Dr Michael Florin

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice.

We carried out a responsive inspection on 8 October 2014 at the GP practice of Dr Michael Florin as a result of continued non-compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We had visited this practice on four previous occasions within the last 18 months.

We found the practice to be inadequate in two of the five key questions inspected (safe and well-led). The practice was good at caring for patients but required improvement for the responsive and effective key questions. Unfortunately the GP did not fully engage with the inspection team during the visit and therefore it was extremely difficult to gather enough information about the quality of care provided in the six population groups.

Our key findings were as follows:

- All areas of the practice were clean, tidy and well-maintained.
- Appointments with both the GP and the nurse were available at short notice, with the waiting time for non-urgent appointments generally around 24 hours. All urgent requests were usually addressed on the day either with a telephone consultation or a face-to-face appointment.
- We received positive comments from the patients we spoke to during the visit. They were complimentary about all their interactions with staff and felt they dealt with them with compassion, dignity and empathy.
- The GP did not fully engage with us at this inspection so we were unable to discuss his awareness of monitoring safety or the latest best practice guidelines, and if these were incorporated into day-to-day practice.
- There were no appropriate policies or guidance in place to support staff and ensure that risks to patients were identified, monitored and reviewed.
- There were no appropriate quality assurance and governance processes in place to support staff to deliver high quality evidence-based care to patients accessing the service.

Importantly, the provider must:

- Ensure that staff have appropriate policies and guidance, which are reflective of the requirements of

Summary of findings

the practice, in order to carry out their roles in a safe and effective manner. The provider is failing to meet Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

- Ensure there are systems in place to review and monitor patients who may be at risk or vulnerable within the practice population. The provider is failing to meet Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- Take action to address infection prevention and control to ensure that the practice complies with the Health and Social Care Act 2008: Code of Practice for health and social care on the prevention and control of infections and related guidance. The provider is failing to meet Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- Take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and necessary employment checks are in place for all staff. The provider is failing to meet Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- Review its systems for assessing and monitoring the quality of service provision and take steps to ensure risks are managed appropriately. The provider is failing to meet Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- Ensure there are formal governance arrangements in place and staff are aware of how to implement these to ensure the practice functions in a safe and effective manner. The provider is failing to meet Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- Ensure there is a clear strategy for the future of the practice. The provider is failing to meet Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

On the basis of the ratings given to this practice at this inspection, and the concerns identified at four previous inspections, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with Care Quality Commission (CQC).

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?

Inadequate

The practice is rated as inadequate for safe services and improvements are required.

There were safeguarding procedures in place and staff had received training in safeguarding children and vulnerable adults. However, there were no systems in place to review and monitor patients who may be at risk or vulnerable within the practice population.

Medicines management processes were ineffective and policies and procedures were not followed.

There were policies available to staff detailing how to deal with foreseeable emergencies but staff were not familiar with these and told us they used common sense to deal with situations.

Infection control and prevention policies were not specific to the practice. Following an audit by the local NHS trust in August 2014, actions recommended had still not been completed.

There was no effective system were in place to investigate and learn from incidents that occurred at the practice.

Are services effective?

Requires improvement

The practice is rated as requires improvement for effective services as there are areas where improvements should be made.

The practice did not use clinical audit to monitor patient outcomes of care and treatment, therefore the practice could not demonstrate which actions were taken to improve outcomes for patients.

Patients were involved in decision making. We were told by the nurse that assessments of care and treatment were in place, and support was provided to enable people to self-manage their conditions. We saw that referrals to secondary care were made in a timely manner.

Consent to treatment was obtained appropriately.

Care and treatments were provided in a clean and well-maintained environment. Equipment was in good condition and serviced as required. Staff did not raise any concerns in relation to availability of equipment.

Are services caring?

Good

The practice is rated as good for caring services.

Summary of findings

Patients were complimentary about the service. They told us the staff were respectful, listened to them, and were caring. The practice had yet to establish a patient participation group (PPG). Attempts had been made, however the patients we spoke with were unaware of the possibility of joining this group.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for responsive services as there are areas where improvements should be made.

The practice had a clear complaints policy available; however this policy was not followed.

The practice was seeking the views of patients. They had installed a suggestions box and carried out regular patient surveys, but this information was not collated. We were not able to see that any changes had taken place as a result of this feedback from patients.

Patients who worked, and elderly patients requiring assistance from relatives who had work commitments, were offered appointments with the nurse at times earlier or later in the day to allow them access to services.

New patients were offered initial health checks with the nurse within 10 days of joining the practice.

The availability of immunisation clinics for babies was displayed in the waiting area, and letters offering clinic times were sent to all patients who required flu or shingles vaccines.

Are services well-led?

Inadequate

The practice is rated as inadequate for well-led services and improvements are required.

There was no clear strategy or vision to assist staff to deliver high quality care. There were no formal governance arrangements and staff were not aware of what governance meant to the practice.

There was no systematic programme of clinical audit to monitor quality and systems at the practice.

There was no formal process for identifying, managing and reducing risk.

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

Inadequate

Older people were offered appointments with the nurse at times that suited their ability to access the service. Patients who relied on relatives who work to escort them to the practice were offered appointments earlier or later in the day. Referrals to secondary care were made as soon as the need was identified.

The GP did not fully engage with the inspection team.

This provider was rated as inadequate for safe services and well-led services. It was rated as requires improvement for effective services and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

People with long-term conditions

Inadequate

The practice nurse actively reviewed the care and treatment of people with long-term conditions and monitored the needs of this patient group. Referrals to secondary care were made as soon as the need was identified.

Patients with multiple health conditions had all their health reviews completed on the same visit to minimise the number of appointments for the patient.

The GP did not fully engage with the inspection team.

This provider was rated as inadequate for safe services and well-led services. It was rated as requires improvement for effective services and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Mothers, babies, children and young people

Inadequate

Children requiring an appointment with the GP were always given priority. If appointments were not available they were either added to the end of the clinic or offered an appointment with the nurse if she was available. Referrals to secondary care were made as soon as the need was identified.

The GP did not fully engage with the inspection team.

Summary of findings

This provider was rated as inadequate for safe services and well-led services. It was rated as requires improvement for effective services and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The working-age population and those recently retired (including students)

Inadequate

Appointments earlier or later in the day were only available to assist patients who work to access the service with the nurse. The GP surgery times were within the working hours of 9am and 5.40pm. Referrals to secondary care were made in a timely manner.

The GP did not fully engage with the inspection team.

This provider was rated as inadequate for safe services and for well-led services. It was rated as requires improvement for effective services and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

Inadequate

Interpreter services were available. If these were planned in advance an interpreter would attend the appointment with the person. If they were unplanned then the interpreter would be provided by telephone.

The practice could not produce a comprehensive list of patients with learning disabilities. The nurse assured us that patients in this group had all their needs attended to on a single visit where possible.

The GP did not fully engage with the inspection team.

This provider was rated as inadequate for safe services and for well-led services. It was rated as requires improvement for effective services and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

People experiencing poor mental health

Inadequate

The nurse informed us that the GP is responsible for routinely and appropriately referring patients to counselling and talking therapy services, as well as to psychiatric provision.

The GP did not fully engage with the inspection team.

Summary of findings

This provider was rated as inadequate for safe services and for well-led services. It was rated as requires improvement for effective services and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

What people who use the service say

This was a responsive inspection because of concerns that the practice was still not meeting fundamental standards; therefore no notice was given to the practice of our intention to inspect. As such, no comment cards were made available.

The practice carried out quarterly patient satisfaction surveys and we were shown the latest survey which had not yet been collated.

We spoke to 12 patients during the inspection and their comments were all positive. Patients felt the practice listened to them and they did not struggle to get appointments to see the GP or nurse. They told us their care was well-managed and coordinated, and that if they needed a referral elsewhere this was handled in a timely manner.

Patients commented that the environment was now cleaner and more patient friendly.

One patient told us he did not know he could order his repeat prescriptions over the phone and that he may do that in future in order to save a journey just to submit the form.

None of the patients we spoke with were aware the practice had been trying to set up a patient participation group (PPG) to involve patients in how the practice functioned. Some said they would mention to reception staff that they may be willing to participate.

We spoke with one new patient who was very pleased with the practice. They had a new patient check within 10 days of joining the practice and had seen the GP a further three days later for a review which is in line with the practice leaflet.

Areas for improvement

Action the service MUST take to improve

The provider must ensure that staff have appropriate policies, procedures and guidance to carry out their roles in a safe and effective manner that is reflective of the practice they are working within.

The provider must ensure there are systems in place to review and monitor patients who may be at risk or vulnerable within the practice population.

The provider must take action to address infection prevention and control to ensure that they comply with the Health and Social Care Act 2008: Code of Practice for health and social care on the prevention and control of infections and related guidance.

The provider must take action to ensure its recruitment arrangements are in line with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 to ensure necessary employment checks are in place for all staff.

The provider must review its systems for assessing and monitoring the quality of the service provision and take steps to ensure risks are managed appropriately.

The provider must ensure there is a clear strategy for the future of the practice.

The provider must ensure there are formal governance arrangements in place and staff are aware of how to implement these to ensure the practice functions in a safe and effective manner.

Action the service SHOULD take to improve

The provider should ensure that they appropriately acknowledge, record and investigate any complaints received by the practice.

Dr Michael Florin

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 and an expert by experience.

Background to Dr Michael Florin

This GP practice is a single-handed practice located on a busy main road in Sale, Cheshire. The practice currently has 2,590 registered patients. The practice has one part-time practice nurse, one part-time practice administrator and four part-time reception staff. There is a practice advisor who assists staff one day a week and the GP employs a locum GP for one session per week.

The practice population's largest group is aged 40 to 49 years. Of the whole practice population, 53.5% have long-standing medical conditions and 39.8% have health-related problems in daily life. There are currently no patients registered with the practice who are in nursing homes. Of the whole practice population, 5.7% are currently unemployed which is higher than CCG figures, and slightly higher than national average figures.

Deprivation and mortality

The practice is at the fourth least-deprived percentile and the deprivation score is 18.3. Income deprivation affecting older people is higher than both the CCG and the national average at 20%, and income deprivation affecting children is at 16% within the practice (based on 2012 statistics). Estimates of ethnicity at the practice show 3.6% are from Asian ethnic groups and 1.5% from non-White ethnic groups.

Male life expectancy in the area is 77.6 years and female is 83.2 years.

The GP does not provide out-of-hours services to his patients. The practice delivers care as part of the General Medical Services (GMS) contract (this is the contract between general practices and NHS England for delivering primary care services to local communities).

The GP had achieved 785 out of a potential 900 points in 2013/14 as compared with 810 out of a potential 1,000 in 2012/13 in the voluntary completion of the Quality and Outcomes Framework (QOF) system. This is a national performance measurement tool submitted to the local CCG.

The GP practice had declared non-compliance when it registered with the CQC in April 2012. The practice was inspected on 28 June 2013 with a specialist assessor and was found to be compliant with Regulation 22 only of the Health and Social Care Act 2008 (Regulated Activities) Regulations. Compliance actions were issued against Regulations 9, 15, 16, 17, 19, 20, 21, and 23. Warning Notices were issued against Regulations 10, 12, 13, 11, and 18.

The practice was re-inspected on 21 November 2013 with the Chief Inspector of General Practice where it was found that Regulation 20 was compliant. Regulations 10, 11, 12, 13, 15, 17, 18, 19, 21, and 24 were all non-compliant.

Following submission of a number of action plans, a follow up inspection was carried out on 17 March 2014 with a GP specialist assessor. The practice was still found to be non-compliant but with Regulation 10 only.

A further visit to the practice on 15 September 2014 found the practice was still failing to meet the requirements of Regulation 10. A decision was made to undertake a more in-depth inspection looking at all five key question within the new framework of inspection.

Detailed findings

Why we carried out this inspection

We carried out a responsive inspection of this practice under our new comprehensive inspection methodology. This provider had been inspected four times previously under our old methodology where we found continued non-compliance of expected standards.

How we carried out this inspection

To get to the heart of patients' experiences of care and treatment, 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?

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

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

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew. We carried out an unannounced visit on 8 October 2014.

During our visit we spoke with a range of staff including a nurse, reception staff and the practice administrator, and 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.

The GP did not fully engage with us and only spoke to us for a short period at the start of the inspection and again for a short period in the afternoon. He declined the opportunity for the team to give him feedback on the day's inspection.

Are services safe?

Our findings

Safe track record

The practice had limited systems in place to monitor the safety of patients. Information from the Quality and Outcomes Framework (QOF) - a national performance measurement tool, showed that in 2013/2014 the practice achieved 785 out of a potential 900 points as compared with 810 out of a potential 1,000 in 2012/13.

Staff told us they understood their responsibilities to raise concerns with the GP if they felt patients' safety was at risk. They told us they were aware of how to report and record incidents and would ask for support if they needed it.

There were policies and protocols for safeguarding vulnerable adults and children. Any concerns regarding the safeguarding of patients were passed on to the relevant authorities by staff as quickly as possible.

The GP did not fully engage with us at this inspection so we were unable to discuss his awareness of monitoring safety or the latest best practice guidelines and whether he incorporated this into his day-to-day practices.

A complaints policy was available to patients; however the management of complaints did not follow this policy at the practice. There wasn't a complaints log in use and the GP had previously told us he dealt with complaints without recording them as it was "not in his instinct to record them". Patients were not sent written responses to their complaints.

Staff informed us there was an accident book available in the practice but they could not locate it. However they told us there had been no recent accidents.

Learning and improvement from safety incidents

The practice did not have an effective system in place for reporting, recording, learning from, and monitoring significant events.

There was a policy which outlined the documents to use and process to follow for investigating and learning from significant events, but this was not specific to the practice and was taken from a 'toolkit' policy from the local clinical commissioning group (CCG). The practice administrator had recorded three events as significant. These involved the computer system failing on two occasions and one incident of the cleaner cutting her finger. There had been no discussion or investigation following these incidents.

Significant events which had been raised with the practice on all previous inspections had not been recorded or investigated by the GP. During our limited time with the GP he told us he did not see the point in recording these now as they were dealt with.

We found no evidence that staff were able to learn from any analysis of significant events to avoid reoccurrence.

Reliable safety systems and processes including safeguarding

Safeguarding information was displayed in the practice reception area.

The GP was the lead for safeguarding in the practice. There was a policy for safeguarding patients in place and this had been signed as read and understood by the staff. We saw that relevant safeguarding information and contacts from the local authority were available for staff. The staff we spoke with were aware of these.

Staff had received safeguarding training except for a recently employed member of staff who was awaiting a planned date.

There were no systems in place to identify, review and monitor patients who may be at risk or vulnerable within the practice population.

We had previously found confidential information with patient identifiable details in the safeguarding policy file which was available to all practice staff for reference. At this visit we asked the GP where the previously identified documents had been stored and he told us he thought they were in a file on his desk. We had previously identified this issue to the practice and issued a warning notice to improve the management of safeguarding information. Some improvement had been seen at subsequent inspections but had not been sustained.

The chaperone policy was displayed in all areas. The staff told us this was rarely requested but was available.

The building itself was accessible for patients with limited mobility. All patient, staff and public areas were clean and well maintained. We observed there were no safety covers

on electric sockets in the waiting area to protect children. There was a patient toilet available that was accessible to all users but it did not have an alarm button should a patient require assistance in an emergency.

Medicines management

The practice had a medicines management policy that was factually incorrect. The policy made statements that were not applicable to the practice and gave misleading information regarding storage of emergency drugs. For example; the practice had emergency drugs available and these were kept in the treatment room in a labelled cupboard with an appropriate child safety mechanism attached; not as suggested in the policy, "in a locked cupboard for which the nurse had the key". A child safety lock had however been installed, following a recent CQC inspection, in order to stop a child inadvertently accessing the contents of the cupboard. Records and visual checks showed that emergency drugs were in date and ready for use. Reception staff told us they were not aware of the location of the emergency drugs and as such could not have assisted or directed other clinicians in any emergency treatment of patients.

The practice had in place a repeat prescribing policy which indicated patients could request repeat prescriptions by a variety of methods including electronically. The reception staff informed us this was not accurate and was not available. The repeat prescription process appeared to work effectively with the GP signing all prescriptions before making them available for collection. However when we checked the repeat prescription collection box we found 11 prescriptions that had not been collected and so were out of date. These ranged in date with some dating back to November 2013. The policy stated that the box should be checked monthly and the GP informed of any prescriptions not collected before they were deleted from the system and destroyed.

Fridge temperatures were monitored and recorded daily and there was a policy available to assist staff to do this. The policy named individual staff who had been trained to deputise for the nurse in maintaining the 'cold chain' if she was unavailable. However the named reception staff told us they knew how to record the temperature but were unaware of the actual cold chain process. The temperature was recorded in the morning only and not twice-daily as suggested in the policy. The practice did not have an appropriate cool box, as suggested in the policy, in which to store vaccines should the fridge break down or when routine cleaning was taking place. The cold chain is the process of maintaining medicines within a temperature range.

Cleanliness and infection control

There were systems in place to reduce the risk and spread of infection. We observed all areas of the practice to be clean, tidy and with well-maintained appropriate floor and surface coverings. The practice employed a cleaning contractor to carry out all their cleaning requirements.

There were dedicated hand washing facilities in each of the rooms. Antibacterial hand wash and hand gels were available in reception and the clinical rooms. We found protective equipment such as gloves and aprons were available in the treatment/consulting rooms. Examination couches were washable and the curtains around them were disposable with change dates clearly identified on them.

The local NHS trust had carried out an infection prevention and control (IPC) audit in August 2014 and had given the practice an action plan for completion at their earliest opportunity. These actions had not been addressed at the time of the inspection despite being dated as "as soon as possible".

The practice administrator had developed an IPC policy which was not specific to the practice; it included information relevant to the local NHS hospital's IPC processes. This policy had been shared with the GP and nurse but the administrator had received no formal feedback regarding its suitability for the practice.

Equipment

We found that the practice regularly checked and serviced all equipment to ensure its safety and suitability for daily use. We saw records of servicing and calibration for items such as scales and blood pressure monitors. These ensured readings taken from this equipment were accurate.

We saw that fire and intruder alarms were regularly tested, checked and serviced. There were also checks of fire extinguishers and portable appliance testing (PAT) of all electronic equipment and appliances.

Staffing and recruitment

There was a recruitment policy in place. As most staff had been employed for a number of years we asked to see the

Are services safe?

recruitment paperwork for the recently employed practice administrator. This could not be produced. We could not verify that the recruitment had followed the policy which included references being sought from past employers.

The recently recruited staff member informed us they had not been subject to a Disclosure and Barring Service (DBS) check as they had a check three months prior to their start date with a different employer. We could not confirm this had been risk assessed against the staff member's new job role.

The practice regularly used a locum GP to support the practice but as the GP did not fully engage with us we were not able to discuss the process for recruiting and employing this locum.

Monitoring safety and responding to risk

There had been very few changes to the practice reception staff team over recent years and they managed to cover each other during periods of sickness and annual leave.

There were no documented arrangements in place for managing planned or unplanned GP and nurse absence.

When a safety alert or notice was received by the practice it was reviewed by the practice administrator and forwarded to the GP and practice nurse. This information was disseminated electronically. The nurse told us she checked if the alert or notice related to her patients and dealt with each patient as appropriate. There was no audit trail of this check or any actions taken by the nurse. The GP did not fully engage with us during the inspection but had told us in a recent inspection how he managed any alerts and notices. He told us the information was held in his head and then recalled as and when a patient presented to whom it applied. He would then deal with the alert or notice at that time. He informed us that not many of the alerts and notices related to his patients. Both the GP and nurse told us they destroyed the electronic notification once read

Arrangements to deal with emergencies and major incidents

The practice did not have a defibrillator or oxygen cylinder on site but did have basic airway management equipment available. Reception staff were not aware of how to access or use this equipment and we were told they would leave that to the nurse or GP. We were told all staff had completed basic life support training. There was no evidence that a risk assessment had been carried out to consider the availability of emergency equipment, such as a defibrillator or oxygen, at the practice.

There was a policy and process in place to deal with emergencies at the practice which was to call 999, make the patient comfortable, and wait for assistance. There was a flowchart on display which indicated this process for the receptionists. However the reception staff we spoke with were unaware of the process and told us they would just use their "common sense" and call an ambulance.

There was a reactive approach to dealing with potential safety risks, including changes in demand, disruption to staffing or facilities, or periodic incidents such as bad weather or illness. We could not review the practice's business continuity plan as this was not made available to us. We were not made aware of any forward planning document to assist staff to manage emergencies or major incidents that could occur. We were informed by the GP that there was no arrangement in place with other practices in the area to support the continuation of this service should the premises become unusable at short notice.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was no comprehensive or cohesive process for dealing with alerts from the National Reporting and Learning System (NRLS) and notices from the Medicines and Healthcare Products Regulatory Agency (MHRA) at the practice.

The nurse explained the process she followed for dealing with NRLS alerts and MHRA notices. She checked which patients the alert or notice may be relevant to and then discussed this with the patient at their next appointment. She informed us that this was not routinely recorded. The GP had previously told us his process for dealing with these alerts and notices was to read them, keep the information in his head, and recall this when he saw a patient the information was relevant to. At this time he would deal with the alert or notice but would not have the electronic information for reference. This was because so few alerts and notices actually applied to his patients so he would have deleted them. Due to the GP's lack of engagement with the inspection process we were not able to find out if an acknowledgement for dealing with an alert or notice for a patient would be recorded on the electronic system.

The nurse told us she was aware of National Institute for Health and Care Excellence (NICE) guidelines and would refer to them if she required any assistance but could not recall a time recently when she had needed to do this.

Management, monitoring and improving outcomes for people

There was no monitoring by clinical audit of patient outcomes of care and treatment.

The GP had recently looked at the use of emergency appointments in the surgery but this was not a completed audit cycle. The findings had been shared with staff. The GP had previously informed us that the data had returned results in line with his personal expectations, but it had not been benchmarked against any other practice outcomes.

The nurse had monitored the non-attendance rates for cervical smears recall in recent months in order to update the patient information codes held on the electronic record system. This was to ensure patients were not recalled for a smear appointment unnecessarily. This had not been converted into a clinical audit cycle.

Patients told us they were very satisfied with their care. People with long-term conditions told us their conditions were well managed and that they had regular reviews. Staff told us that patients with multiple health conditions had all their health reviews completed on the same visit to minimise the number of visits. This included patients with learning disability needs.

Effective staffing

Although staff we spoke with assured us their registration with professional awarding bodies was up to date, we could not find any record of this information.

The staff working on reception had all been employed for a number of years and were up-to-date with all mandatory training. They had also had recent annual appraisals, as had the nurse, but a new member of staff who had been employed for five months had not yet had some of the mandatory training and had not had access to appraisal.

The nurse who at previous inspections had not accessed appropriate training to allow her to carry out her role was now fully updated.

Appraisal documentation for the reception staff was available to us. We discussed this with staff and were told they had carried out their mandatory requirements for training but did not wish to access further training. However they were confident that if they did request any further training, these requests would be granted. We had seen the appraisal documentation for the nurse and the GP on previous inspections.

Working with colleagues and other services

The practice had a reactive approach to meetings with other professional groups. Meetings and engagements with other health professionals were ad hoc and only arranged to discuss a particular patient, rather than to establish an effective working relationship.

The practice had a system for referral to, and handling of discharge letters from, other healthcare environments. These were handled in a timely manner. The GP wrote informative individual letters outlining the patients' needs to the consultant/health professional rather than using a template. The practice policy was followed for all urgent referrals with a fax front page added to all referral letters. However non-urgent referrals did not appear to have front covers attached to maintain confidentiality of information.

Are services effective?

(for example, treatment is effective)

Information sharing

Details of out-of-hours consultations that patients had attended were shared with the practice by the out-of-hours provider each morning. These were reviewed and where follow-up action was required this was allocated to the GP. The practice had a shared secure IT system with the out-of-hours provider which allowed them to share information relating to any complex patients or patients receiving end of life care. The system allowed for both creating and altering an electronic record for a patient to ensure records were kept up to date.

Patients requiring a follow up appointment to discuss their test results were telephoned by the receptionist and an appointment made at the patient's earliest convenience. Information on test results was available electronically to the GP and nurse to ensure care and treatment were current.

Consent to care and treatment

The practice had a detailed policy on consent which included guidance for staff about their responsibilities to obtain consent, including from children, and the right of patients to withdraw their consent. The nurse understood how to use competency assessments of children and young people to check whether they have the maturity to make decisions about their treatment.

Patients' mental capacity assessments were not always appropriately assessed or recorded. The nurse discussed a recent consultation with a young person where she needed to use her judgement to decide if the person was able to give consent. She informed us she had not used a checklist and instead just her professional opinion to reach the decision. She had then recorded in the notes that she felt the person was able to consent to the treatment given. The nurse told us if she had any doubt that the person was not capable of giving consent she would always seek the advice of the GP or suggest the young person brought their parent or guardian with them to the next appointment.

Neither the GP or the nurse had completed any formal training on the Mental Capacity Act 2005 but the nurse told us she had completed reading to ensure she was informed of the requirements of the Act.

Health promotion and prevention

There was limited focus on prevention and early identification of health needs for patients at the practice. Health promotion was managed in a reactive manner as health checks were sporadic for registered patients. In our limited communication with the GP we were informed the requirement to carry out NHS health checks on patients at the practice had proved to be too onerous for them to manage. He advised that current patients' health checks were very ad hoc, although checks carried out for new patients were planned.

A new patient told us they had been seen by the nurse for a routine health check within the guidelines set out in the practice leaflet. They received an appointment within 10 days of joining the practice, and a further appointment with the GP three days later to review their medication. They were very impressed with the service.

The nurse was able to tell us how the practice managed the care of patients with long-term conditions and what these were. She also outlined the actions taken to try to regularly review their needs but told us this did not always happen. We were told by staff and patients that to reduce the burden of having to regularly visit the practice, patients with multiple, long-term conditions had reviews of all their conditions undertaken at one visit where possible.

Patients were encouraged by the practice nurse to take an interest in their health and to take action to improve and maintain it. This included advising patients on the effects of their life choices on their health and wellbeing. A limited range of health prevention and health promotion literature was available for patients.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Patients were complimentary about the practice and the attitudes of the staff. The patients we spoke to said the staff were respectful of both patients and their colleagues.

Staff were attentive to possible causes for concern and could identify times when they would need to alert medical staff to patients exhibiting a change in their physical or mental health, for example when patients spoke or behaved uncharacteristically. The interactions between patients and reception staff were seen to be professional, caring and friendly. It was clear that staff had a good knowledge of the needs of the patients and that the interactions between the patients and reception staff were positive and valued by patients. Several of the patients thanked staff on leaving in a manner that was over and above the normal polite interaction.

Information about the availability of a chaperone was displayed throughout the practice and when requested, the practice nurse acted as chaperone. Previously, some of the reception staff had been trained to fulfil this role however staff told us they had never been asked to act as a chaperone.

The practice had access to interpreters to assist during consultations with patients whose first language was not English. This was planned in advance when patients booked appointments and the service was provided by an external provider. Double appointments were also available if required. On the day of the inspection we saw a patient being supported by an interpreter – this had been arranged by the practice in advance of the appointment. There was also a patient who was supported by family during the consultation. The GP told us they recognised that this was not ideal, but that some patients would rather have family present and this was respected.

Care planning and involvement in decisions about care and treatment

The practice had a concise policy on consent which included guidance for staff about their responsibilities to obtain consent, including from children, and the right of patients to withdraw their consent. The staff we spoke to understood how to use capacity assessments and competency assessments of children and young people (these assessments check whether children and young people have the maturity to make decisions about their treatment).

Patients were supported to understand their diagnosis. They told us they were involved in planning their care and were supported with information to make decisions about their treatment.

The patients we spoke with told us they felt their needs were fully assessed when they attended their appointments.

The GP did not fully engage with us during the inspection so we could not discuss his understanding of how to make 'best interest' decisions for people who lacked capacity.

Patient/carer support to cope emotionally with care and treatment

Patients were supported to understand their diagnosis. They told us they were involved in planning their care and were supported to make decisions about their treatment. We were told by one patient that they did not want to have a lengthy conversation about their illness, they just wanted to be made better. The patient felt the staff recognised this and dealt with them accordingly.

The practice demonstrated an understanding in respect of issues relating to confidentiality and did not exclude carers from being given appropriate information.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found that the practice was accessible to patients with mobility difficulties. On-street parking was available outside the practice.

Staff said they had access to translation services for patients who needed them.

The practice nurse held regular clinics for a variety of complex and long-term conditions such as respiratory disease and diabetes. Patients with multiple health conditions had their reviews undertaken during one visit, where possible, to reduce the burden of additional visits.

The practice staff told us they had been attempting to set up a patient participation group (PPG) but with no success. On previous inspection visits we had requested the GP address this situation as a matter of urgency. The patients we spoke to were not aware that this group was being set up.

Both the GP and the nurse carried out home visits to patients who could not access the surgery and at the same time offered a flu immunisation service to any patients who required it.

Tackling inequity and promoting equality

We spoke with the nurse about the management of patients with mental health and learning disability issues who could be at their most vulnerable when attending the practice. We were informed that the GP dealt with all patients who had a chronic mental health need and the nurse would only be called upon to carry out routine monitoring, for example blood tests, height or weight checks, if required. The nurse was not aware of the number of registered patients with learning disabilities in the practice.

We were not able to establish whether clinical staff had awareness of the current NHS clinical commissioning group's (CCG's) equality and diversity strategy. This has been designed to tackle current health inequalities, promote equality and fairness, and establish a culture of inclusiveness using the Equality Delivery System (EDS) to drive improvement. We were not able to establish how the practice took account of the diversity of patients' needs derived from factors such as age, disability, cultural beliefs or religious beliefs.

Access to the service

Patients told us they felt the practice staff responded well to their needs well and were always accommodating if they needed appointments at specific times. Appointments with the nurse were available between 8am and 9am, and between 5pm and 6pm for patients who worked during the day. Early or late appointments were not available with the GP on a regular basis.

Non-urgent appointments were available with the GP for two days in advance, with urgent appointments still available for the evening of the inspection day. Appointments with the nurse were available the next working day.

The practice had recently started a flu campaign and had held their first clinic the day before the inspection. Patients had been sent letters informing them of the drop-in clinic. Non-urgent appointments had been cancelled on this day to allow both the GP and the nurse to assist in the clinic. The GP maintained a clinic for urgent appointments only during the flu clinic.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who managed all complaints in the practice. However the practice did not follow the policy. The GP had previously told us the practice did not get many complaints and as such he dealt with them in a verbal manner. He told us he did not feel the need to document the complaints. Staff told us they were not aware of any recent complaints.

We did not receive any comments regarding complaints from the patients we spoke with.

Are services well-led?

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

Our findings

Vision and strategy

The GP refused to engage fully with the inspection team so we could not gather any evidence of the vision or values for the practice.

The staff we spoke with were not aware of the future plans for the practice for the coming 12 months. They told us they just did their jobs and assisted patients and the GP where they could.

A new member of staff who had been employed since May 2014 had not had a meeting with the GP to discuss their new role and where their objectives fitted into the overall vision for the practice. As far as staff were aware, there was no detailed plan for moving the practice forward for the next 12 months.

Governance arrangements

There was no additional monitoring of clinical performance at the practice other than the voluntary completion of the Quality and Outcomes Framework (QOF) system. This is a national performance measurement tool submitted to the local clinical commissioning group (CCG).

Systems for monitoring the fitness of clinicians to practice were not evident and we could not find evidence to demonstrate routine checks on professional registrations had been carried out.

At a previous CQC inspection the GP had been unaware of the policy development or review process in place at the practice, and stated that he may not review all policies that were developed due to time restraints. The policies were not specific to the practice and were descriptive in nature without giving appropriate or sufficient guidance to staff.

There was no systematic programme for clinical audit available. One member of staff told us this had been discussed after CQC's last inspection but no progress had been made. No clinical audits had been carried out in the practice despite requests at previous inspections to implement an audit calendar for the practice. The GP had recently analysed the use of emergency appointments and the nurse had looked at the recall process for ladies requiring smear testing however neither of these had been converted into clinical audit cycles.

There was no effective arrangement available for identifying, recording, managing and mitigating risk. The practice had a significant/critical event toolkit policy which was descriptive in nature and did not offer guidance to staff on the process to follow should serious adverse events (SAEs) occur. As a consequence, SAEs were not appropriately investigated or recorded.

Leadership, openness and transparency

The GP refused to engage fully with the team during the inspection.

Staff told us the GP was approachable and they could always speak to him if needed. Staff felt supported in their roles but told us they had been doing their jobs for many years so they should be comfortable in them.

The practice administrator did not meet regularly with the GP to discuss the day-to-day running of the practice.

Staff meetings were minuted and took place monthly, however no meetings had been minuted in the last three months. The practice administrator told us this was due to holidays and sickness.

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

The practice had not been successful in setting up a patient participation group (PPG). Patients we spoke to were unaware the practice was attempting this and some expressed a desire to be involved.

Patient surveys were carried out quarterly. The latest survey had not been collated. On reading the surveys, feedback about the practice was generally positive. There was a suggestions box in the entrance to the practice but there was no pen available to complete the forms. Staff immediately ensured there was a pen attached to the box when we made them aware of this. Staff told us they did not receive any suggestions from patients but admitted they did not actively promote the use of the suggestions box.

Patients' views were not taken into account when planning or making changes at the practice.

There had been no complaints recorded within the last six months.

Are services well-led?

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

There had been no staff surveys completed for the practice. Staff told us they had no concerns but they would speak to the GP or administrator if they did.

Management lead through learning and improvement

Staff supported each other at the practice. The nurse was able to gain support at the local practice nurses' meetings.

The practice was very poor at promoting learning with no management systems in place to support this.

Staff had job descriptions but these did not give staff focus as to their roles and responsibilities.

There were no clear personal objectives or training plans for any member of staff. Reception staff had annual appraisals but these did not demonstrate any agreement to complete further training or development during the coming year. The practice nurse had completed an annual appraisal and she told us this would not be revisited until the next appraisal date. There was no continual assessment of her competence throughout the year.

Staff told us they tried to do their best for their patients and felt they achieved this as patients were very complementary of staff involvement in their care.

The GP had shown us his recent NHS appraisal which was organised at a previous inspection by the local area team from NHS England. This did not document any audit activity and showed that limited training had been completed.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	This provider remains in breach of the Health and Social Care Act 2008 (Regulated Activities)Regulations 2010. On the basis of this inspection, the ratings given to this practice, and the concerns identified at four previous inspections, this provider has been placed into special measures. This will be for a period of six months when we will inspect the provider again. Special measures are designed to ensure a timely and co-ordinated response to practices found to be providing inadequate care. Being placed into special measures represents a decision made by CQC that a practice has to improve within six months to avoid having its registration cancelled. We are currently piloting our approach to special measures, working closely with NHS England. The proposals we are piloting are that GP practices rated as inadequate for one or more of the five key questions or six population groups will be inspected no longer than six months after the initial rating is confirmed. If, after re-inspection, they have failed to make sufficient improvement, and are still rated as inadequate for a key question or population group, we will place them into special measures. In a small number of cases, a GP practice will have such significant problems that people who use services are at risk or there may be sufficiently little confidence in the practice's capacity to improve on its own. In these instances the practice will be placed straight into special measures.