Dr Padma Kanthan

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.

Contents

Summary of findings

Overall summary

Dr Padma Kanthan is a small GP practice based in Hayes and Harlington in the Hillingdon area, providing primary care services to around 3000 patients. The practice operates emergency appointments on the day and extended hours are offered once a week on Fridays from 18:00 until 19:00.

We spoke with eight patients during our inspection and received 25 completed comments cards. Patients reported being happy with the care and treatment they received. However 14 patients who had completed the comments cards were not happy with the current appointments system. Patients reported finding it difficult getting through via the telephone to obtain appointments. Some patients were also requesting an online booking appointment system which was currently not being offered by the practice. Data from the national patient survey published in July 2014 showed that patients rated the practice as good.

Patients did not receive safe care. They were no records of incidents that had occurred or any evidence that action had been followed to prevent similar incidents from recurring. The practice kept no log of incidents or alerts and had no systems to disseminate information. Patients were not protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. Patients were not protected against the risks associated with medicines because the provider had inappropriate arrangements to manage medicines. Patients were not protected from the risk of infection because they were no effective systems in place to reduce the risk and spread of infection. Emergency equipment was not available and they were no risk assessments in place to deal with emergencies.

Patients did not receive care that was effective. The GP was not involved in the process of audits and could not demonstrate how they improved patient care. The GP did not demonstrate a clear understanding of the legislation relating to the Mental Capacity Act 2005 and could not demonstrate how they would deliver care in the best interests of patients. There was limited evidence to demonstrate that the practice worked with other services fully to provide care that was collaborated. There were no planned interventions to ensure patients were supported to make healthy choices.

Improvements were required to the care that was provided to patients. Although patients were complimentary about the care they received from the GP and felt they were respected and involved in decisions relating to their care, the practice had not taken steps to ensure privacy was maintained in the reception area. Patients were not offered support during bereavement.

The practice was not responsive to patients varying needs. Patients were not offered interpreting services and so their needs might not have always been met. Patients did not always have a choice of seeing a preferred gender GP because only a female GP was available most of the time. The practice did not employ a regular full time practice nurse and so the availability of services offered to patients was limited. There was no use of information technology and patients were limited in how they booked appointments or requested prescriptions. The practice did not respond appropriately to comments and complaints. They had not responded to suggestions made by the PPG regarding implementing online appointments.

There was inadequate leadership. There was no clinical governance policy in place and staff were not clear on their roles and responsibilities. The practice had not acted on valuable feedback from the PPG surveys. There were a lack of systems in place that enabled learning and improvement of performance and learning from incidents to avoid future occurrence.

The provider was in breach of Regulations 9, ,11, 12, 13, 15,19, 21, and 23 of the Health and Social Care Act (HSCA) (Regulated Activities) Regulations 2010 related to -

- Care and welfare of people who use services
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Safety and suitability of premises
- Management of medicines

Summary of findings

- Requirements relating to workers
- Supporting workers
- Complaints

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

We found that all population groups were receiving care that was not safe, effective, caring, responsive or well led.

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Patients were not receiving safe care. They were no records of incidents that had occurred or any evidence that action had been followed to prevent similar incidences from reoccurring. The practice did not keep a log of incidents or alerts and had no systems to disseminate information.

There was no policy for safeguarding adults and children. The GP had received only Level 1 child protection training, and not the Level 3 that was required. There were no records to confirm other staff had received child protection training required for their role. No staff had received adult safeguarding training. Staff were not able to tell us what they would do if they had safeguarding concerns.

Staff acting as chaperones did not have a DBS check.

The practice did not have the appropriate number of clinical staff. One full time GP worked with around 3000 patients, with a practice nurse contracted to work only 20 hours per week'.

People were not protected against the risks associated with medicines because the practice had inappropriate arrangements to manage medicines. We found some expired emergency medicines and vaccines. The fridge temperatures were not being monitored adequately and were overstocked.

Patients were not protected from the risk of infection because there were no effective systems in place to reduce the risk and spread of infection.

The practice did not have a recruitment policy in place and no staff recruitment files were kept.

Emergency equipment was not available and there were no risk assessments in place to deal with emergencies.

Are services effective?

Patients did not receive care that was effective. The GP was not involved in the process of audits and could not demonstrate how they improved patient care. The GP had no knowledge of QOF.

Summary of findings

The GP had very limited knowledge of the legislation relating to the Mental Capacity Act 2005 and so could not demonstrate how they would deliver care in the best interests of patients.

The practice did not have an effective recruitment and induction programme and so staff were not supported to offer effective care to patients. There was no policy or records to show that the practice conducted checks to ensure clinical staff were registered with the respective professional boards.

There was limited knowledge or evidence to demonstrate that the practice worked with other services fully to provide care that was collaborated. They were no planned interventions to ensure patients were supported to make healthy choices.

Are services caring?

Although patients were complimentary about the care they received from the GP and felt they were respected and involved in decisions relating to their care, improvements were required.

The practice had not taken steps to ensure privacy and confidentiality was maintained in the reception area.

Data from the GP national survey showed that patients were happy with the care they received.

Patients were not offered support during bereavement and staff were unclear about the services offered by the end of life care team.

Staff acted as chaperones though they had no training and had little understanding of this role.

The practice, in collaboration with the Patient Participation Group (PPG), had identified the appointments system required improvement and an online booking system needed to be introduced, but this had not been implemented.

Are services responsive to people's needs?

Services were not responsive to patients varying needs. Patients were not offered interpreting services and so their needs might not have always been met. The availability of a male GP at the practice was severely limited, therefore patients did not always have a choice of a female or male GP. The practice did not employ a regular full time practice nurse and so the availability of services offered to patients was restricted.

Summary of findings

There was no use of information technology for patients and so patients were limited in how they booked appointments or requested prescriptions.

The practice did not respond appropriately to comments and complaints. They had not responded to suggestions made by the PPG regarding implementing online appointments.

Are services well-led?

There was inadequate leadership. There was no clinical governance policy in place and staff were not clear on their roles and responsibilities.

There was lack of transferrable knowledge on how the local targets were used to improve patient care as the GP had delegated this role to a contractor. The practice had not acted on valuable feedback from the PPG surveys. There was a lack of systems in place that enabled learning and improvement of performance and learning from incidents to avoid future occurrence.

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

The provider had limited arrangements to respond to this population group.

Yearly health checks were offered to older patients. We were told that home visits were carried out for those patients that were too ill to attend the surgery. The GP operated same day telephone triage system and they prioritised this patient group. Flu and Shingles vaccines were offered at the surgery, though the practice used an agency nurse and they were no plans to cover absence and sickness.

People with long-term conditions

The practice had some arrangements to respond to this population group.

The practice provided some support to patients with long term conditions such as asthma, diabetes, dementia .We saw data collected for the Quality Outcomes Framework (QOF) and it was evident that these patients were being invited to attend yearly reviews as recommended. We saw evidence that the GP followed guidance used by the local Clinical Commissioning Group (CCG) in assessment, diagnosing and care planning for patients with asthma. The care pathway provided guidance in diagnosing and managing and clearly documented how referrals to secondary care were managed with the aim of improving care.

Mothers, babies, children and young people

The provider had limited arrangements to respond to this population group.

The practice offered six week post natal checks to mothers and development checks to babies at six weeks. The GP told us that they prioritised seeing sick babies for emergency appointments.

We were told that they had a baby immunisations session every Wednesday. However on the day of our inspection this clinic was not being held as the practice nurse was on holiday. We were told by the GP and reception staff that no patients had been booked for these sessions in the absence of the nurse. No other arrangements for cover were in place.

Summary of findings

Surveillance data provided to us by the local NHS England team indicated the practice was scoring very low on the up take of childhood immunisations.

The working-age population and those recently retired
The provider had limited arrangements to respond to this population group.

The practice operated extended hours and so this gave an opportunity for working patients to book flexible appointments. Contraception services and smear checks were offered at the practice in line with local CCG arrangements. Telephone consultations were offered in emergencies.

People in vulnerable circumstances who may have poor access to primary care
The provider had limited arrangements to respond to this population group.

The practice allowed patients living in hostels or those with temporary addresses to be registered. The practice stated they had three patients with learning disabilities and they were offered yearly checks in line with local Clinical Commissioning Group (CCG) requirements. However staff had not received training in adult safeguarding and so might not have identified people at risk of abuse. The practice did not have links into the Community Learning Disability team.

People experiencing poor mental health
The provider had limited arrangements to respond to this population group.

We were told the practice had few patients experiencing a mental health conditions no register was available .Patients experiencing poor mental were seen for a yearly check and this was indicated in the Quality Outcomes Framework (QOF) data we viewed.

Summary of findings

What people who use the service say

We spoke with eight patients during our inspection and received 25 completed comments cards. Patients reported being happy with the care and treatment they received. However 14 patients who had completed the comments cards said they were not happy with the current appointments system. Patients reported finding it difficult getting through the telephone to obtain appointments.

Some patients were also requesting an online booking appointment system which was currently not being offered by the practice. This had been previously identified in a survey conducted by the Patient Participation Group (PPG) in surveys in March 2013 and March 2014. 32 and 46 patients had responded to the surveys however the practice had still not implemented online bookings.

Overall results demonstrated that patients were happy with the care received but needed an improvement to the availability of a practice nurse, as the practice was using a locum nurse and had still not recruited to two full time positions they previously had.

Areas for improvement

Action the service MUST take to improve

Action the provider MUST take to improve

1. The practice must ensure they have mechanisms to report and record safety incidents.

2. The practice must ensure they have a system to monitor significant events

3. The practice must ensure that the welfare and safety of each patient is met by having adequate equipment and risk assessments to manage medical emergencies.

4.The practice must ensure that all staff have completed the required level of training in child protection and have an understanding of adult safeguarding and the Mental Capacity Act 2005.

5.Ensure that all staff acting as chaperones have the required training and a DBS check.

6.The practice must ensure they maintain appropriate standards of cleanliness and hygiene in relation to premises occupied for the purpose of carrying on the regulated activity.

7.The practice must ensure that they have risk assessed the premises and they are suitable to meet the needs of the patients and are adequately maintained.

8. The provider must ensure they have systems in place for monitoring and storing of medicines.

9.The practice must ensure they follow guidance on the storing of vaccinations and managing vaccines.

10.The practice must ensure that effective systems are in place to carry out appropriate checks for suitability of all staff employed in the service.

11.The practice must ensure that staff are properly trained, supervised and appraised.

12. The practice must ensure they conduct audits to improve care and outcomes for patients.

13.The practice must ensure that they identify, assess and manage risks relating to the health and welfare and safety of service users.

14.The practice must ensure they have regard to complaints and comments made and views of people using the service.

Dr Padma Kanthan

Detailed findings

Our inspection team

Our inspection team was led by:

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

Background to Dr Padma Kanthan

Dr Padma Kanthan is a small GP practice based in Hayes and Harlington in the Hillingdon area, providing primary care services to around 3000 patients.

Census data shows an increasing population and a higher than average proportion of black and minority ethnic residents in Hillingdon. Life expectancy is 6.6years lower for men and 4.7 years lower for women in the most deprived areas of Hillingdon than in the least deprived areas.

The practice operates from a converted house and has two consulting rooms used by the GPs and nurse. Surgeries are held every weekday from 8.30-18:30.The practice closes at 13:20 every Wednesday with the GP available for telephone emergencies. Late night surgeries are held on Fridays until 19:00. The practice has opted out of providing out of hours services to their own patients.

It is a single handed practice with one full time female GP and a locum male GP who is employed to work once a week on Mondays from 17:00 until 19:00 .The practice employs one full time practice manager, four reception staff and an agency practice nurse who works 20 hours per week.

Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected 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?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

Prior to our inspection we carried out an analysis of data from our intelligent monitoring system. We reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

Detailed findings

We carried out an announced visit on 27 August 2014. During our visit we spoke with a range of staff including the GP, practice manager, reception staff and a sub-contractor who was hired for the purposes of meeting the requirements of Quality Outcomes Framework (QOF).

We spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients.

Are services safe?

Our findings

There were no records of incidents that had occurred or any evidence that action had been followed to prevent similar incidences from reoccurring. The practice did not keep a log of incidents or alerts and had no systems to disseminate information.

There was no policy for safeguarding adults and children. The GP had received only Level 1 child protection training, and not the Level 3 that was required. There were no records to confirm other staff had received child protection training required for their role. No staff had received adult safeguarding training. Staff were not able to tell us what they would do if they had safeguarding concerns.

Staff acting as chaperones did not have a DBS check.

People were not protected against the risks associated with medicines because the practice had inappropriate arrangements to manage medicines. We found some expired emergency medicines and vaccines. The fridge temperatures were not being monitored adequately and were overstocked.

Patients were not protected from the risk of infection because there were no effective systems in place to reduce the risk and spread of infection.

The practice did not have a recruitment policy in place and no staff recruitment files were kept.

Emergency equipment was not available and there were no risk assessments in place to deal with emergencies.

Safe patient care

The practice did not have mechanisms in place to report and record safety incidents, concerns and near misses. They were no records of incidents that had occurred. As part of their revalidation process GP's are required to complete two audits of significant events per year. The GP could not provide these and so had not met this requirement.

The GP told us that they received safety alerts from the local Clinical Commissioning Group (CCG) as well as organisations such as the Medicines and Healthcare Products Regulatory Agency (MHRA).However they had no systems in place for ensuring these alerts were effectively distributed to staff. Staff were not clear about the process of reporting incidents

Learning from incidents

The practice did not have a system in place to monitor significant events.

The GP told us of incidents that had occurred when patients had been incorrectly identified during consultation, due to a similarity in pronunciation of names, and medicines had been prescribed. The GP explained that they had noted the errors and recalled the patients, however there was no evidence of learning that had occurred, or steps introduced to minimise the risk of similar incidents reoccurring.

We asked to see the safety alerts they had received in the last six months and the actions they had taken. No records were available and no log of alerts had been maintained. The GP told us they had forwarded these to staff using internal email.

Safeguarding

Patients were not protected from the risk of abuse. The practice did not give sufficient attention to ensuring children and adults were safeguarded from abuse. There was no policy for safeguarding adults and children. The GP was the lead for safeguarding and child protection. However when questioned staff did not know who the lead for safeguarding or child protection was.

The GP told us that the practice had children with child protection plans and they contributed to the local children safeguarding process related to monitoring these children and writing reports. However, the GP had received only Level 1 child protection training, and not the Level 3 that was required. There were no records to confirm that all eight staff had received child protection training required for their role. No staff including the GP had received adult safeguarding training. Staff were not able to tell us what they would do if they had safeguarding concerns.

We were told that the GP worked as a mental health sectioning GP. However they had a very limited knowledge relating to the Mental Capacity Act 2005 (MCA).

The practice used reception staff to act as chaperones. None of them had received training or had current Disclosure and Barring Service (DBS) checks or risk assessments in place for this role.The practice had a chaperon policy but were not following it .

The practice did not have a whistleblowing policy/ procedure.

Are services safe?

Monitoring safety and responding to risk

There were no records to confirm that staff had received training to deal with emergencies such as basic life support. Two staff members working in the reception area told us that they had completed this training a number of years ago and one staff member had never completed this training. The practice kept medicines for administering during emergencies. However some of this medicine had expired. There were no systems in place to ensure these medicines were checked regularly. There was confusion amongst all staff with regards to the location of the defibrillator. When found the defibrillator had pads that had expired in 2012.The batteries of the defibrillator were kept separate to it. The GP told us that they did not have oxygen as it had expired a while ago. No risk assessment was in place to deal with emergencies at the practice.

We were told that the practice had recently undergone a buildings risk assessment and they were in the process of carrying out the risks the assessment identified relating to fire safety.

Medicines management

We found some expired medicines and vaccines. Adrenaline used in emergencies had expired though they were also other stocks that were in date. They were a number of flu vaccines that had expired.

There were no systems in place for monitoring stock levels and the medicines fridges were overloaded. The role of ordering medicines was delegated to a number of reception staff. Although staff were aware of this responsibility there was no system in place to monitor this.

We looked at the log of recorded fridge temperatures and noted that on a number of occasions staff had recorded temperatures that were higher than the recommended 2-8 degrees Celsius and no remedial action had been taken. There were no systems in place for monitoring this log. When we spoke to the GP she seemed unaware of it.

The practice had a repeat prescribing policy but this had been last reviewed in 2011. An electronic prescribing system was in place. All patients had to complete written requests for repeat prescriptions and we saw evidence of this. We were told prescription records were audited by the pharmacist from the local CCG and reports were sent back to the GP.

Medicines were stored in a locked room and only staff had access to it to ensure the risk of misuse was minimised.

Cleanliness and infection control

Patients were not protected from the risk of infection because they were no effective systems in place to reduce the risk and spread of infection. The practice had an infection prevention and control policy that was in line with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance . However It was not clear amongst staff who the lead for infection control was. We were told the practice manager was the lead for infection control. They were no records to confirm staff had received infection control training.

The clinical room that was used by the nurse did not have hand washing gel or soap. Paper towels were available. We observed that the stairs and the landing were carpeted but the carpet had visible stains. Areas of the practice were visibly unclean. We were told that a cleaner was contracted to carry out daily cleaning of the practice. However there were no systems in place to check that these duties were completed adequately.

We observed that a sharps bin in the nurses' room was over full and the lid was not securely closed. The sharps bin was kept on a shelving unit. The used needles could easily have spilled out increasing risks of sharps injuries and infections. We were told that the sharps bins were disposed of regularly but there were no records to confirm this. The practice did not have records to confirm if staff carrying out clinical duties had received Hepatitis B injections.

We asked to see records to confirm if Legionella testing had been carried out but they were not made available to us.

Staffing and recruitment

The practice did not have a recruitment policy .We asked to view the recruitment files for all staff however none were kept. We were told that references were requested by telephone but there was no system in place to verify them. Staff told us they had not been required to complete DBS checks. One staff member had been recruited in February 2013 and three other administrative staff had been employed for over two years. We were told by the local NHS England that the GP had not had a DBS check completed since 2004. The practice directly contracted with a locum GP and employed a practice nurse from an agency. We requested to see the information they had received from

the agency supplying the nurse but this was not made available to us. The practice was not clear on the training or the checks the nurse had completed as they had not confirmed this with the agency. No recruitment records were available for the locum GP.

Dealing with Emergencies

The practice had a business continuity plan that outlined steps that would be taken in emergencies, for example in disease outbreak or adverse weather conditions that would impact on service delivery. However four staff out of five did not know the procedures that were outlined in the business plan.

Equipment

We saw records that confirmed the fire equipment had recently been checked to ensure it was in good working order. However staff were not able to tell us the process they would follow in the event of an incident. We asked to see records kept for checking whether equipment such as weighing scales had been calibrated or whether annual testing of portable appliances (PAT testing) electrical equipment had taken place but no records were kept. The PAT stickers on the equipment were dated October 2010 .This equipment should have been checked every 12 months according to PAT testing guidance.

Are services effective?

(for example, treatment is effective)

Our findings

The practice did not have a system of audits. The GP was not involved in the process of audits and could not demonstrate how they improved patient care. The GP had limited knowledge of QOF.

The GP had very limited knowledge of the legislation relating to the Mental Capacity Act 2005 and so could not demonstrate how they would deliver care in the best interests of patients.

The practice did not have an effective recruitment and induction programme and so staff were not supported to offer effective care to patients. There was no policy or records to show that the practice conducted checks to ensure clinical staff were registered with the respective professional boards.

Promoting best practice

There was some evidence to support the use of guidance from organisations such as National Institute for Health and Care Excellence (NICE), when making patient referrals. For example chronic disease patients were referred based on clinical guidance devised by the CCG from NICE.

We were told that the GP followed guidance used by the local Clinical Commissioning Group (CCG) in assessment, diagnosing and care planning. One such example was the pathway that was followed for patients with asthma. The care pathway provided guidance in diagnosing and managing the care for patients with asthma and clearly documented how referrals to secondary care were managed.

The GP was aware of Gillick competency and Fraser guidelines and how they would apply these when working with children. However the GP had no understanding of the legislation relating to the Mental Capacity Act 2005(MCA).

Management, monitoring and improving outcomes for people

The Practice had hired a subcontractor who carried out clinical audits that were linked to the Quality and Outcomes Framework (QOF) as required by the local CCG. The QOF is a national group of indicators, against which practices scored points according to their level of achievement in four domains - clinical, organisation, patient experience and additional services. The GP had limited knowledge about how the process worked and could not fully explain how this resulted in improvements to patient care and their involvement with the process. No other clinical audits had been completed by the practice.This was surprising as evidence of auditing forms part of the annual GP appraisal .

The GP showed us a new information tool they were using. This had been developed by the local CCG to plan and record the care of patients with long term conditions to ensure they were working within the local requirements to improve care delivered to patients. We were told that the GP attended a local peer group to discuss patient reviews but no records were available to confirm this.

Staffing

The practice did not have an effective recruitment and induction programme. The induction pack given to a staff member who had been recruited the previous year had not been completed.

They were no records that demonstrated the training staff had completed when they joined the organisation or subsequently. The GP told us that they attended development training days at a local location however the GP also told us told us that no records were available to confirm attendance at the development days.

No records were available to confirm that staff appraisals had taken place. We were told that appraisals were due to take place, but there was no evidence to support this. Administration staff were not aware of the appraisal process offered at the practice. There was no policy or guidance on how supervision or one to one meetings were conducted or how learning needs for staff would be identified. No staff had received an appraisal.

The GP was due for revalidation in April 2016. Revalidation is the process which doctors undergo to demonstrate they are up to date and fit to practise. The GP told us they had completed their annual appraisal with a local peer reviewer. It was unclear when the locum GP was to be revalidated or the arrangements that were in place for their peer review as the GP could not give us this information when asked. The practice had no records for the practice nurse or confirmation of their registration with the Nursing and Midwifery Council (NMC).

The premises were not in an acceptable state. The clinical room that was used by the nurse did not have hand washing gel or soap. The toilets were not suitable for patients with mobility needs. We observed a number of

Are services effective?

(for example, treatment is effective)

areas in the practice that had been affected by water leakage and where paint was peeling and wall paper was torn. In the nurses room the desk was falling apart posing a risk of injury. We asked if any arrangements were in place to make repairs but this had not been identified as requiring action.

Working with other services

We asked to see minutes for the last six months. Only was set of minutes was available dated 2 June 2014 .The minutes showed that the GP, a district nurse, health visitor and a community matron had attended the meeting . However the contents of the minutes did not demonstrate any multi-disciplinary working, as issues discussed were related to the day to day running of the practice. The GP told us they worked closely with the health visitor and they discussed children and families where child protection plans were in place but this was not reflected in the evidence.

We were told that the practice worked closely with the palliative care team. Our discussion with the practice manager demonstrated a lack of understanding of the differences between the palliative care team and the local district nursing team. We contacted the relevant teams for information but this was not sent to us.

The practice used an electronic system to record patient information. We were told information on patients who had attended the out of hours services were delivered through this system. We were able to see examples of when this had happened and the follow up actions. Staff told us that the same system was used for recording and receiving discharge letters and blood results.

Health, promotion and prevention

In the General Practice Outcome Standards (GPOS) data provided to us pre-inspection (GPOS covers the range of services provided by general practice and represents the level of care every patient should expect to receive from their GP surgery. They cover areas such as screening, diagnosis and patient experience) the practice was rated as tending towards worse than expected with regards to recording smoking status of patients in the 27 months before our inspection. We were told that the GP had been trained to offer smoking cessation advice. However one patient we spoke with told us that when they requested advice on smoking cessation the GP was not helpful. The patient told us the GP was reluctant to offer them nicotine patches due to the cost. The patient further explained that when they were eventually prescribed the nicotine patches, it was the wrong dosage and they ended up giving up and started smoking as they felt unsupported.

The practice displayed leaflets on travel vaccines being offered. A patient told us that the practice displayed this information but never offered the service. Instead they were given details of another provider who offered the vaccines at a much higher price.

We were told that the practice nurse conducted a number of health promotion clinics such as travel vaccines, baby immunisations, flu vaccines, cervical smear, family planning and the management of chronic diseases such as asthma and diabetes clinics. We saw data for the Quality and Outcomes Framework (QOF) for patients with long term conditions and it was evident that patients were being invited to attend yearly reviews.

Information from the local NHS England team showed that the practice had a low uptake of baby immunisations in comparison to other practices in the area. The GP told us that they had experienced difficulties in recruiting a full time practice nurse.

We asked to see the assessments that were offered to new patients registering at the practice but they were no records kept. Staff working in the reception area told us that new patients were given forms to complete but they were unaware of the checks that were completed for new registrants or whether they were offered an opportunity to see the practice nurse.

The practice had a variety of health promotion leaflets displayed in the patient waiting area. A TV screen was also used to display information on health promotion such as oral health and how to manage minor ailments.

Are services caring?

Our findings

Although patients were complimentary about the care they received from the GP and felt they were respected and involved in decisions relating to their care, improvements were required.

The practice had not taken steps to ensure privacy and confidentiality was maintained in the reception area.

Data from the GP national survey showed that patients were happy with the care they received.

Patients were not offered support during bereavement and staff were unclear about the services offered by the end of life care team.

Staff acted as chaperones though they had no training and had little understanding of this role.

The practice, in collaboration with the Patient Participation Group (PPG), had identified the appointments system required improvement and an online booking system needed to be introduced, but this had not been implemented.

Respect, dignity, compassion and empathy

We observed reception staff speaking to patients in a calm and polite manner. All eight patients we spoke with said staff at the practice respected them and were friendly. Three patients said they had been registered at the practice for over 15 years and felt they had a good relationship with the GP.

However we found there were no signs displayed to advise patients that they could ask to be seen in a private area if they wanted to maintain privacy in the reception area because the waiting room was very small without a separate reception area. On speaking to staff they told us that they could take people to a separate room upstairs if they asked to have a private conversation. Privacy and dignity were maintained during consultations with the GP as they took place in a separate room with doors closed.

The practice had a chaperone policy in place and details of how to request one were displayed in the reception area. Reception staff told us they acted as chaperones whenever a patient requested one. However, we found no evidence that the practice had provided any formal training to reception staff to carry out this role. Staff were not able to give us a full account of their understanding of this role, and none of the staff had been DBS checked.

There was no evidence that the practice offered patients and relatives support during bereavement. Non -clinical staff were not aware of services that were offered for bereaved patients and families. We saw information displayed in the staff area with contact details for the end of life care team but staff were not able to explain how they referred patients to them. There was no information available regarding support networks such as carers support or the learning disability network.

Involvement in decisions and consent

Patients told us that they felt involved with decisions relating to their care and treatment. They said the GP explained their conditions and the treatment options available. We found no evidence that the practice promoted access to independent advocacy such as Age Concern or Scope.

The GP was able to explain the systems they had in place to support children and young people using the service to make informed decisions and give informed consent in line with the Gillick competence assessments. Gillick competence is a term used in medical law to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge. However they were not able to demonstrate an understanding of the Mental Capacity Act 2005.

The practice had a Patient Participation Group (PPG).The group was representative of the local population with patients from different ethnic backgrounds and also including patients with a disability. We met with a representative from the group. We were told that the PPG met four times per year. We asked to see minutes from these meetings but they were not available. Data from the national patient survey in July 2014 showed that patients rated the practice generally as satisfactory. The practice sent out 435 surveys and received 105 back. 70% of respondents said the GP they saw or spoke to was good at involving them in decisions about their care. The national average was 69%. However just 55% of respondents said they would recommend this surgery to someone new to the area compared with the CCG average of 71%.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Services were not responsive to patients varying needs. Patients were not offered interpreting services and so their needs might not have always been met. The availability of a male GP at the practice was severely limited, therefore patients did not always have a choice of a female or male GP.

There was no use of information technology for patients and so patients were limited in how they booked appointments or requested prescriptions.

The practice did not respond appropriately to comments and complaints. They had not responded to suggestions made by the PPG regarding implementing online appointments.

Responding to and meeting people's needs

Services were not planned in line with patients needs .When we spoke with staff working in the reception area, they told us that language interpreters had not been used for several years. Staff reported that they would ask the patient to bring a relative if English was not their first language. This was concerning because patients needs may not always have been met where they may have preferred not to share confidential information with a friend or relative.

The practice did not offer patients a choice of being seen by a male or female GP. The full time GP working at the practice was female and a male locum GP attended the practice once per week in the evenings only. Some patients we spoke with told us that they would always prefer to have a choice of a female or male GP as they sometimes found it difficult to discuss certain health problems with the female GP.

The GP conducted home visits for patients who were too ill to attend the surgery. The practice had an entrance that was easily accessible to wheelchair users. The nurses room was located on the first floor but we were told that patients with mobility aids were seen in the rooms downstairs. However the toilets at the practice did not offer facilities to patients using mobility aids as the doors were too narrow.

It was unclear how people who lacked capacity were supported to make decisions because the GP had limited knowledge of the legislation relating to the Mental Capacity Act 2005 (MCA).However they were able to explain to us the processes they would follow to ensure consent was sought adequately from children using the principles of Gillick.

We were told that the practice offered specialist clinics to patients with diabetes and asthma. However from our discussion with the person responsible for ensuring the practice met requirements set by the CCG through QOF monitoring this was individualised and not offered opportunistically.

We were told that the practice used an electronic web based system that ensured referrals were made appropriately to reduce delay in treatment. The GP told us that they discussed referrals with patients and followed up on referrals and results with secondary care according to the local arrangements. The GP told us that they made referrals to other agencies as required following the CCG guidelines which were made available to us.

Access to the service

We found that the practice was not always accessible to patients. There was no use of information technology to support access. The PPG had identified the need for online bookings and prescription requests in the survey conducted in March 2013. Patients we spoke with on our inspection day also commented on the need for online bookings. However this had not been implemented. The GP told us that they were reluctant to offer online bookings for appointments as they did not want to disadvantage some of their patients who were not using online facilities.

All patients we spoke with felt that appointments were difficult to access at the practice. They reported that the telephone number at the practice was constantly busy. When they eventually got connected appointments for the day would be unavailable. The practice offered extended appointments once a week on a Friday up to 19:00. All other appointments were available from 08:30-18:30 Monday-Friday with the practice closing at 13:20 on a Wednesday when the GP would be available for telephone advice.

The practice website had information relating to two surveys that had been completed with the PPG in March 2013 and March 2014. Both surveys had identified concerns with the appointments booking system, as patients found it difficult to get through by telephone. Information from the national GP patient survey conducted in 2014 indicated

Are services responsive to people's needs?

(for example, to feedback?)

that only 57% of respondents found it easy to get through to this surgery by phone .The average for the CCG was 73%; whilst only 59% of respondents describe their experience of making an appointment as good. The PPG and the practice had agreed to introduce an online appointments booking system but this had still not been implemented at the time of our inspection.

Staff told us that routine appointments were available a week in advance and patients could ring on the day for emergency appointments. The GP also operated a telephone triage system where urgent patients would be offered same day appointments and some concerns would be resolved through telephone advice. No audits had either been carried out or were planned to monitor how the appointments system was working to improve patient access.

The practice used an out of hours service provider and an answer message was available for patients which detailed how to contact the out of hours service.

Concerns and complaints

The practice had a complaints procedure. Leaflets were displayed in the reception area for patients to access. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England. However when we spoke to reception staff they were not clear on the complaints process. The complaints policy indicated that the practice manager was the lead person for complaints.

We asked to view the record of complaints but none were recorded. Reception staff told us that they often received verbal complaints relating to the appointments system. The practice manager told us that they completed and analysed complaints received at the end of the year. There was no analysis of complaints to indicate complaints were being followed up as outlined in the practice's complaints policy. There was no evidence of learning from complaints.

We looked at the feedback left on NHS choices by patients between 2013-2014.We noted that a number of patients had left negative comments. No effort had been made by the practice to respond to the concerns patients had raised about the service they received.

Are services well-led?

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

Our findings

There was inadequate leadership. The practice did not have any policies and staff were not clear on their roles and responsibilities.

There was lack of transferrable knowledge on how the local targets were used to improve patient care as the GP had delegated this role to a contractor. The practice had not acted on valuable feedback from the PPG surveys. There was a lack of systems in place that enabled learning and improvement of performance and learning from incidents to avoid future occurrence.

Leadership and culture

There was no learning culture. We saw the practice's vision and strategy displayed on the practice website and on leaflets in the surgery. However staff were not able to explain their understanding of the values and how they would promote them to provide good care to patients. There were no records to indicate where these values were discussed or shared with staff and goals set to ensure they were being met.

Prior to inspection the Care Quality Commission was informed that no practice manager was in post. However there was a practice manager on the day of our inspection and they told us they had been employed by the practice for the past four years. Not all staff were familiar with this individual.

Governance arrangements

The practice did not have a governance policy in place. Staff were not clear on their roles and responsibilities.

Although all staff were clear that the GP was the lead they were unsure of her responsibilities. For example recruitment files were not available. The practice manager had told us that these files were kept by the GP as they were responsible for recruiting. The GP said the practice nurse kept the files and was responsible both for recruiting and also ensuring clinical staff updated their registrations as required with the General and Medical Council (GMC) and Nursing and Midwifery Council (NMC) to ensure they were safe to care for patients.

Systems to monitor and improve quality and improvement

The practice conducted audits in areas that had been identified by the local CCG through the Quality Outcomes Framework (QOF) monitoring. No other audits were conducted at practice level.

We spoke with an independent contractor who had been hired by the GP to ensure they were working in accordance with local needs as identified by the CCG. The GP and practice manager could not explain to us how these audits were used to improve patient care. The GP told us that they conducted peer reviews for the locum GP and agency nurse but no records were kept. We were told they were also a member of a local peer group that met regularly.

Patient Experience & Involvement

The practice operated a Patient Participation Group that was representative of the local population. The PPG had conducted surveys in March 2013 and March 2014.However not all feedback from the group and surveys had been acted on. For example survey results in 2013 had identified difficulties with the lack of a permanent nurse and the need to offer online facilities to book appointments and request prescriptions. Both issues had still not been resolved at the time of our inspection.

Practice seeks and acts on feedback from users, public and staff.

Staff told us they attended a practice meeting held once a month. We saw records of one such meeting that had been held in May 2014.Staff told us that they were able to feedback any concerns they had. No staff surveys had taken place, though staff told us that the GP was available to them to raise concerns with. However there was no whistleblowing policy/procedure and staff were not aware of how they would report a concern.

Feedback left on NHS choices by patients between 2013 and 2014 showed that a number of patients had left negative comments. The practice had not responded to this feedback.

Learning and improvement

There were a lack of systems in place that enabled learning and improvement of performance. Non-clinical staff were not able to talk us through an incident they had learnt of through discussions in team meetings. The GP gave us examples of incidents that had occurred or near misses but

Are services well-led?

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

could not easily explain the measures that were in place to avoid future occurrence. They were no systems in place that were designed and used to identify staff learning in order to improve knowledge and patient care.

Identification and management of risk

The practice did not record significant events .Therefore the practice did not have systems in place which enabled learning and improvement to take place following incidents to improve care. There was no evidence of clear objectives with the aim of improving the care delivered in line with the practice's vision and values. Staff were not offered an opportunity to review their performance and set goals to improve through performance development.

Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

Our findings

The practice had limited arrangements to respond to this population group.

Yearly health checks were offered to older patients. We were told that home visits were carried out for those patients that were too ill to attend the surgery. The GP operated same day telephone triage system and they prioritised this patient group. Flu and Shingles vaccines were offered at the surgery, though the practice used an agency nurse and they were no plans to cover absence and sickness.

People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

Our findings

The practice had some arrangements to respond to this population group.

The practice provided some support to patients with long term conditions such as asthma, diabetes and dementia .We saw data collected for the Quality Outcomes Framework (QOF) and it was evident that these patients were being invited to attend yearly reviews as recommended. We saw evidence that the GP followed guidance provided by the local Clinical Commissioning Group (CCG) in assessment, diagnosing and care planning for patients with asthma. The care pathway provided guidance in diagnosing and managing and clearly documented how referrals to secondary care were managed with the aim of improving care.

Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

Our findings

The provider had limited arrangements to respond to this population group.

The practice offered six week post natal checks to mothers and development checks to babies. The GP told us that they prioritised seeing sick babies for emergency appointments.

We were told that they had a baby immunisations session every Wednesday. However on the day of our inspection this clinic was not being held as the practice nurse was on holiday. We were told by the GP and reception staff that no patients had been booked for these sessions in the absence of the nurse. No other arrangements for cover were in place.

Surveillance data provided to us by the local NHS England team indicated the practice was scoring very low on the up take of childhood immunisations.

Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

Our findings

The provider had limited arrangements to respond to this population group.

The practice operated extended hours and so this gave an opportunity for working patients to book flexible appointments. Contraception services and smear checks were offered at the practice in line with local CCG arrangements. Telephone consultations were offered in emergencies.

People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

Our findings

The provider had limited arrangements to respond to this population group.

The practice allowed patients living in hostels or those with temporary addresses to be registered. The practice stated they had three patients with learning disabilities and they were offered yearly checks in line with local Clinical Commissioning Group (CCG) requirements. However staff had not received training in adult safeguarding and so might not have identified people at risk of abuse. The practice did not have links into the Community Learning Disability team.

People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

Our findings

The provider had limited arrangements to respond to this population group.

We were told the practice had few patients experiencing poor mental health, and no register was available .Patients experiencing poor mental were seen for a yearly check and this was indicated in the Quality Outcomes Framework (QOF) data we viewed.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control How the regulation was not being met: The registered person did not ensure that people who use the service were protected against identifiable risks by ensuring effective operation of systems designed to detect and control the spread of health care associated infection, and the maintenance of appropriate standards of cleanliness and hygiene in relation to premises occupied for the purpose of carrying on the regulated activity. Regulation 12 (1)(a), 2(a), 2(c)(i), 2(c)(ii) Activities) Regulations

Regulated activity	Regulation
	Regulation 23 HSCA (Regulated Activities) Regulations 2010 Supporting Workers. How the regulation was not being met: The registered person did not have suitable arrangements in place to ensure that persons employed for the purposes of carrying out the regulated activities were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to service users safely. Staff did not receive appropriate training, professional development, supervision and appraisal. Regulation 23 (1)(a)

This section is primarily information for the provider

Compliance actions

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (Regulated Activities) Regulations 2010 Care and welfare of people who use services. How the regulation was not being met: The registered person failed to take proper steps to ensure that each service user is protected against the risk of receiving care or treatment that is unsafe by ensuring they have adequate equipment to deal with emergencies. Regulation 9(b) (ii).

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (Regulated Activities) Regulations 2010 Safety and Suitability of premises. How the regulation was not being met: The registered person failed to ensure that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsuitable premises by ensuring adequate maintenance of the premises. Regulation 15 (1)(c)

This section is primarily information for the provider

Enforcement 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 Treatment of disease, disorder or injury	Regulation 11 HSCA (Regulated Activities) Regulation 2010 Requirements Relating to safeguarding people who use the services from abuse. How the regulation was not being met: The registered person failed to ensure that staff were trained to understand the signs of abuse. Reg 11(7A)

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (Regulated Activities) Regulation 2010 Requirements Relating to Management of medicines. How the regulation was not being met: The registered person failed to ensure clear procedures were followed in monitoring and storing of medicines. Regulation 13 (9b)

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 21 HSCA (Regulated Activities) Regulation 2010 Requirements Relating to Workers. How the regulation was not being met: The registered person failed to ensure that there were effective recruitment procedures in place in order to ensure that people employed in the service were of good character. Regulation 21 (a) (i)(ii)

Regulated activity	Regulation

This section is primarily information for the provider

Enforcement actions

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 19 HSCA(Regulated Activities)Regulation 2010 Requirements Relating to Complaints.

How the regulation was not being met:

For the purposes of assessing, and preventing or reducing the impact of, unsafe or inappropriate care or treatment, the registered person must have an effective system in place (referred to in this regulation as "the complaints system") for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity.

19.—(1) For the purposes of assessing, and preventing or reducing the impact of, unsafe or inappropriate care or treatment, the registered person must have an effective system in place (referred to in this regulation as "the complaints system") for identifying, receiving, handling and responding appropriately to complaints and comments made by service users, or persons acting on their behalf, in relation to the carrying on of the regulated activity.

(2) The registered person must—

(c) ensure that any complaint made is fully investigated and, so far as reasonably practicable, resolved to the satisfaction of the service user, or the person acting on the service user's behalf.