decisions. Interviews with clinical staff showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of each patient's age, gender, race and culture as appropriate.

Management, monitoring and improving outcomes for people

Information about patients' care and treatment, and their outcomes, was routinely collected, monitored and used to improve care. Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, managing child protection alerts and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits.

Staff told us the practice had a system for completing clinical audit cycles. For example, a medicines audit. Records demonstrated analysis of its results and contained an action plan that included a repeat audit to assess the impact of any actions taken and complete a cycle of clinical audit.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. QOF is a voluntary system where GP practices are financially rewarded for implementing and maintaining good practice. The 2013 / 2014 QOF data for this practice showed it was performing in line with national standards with the exception of one area (the ratio of expected to reported prevalence of Coronary Heart Disease). However, the practice demonstrated that during the first six months of the 2014 / 2015 period significant improvements had been made in the QOF area that was previously worse than average. For example, data we reviewed indicated that Cecil Square Surgery was now performing slightly better than the local and national average in the reported results for the management of coronary heart disease. Records demonstrated that QOF results and improvement plans were discussed at staff meetings.

The practice's prescribing rates were similar to national figures. Staff followed national guidance for repeat prescribing. They regularly checked patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as coronary obstructive pulmonary disease (a breathing problem) and that the latest prescribing guidance was being used.

Good

Are services effective?

(for example, treatment is effective)

The practice kept a register of patients identified as being at high risk of admission to hospital and of those in various vulnerable groups such as patients with learning disabilities, dementia and those on the mental health register. Structured annual reviews were undertaken for patients with long-term conditions. For example, diabetes.

Effective staffing

Practice staffing included medical, nursing, managerial and administration staff. We reviewed staff training records and saw that all staff were up to date with attending mandatory courses such as annual basic life support. Staff underwent induction training on commencement of employment with the practice. The GP was up to date with their yearly continuing professional development requirements and had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

Staff told us that they received yearly appraisals and records confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development needs. Records also demonstrated that competency assessments had taken place to help ensure staff were adequately skilled to carry out certain procedures such as ear syringing.

Staff had job descriptions outlining their roles and responsibilities as well as providing evidence that they were trained appropriately to fulfil these duties. For example, the practice nurse was trained in the administration of vaccinations. Those with extended roles, such as nurses carrying out reviews of patients with long-term conditions (for example, asthma), were also able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with midwives, health visitors and community nursing teams to deliver care to patients. Records confirmed that multi-disciplinary meetings took place in order to discuss and plan patient care that involved staff from other providers.

The practice also worked with district nurses and palliative care services to deliver end of life care to patients.

Documents were available that guided staff in the care of patients receiving end of life care. For example, the end of life policy, audit, patient charter and advanced care plan protocol document.

The practice had a system for transferring and acting on information about patients seen by other doctors out of hours and patients who had been discharged from hospital. Emergency hospital admission rates for the practice was comparable with the national average.

The practice had a system to refer patients to other services such as hospital services or specialists.

Staff told us that there was a system to review and manage blood results on a daily basis. Results that required urgent attention were dealt with by the GP at the practice promptly, and out of hours doctors as well as palliative care staff were involved when necessary.

Information sharing

Relevant information was shared with other providers in a variety of ways to help ensure patients received timely and appropriate care. For example, staff told us the practice met regularly with other services, such as district nurses, to discuss patients' needs.

The practice used electronic systems to communicate with other providers. For example, there was a shared system with the local GP out of hours provider to help enable patient data to be shared in a secure and timely manner. There was a system for sharing appropriate information for patients with complex needs with the ambulance and out of hours services.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

The practice had protocol documents that governed the process of patient consent to share information held about them with others. However, there was no written guidance for staff to follow governing the process of patient consent to examination, care and treatment or how that consent should be recorded.

Good

Are services effective?

(for example, treatment is effective)

Staff told us that they obtained either verbal or written consent from patients before carrying out examinations, tests, treatments, arranging investigations or referrals and delivering care. They said that parental consent given on behalf of children was documented in the child's medical records. Whilst there was no evidence of formal staff training on the Mental Capacity Act 2005, staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required. Staff also told us that patients could withdraw their consent at any time and that their decisions were respected by the practice.

Health promotion and prevention

All new patients registering with the practice were offered a health check. The GP was informed of all health concerns detected and these were followed up in a timely way. We noted a culture amongst clinical staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic chlamydia screening to patients aged 18 to 25 years and offering smoking cessation advice to smokers.

The practice's performance for the cervical screening programme was in line with the national average. Telephone reminders were offered for patients who did not attend for their cervical screening test.

There was a range of posters and leaflets available in the reception / waiting area. These provided health promotion and other medical and health related information for patients such as prevention and management of shingles as well as details of organisations that offered services to people dealing with anxiety. There was also information available in the waiting area about services offered by other providers such as a local dementia support service and a local independent living scheme for people with learning disabilities as well as contact details for a birth families support group and the charity for patients with Crohn's disease and ulcerative colitis.

The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us these clinics helped enable the practice to monitor the on-going condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us that the practice had a recall system to alert them when they were due to re-attend these clinics.

Patients told us they were able to discuss any lifestyle issues with staff at the practice. For example, issues around eating a healthy diet or taking regular exercise. They said they were offered support with making changes to their lifestyle. For example, referral to a smoking cessation service.

The practice offered a full range of immunisations for children, travel vaccines and influenza vaccinations in line with current national guidance. Influenza vaccination rates for patients aged 65 years and over was in line with national averages and for patients aged 6 months to 65 years in the defined influenza clinical risk groups was slightly above the national average.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We looked at the NHS Choices website where patient survey results and reviews of Cecil Square Surgery were available. Results ranged from 'among the worst' for the percentage of patients who would recommend this practice, through 'average' for scores for consultations with doctors and nurses. Results were 'as expected' for scores for opening hours and 94 per cent of patients rated their ability to get through on the telephone as very easy or easy. 80 per cent of patients rated this practice as good or very good.

We looked at 44 patient comment cards. 42 comments were positive about the service patients experienced at Cecil Square Surgery. Patients indicated that they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said that staff treated patients with dignity and respect. Patients had sufficient time during consultations with staff and felt listened to as well as safe. Two comments were less positive but there were no common themes to these.

We spoke with two patients, both of whom told us they were satisfied with the care provided by the practice and that their dignity and privacy had been respected. Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains or screens were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained whilst they undressed / dressed and during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

The practice had documents that guided staff in order to keep patients' private information confidential. For example, the confidentiality and consent protocol and the information governance factsheet.

Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues. However, there was no information on display at the practice that informed patients of this.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected, they would raise these with the practice manager. The practice manager told us they would investigate these and any learning identified would be shared with staff.

Patients' records were in electronic and paper form. Records that contained confidential information were held in a secure way so that only authorised staff could access them.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, the proportion of respondents to the GP patient survey who stated that the last time they saw or spoke with a GP, the GP was good or very good at involving them in decisions about their care was marginally below the national average. The proportion of respondents to the GP patient survey who stated that the last time the saw or spoke with a nurse, the nurse was good or very good at involving them in decisions about their care was marginally above the national average.

Patients told us health issues were discussed with them and they felt involved in decision making about the care and treatment they chose to receive. Patients told us they felt listened to and supported by staff and had sufficient time during consultations in order to make an informed decision about the choice of treatment they wished to receive.

Patient/carer support to cope emotionally with care and treatment

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Support group literature was available in the practice such as information about a support group for carers.

Good

Are services caring?

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example, the proportion of respondents to the GP patient survey who stated that the last time they saw or spoke with a GP, the GP was good or very good at treating them with care and concern was marginally below the national average. The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke with a nurse, the nurse was good or very good at treating them with care and concern was marginally above the national average.

The patients we spoke with on the day of our inspection and the comments cards we received were also consistent with this survey information. For example, these highlighted that staff responded compassionately when they needed help and provided support when required.

The practice supported patients to manage their own health, care and wellbeing and to maximise their independence. Specialised clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients over the age of 75 years had been allocated a dedicated GP to oversee their individual care and treatment requirements. Staff told us that patients over the age of 75 years were informed of this by letter. Specific health promotion literature was available as well as details of other services for older people. The practice held regular multi-disciplinary staff meetings that included staff who specialised in the care of older people.

The practice employed staff with specific training in the care of all patient population groups. For example, the practice employed a respiratory nurse who was trained in the care of patients with long-term conditions such as asthma. Other nursing staff were trained in cervical smear testing and the administration of immunisations for all patients (carried out under patient group directions). Records showed that the nursing staff were competent to carry out electrocardiograms (electronic monitoring of the heart), diabetes checks, ear syringing, blood lipid management, health checks for patients over the age of 75 years as well as deliver diet and lifestyle advice. Healthcare assistants were trained to carry out NHS Health Checks. Records showed the practice had plans that identified patients at high risk of admission to hospital as well as implement care plans to reduce the risk and where possible avoid unplanned admissions to hospital.

Patients were able to receive care and treatment in their own home from practice staff as well as community based staff such as district nurses and palliative care staff.

Specific health promotion literature was available for all patient population groups such as shingles vaccination information for older patients, respiratory organisation information for patients with chronic obstructive pulmonary disease (COPD) (a condition causing breathing difficulties), information on post natal depression and post-immunisation guidance for parents, alcohol help line details, information about a charity that offers support to vulnerable people with housing issues and availability of carer support as well as contact details of a dementia charity for patients who were worried about their memory.

Patients told us they were referred to other services when their condition required it. For example, one patient told us they were referred to the local hospital for treatment that the practice was not able to provide this locally.

Staff external to the practice provided midwifery services and health visiting to patients at Cecil Square Surgery.

Tackling inequity and promoting equality

The premises and services had been designed to meet the needs of people with disabilities. The practice was accessible to patients with mobility difficulties as patient areas were all on one level. The consulting rooms were also accessible for patients with mobility difficulties and there was an access enabled toilet and baby changing facilities. There was a waiting area with space for wheelchairs and prams. This made movement around the practice easier and helped to maintain patients' independence.

Staff told us Cecil Square Surgery did not have any policies or guidance documents governing equality and diversity. However, they said that services were delivered in a way that took into account the needs of different patients on the grounds of age, disability, gender, gender reassignment, pregnancy and maternity status, race, religion or belief and sexual orientation.

The practice maintained registers of patients with learning disabilities, dementia and those on the mental health register that assisted staff to identify them to help ensure their access to relevant services.

Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

The practice had recognised the needs of different groups in the planning of its services. For example, longer appointment times were available for patients with learning disabilities and dementia.

The practice had access to on-line and telephone translation services and were able to provide staff who spoke Bengali, Hindi and Urdu.

Access to the service

Primary medical services were provided Monday, Wednesday and Friday between the hours of 8.30am to 6pm, Tuesday 8.30am to 7pm and Thursday 8.30am to

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

11am. Primary medical services were available to patients registered at Cecil Square Surgery via an appointments system. Staff told us that patients could book appointments by telephoning the practice or by attending the reception desk in the practice. Appointments were not available to patients on-line at Cecil Square Surgery. The practice provided a telephone consultation service for those patients who were not able to attend the practice. The practice carried out home visits if patients were housebound or too ill to visit Cecil Square Surgery. There was a range of clinics for all age groups and conditions as well as the availability of specialist nursing treatment and support. There were arrangements with another provider (the 111 service) to deliver services to patients outside of the practice's working hours.

The practice provided continuity of care to patients as there was only one GP and one practice nurse conducting appointments. Locum staff were employed to cover annual leave and staff sickness. Staff told us that regular locum staff were employed whenever possible to maintain continuity of care to patients. Patients we spoke with said they experienced few difficulties when making appointments and were happy with the continuity of care provided by Cecil Square Surgery. Patients were always able to book an appointment that suited their needs.

The practice opening hours as well as details of how patients could access services outside of these times were available for patients to take away from the practice in written form. For example, in a practice leaflet. However, they were not displayed on the front of the building and the practice did not have a website making these details available on-line. The NHS Choices website did display the practice's opening times. However, patients who did not have access to the internet or who did not have a copy of the practice leaflet may not therefore be aware of the practice opening hours or how to access services when the practice was closed.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Timescales for dealing with complaints were clearly stated and details of the staff responsible for investigating complaints were given. However, the practice complaints procedure did not contain the names and contact details of relevant complaints bodies that patients could go to in the event they were unhappy with the response they received from Cecil Square Surgery. There was a leaflet available in the waiting area for patients that gave details of the practice's complaints procedure. Patients we spoke with were aware of the complaints procedure but said they had not had cause to raise complaints about the practice.

The practice had received three complaints in the last 12 months. Records demonstrated that complaints were investigated, complainants received a response to their complaint, the practice learned from the complaints it received and implemented changes when appropriate. However, records did not show if the complaints were acknowledged and responded to within the timeframe stipulated in the practice's complaints policy.

Staff told us that complaints were discussed at staff meetings. Records confirmed this and demonstrated that learning from complaints and action as a result of complaints had taken place.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

Vision and strategy

Cecil Square Surgery had a statement of purpose that included a mission statement and a vision. These aimed to improve the health, wellbeing and lives of those cared for by the practice through working with patients and staff to provide the best primary care services possible working within local and national governance, guidance and regulations. Most staff were aware of the practice's statement of purpose.

Governance arrangements

The GP was the clinical governance lead and clinical governance issues were discussed at staff meetings. For example, prescribing practices. There were a variety of policy, protocol, factsheets and other documents that the practice used to govern activity. For example, the infection control policy, the medicines storage protocol, the information governance factsheet as well as the business continuity and disaster recovery plan. We looked at 22 such documents and saw that two were not dated so it was not clear when they were written or when they came into use. Two of the 22 documents we looked at did not contain a planned review date and four were out of date. The practice was unable to demonstrate that they had a system to help ensure all governance documents were kept up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, the GP had lead responsibilities such as safeguarding vulnerable adults and children. All staff we spoke with were clear about their own roles and responsibilities and said they felt valued by the practice and able to contribute to the systems that delivered patient care.

The practice operated a clinical audit system that improved the service and followed up to date best practice guidance. For example, a chronic kidney disease audit. Staff we spoke with were aware of some clinical audits that had taken place. However, the practice was unable to demonstrate how results of clinical audits were shared with relevant staff.

The practice identified, recorded and managed some risks. It had carried out risk assessments where risks had been identified and action plans had been produced and implemented. For example, a fire risk assessment. However, the practice had failed to identify risks associated with the lack of provision of vital emergency equipment and emergency medicines, such as an automated external defibrillator and medical oxygen. The practice had also failed to identify, record and manage infection control risks in line with national guidance.

The practice demonstrated effective human resources practices such as comprehensive staff induction training. Staff told us that they received yearly appraisals and GPs said they carried out relevant appraisal activity that now included revalidation with their professional body at required intervals and records confirmed this. There was evidence in staff files of the identification of training needs and continuing professional development.

Staff had job descriptions that clearly defined their roles and tasks whilst working at Cecil Square Surgery.

Leadership, openness and transparency

The GP was visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. All staff were involved in discussions about how to run the practice and how to develop the practice.

Staff told us they felt well supported by colleagues and management at the practice. They said they were provided with opportunities to maintain skills as well as develop new ones in response to their own and patients' needs.

The practice was subject to external reviews, such as a prescribing review carried out by the local clinical commissioning group (CCG). GP re-validation involved appraisal by GPs from other practices.

Practice seeks and acts on feedback from its patients, the public and staff

The practice took into account the views of patients and those close to them via feedback from comments and complaints received when planning and delivering services. Cecil Square Surgery was participating in a patient survey at the time of our inspection. The practice did not have a patient participation group (PPG). Staff told us that all attempts to create and support a PPG had failed due to lack of interest from patients.

Are services well-led?

Requires improvement

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

The practice informally monitored comments and complaints left in reviews on the NHS Choices website. Two positive reviews had been left on this website regarding the GP at Cecil Square Surgery.

Staff meetings were held in order to engage staff and involve them in the running of the practice. Staff we spoke with told us they felt valued by the practice and able to contribute to the systems that delivered patient care.

Management lead through learning and improvement

The practice valued learning. There was a culture of openness to reporting and learning from patient safety incidents. All staff were encouraged to update and develop their knowledge and skills. All staff we spoke with told us they had an annual performance review and personal development plan.

The practice had a system to investigate and reflect on incidents, accidents and significant events. All reported incidents, accidents and significant events were managed by dedicated staff. Staff told us that feedback from investigations was discussed at staff meetings. However, this was not evident from minutes of staff meetings.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The registered person had not taken proper steps to ensure that each service user was protected against the risks of receiving care or treatment that was inappropriate or unsafe, by means of – (b) The planning and delivery of care and, where appropriate, treatment in such a way as to – (ii) ensure the welfare and safety of the service user This was in breach of Regulation 9(1)(b)(ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision The registered person was not protecting service users, and others who may be at risk, against the risk of inappropriate or unsafe care and treatment, be means of effective operation of systems designed to enable the registered person to – (a) Regularly asses and monitor the quality of the services provided in the carrying on of the regulated activity against the requirements set out in this Part of these Regulations; and (b) Identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from the carrying on of the regulated activity.

This section is primarily information for the provider

Compliance actions

This was in breach of Regulation 10(1)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17(1)(2)(a)(b)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control The registered person did not have effective systems in place to maintain appropriate standards to prevent and control the risk of infection, and to assess the risk of and to prevent, detect and control the spread of healthcare associated infection. This was in breach of Regulation 12(1)(a)(b)(c)(2)(a)(c)(i)(ii)(iii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.