Dr Zaheer Hussain

Quality Report

Fulham Cross Medical Centre
322 Lillie Road
London SW6 7PP
Tel: 020 7385 1964
Website:

Date of inspection visit: 4 February 201 6
Date of publication: 09/06/2016

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?	Inadequate
Are services caring?	Requires improvement
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

Following a comprehensive inspection of Dr Zaheer Hussain at Fulham Cross Medical Centre on 10 November 2015, the practice was given an overall inadequate rating and due to serious concerns about patient safety a decision was made to suspend the registration of the provider for a period of three months from 11 November 2015 to 08 February 2016 under s31 of the Health and Social Care Act. The provider appealed to a first-tier tribunal and after written and verbal hearings, this was stayed by the judge pending another inspection to be arranged prior to the end of the suspension period. We re-inspected the practice on 4 February 2016. During this inspection we found sufficient improvements had been made to allow the suspension to lapse however there were still serious concerns in relation to the management and leadership of the practice.

We carried out an announced follow up inspection of Dr Zaheer Hussain at Fulham Cross Medical Centre on 4 February 2016 Overall the practice is rated as inadequate.

Our key findings across all the areas we inspected were as follows:

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and actions identified to address concerns with infection control practice had not been taken.
- There was no evidence of learning and communication with staff about significant events.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Clinicians were not kept up to date with national guidance and guidelines and updates were not shared within the clinical team to improve whole practice care.

Summary of findings

- Clinical staff did not understand and implement the key principles of the Mental Capacity Act 2005 and Gillick competences.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice had limited formal governance arrangements.

The areas where the provider must make improvements are:

- Ensure effective leadership is in place to include oversight and understanding of all the systems in place to deliver a high standard of care to patients.
- Introduce procedures to ensure all clinicians are kept up to date with national guidance and guidelines and updates shared within the clinical team to improve whole practice care
- Ensure all staff understand and implement the key principles of the Mental Capacity Act 2005 and Gillick competences.
- The GP should undertake training on the clinical systems to have a comprehensive understanding of the performance of the practice.
- Develop a clear vision for the practice and a strategy to deliver it. Ensure it is shared with staff and ensure all staff knows their responsibilities in relation to it.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with infection prevention and control practice such as ensure all staff receive infection control training, clarify the cleaning arrangements so that all staff are aware of them and ensure audits are regularly undertaken.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Implement processes to ensure the practice works effectively with other service providers to meet patient's needs and manage complex cases
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements
- Ensure all staff that carry out chaperone duties are trained to do so and a risk assessment is undertaken to determine the need for DBS checks.
- Ensure that legionella testing is carried out in line with recommended guidance.

The areas where the provider should make improvement are:

- Make arrangements to improve the uptake and access to cervical screening for patients at the practice.

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

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

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

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 providing safe services and improvements must be made.

- Staff were not clear about reporting incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved. People did not receive reasonable support or a verbal and written apology.
- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. For example, staff had not received any infection control training.
- There was insufficient attention to safeguarding children and vulnerable adults. Some staff did not recognise or respond appropriately to abuse.
- There were not enough staff to keep patients safe, the practice did not employ any female clinicians.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

- Data showed that care and treatment was not delivered in line with recognised professional standards and guidelines.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- There was minimal engagement with other providers of health and social care. We were told that one multi-disciplinary meeting had been held in 2015, however no notes were made.
- Data showed patient outcomes were low compared to the locality and nationally. The practice's uptake for the cervical screening programme was 18% which was significantly lower than the national average of 82%.

Are services caring?

Requires improvement

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

Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. For example, 78% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- The practice was closed between the hours or 1pm and 4pm Monday to Friday, except on Thursdays when they closed at 1.30pm which meant that patients had limited access to a GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- The practice was equipped to treat patients and meet their needs.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy. .
- The practice had a number of policies and procedures to govern activity.
- There was no evidence of a programme of continuous clinical and internal audit used to monitor quality and to make improvements.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had not proactively sought feedback from staff or patients and did not have an active patient participation group.

Summary of findings

- There were no robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We were not assured the provider was aware of and complied with the requirements of the Duty of Candour.

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

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

- There was insufficient assurance to demonstrate older people received effective care and treatment which reflected current evidence-based practice.
- Longer appointments and home visits were available for older people when needed.
- It had not worked with multi-disciplinary teams in the case management of older people.
- 'End of Life' care meetings had not been undertaken since 2014.

People with long term conditions

Inadequate

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

- The practice is rated as inadequate for the care of people with long-term conditions.
- There was insufficient assurance to demonstrate people with long-term conditions received effective care and treatment which reflected current evidence-based practice.
- Longer appointments and home visits were available when needed.

Families, children and young people

Inadequate

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

- There was insufficient assurance to demonstrate families, children and young people received effective care and treatment which reflected current evidence-based practice.
- The practice's uptake for the cervical screening programme was 18% which was lower than the national average of 82%.
- Appointments were available outside of school hours.
- Immunisation rates for the standard childhood immunisations were lower than the CCG and national averages.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

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

- There was insufficient assurance to demonstrate working age people (including those recently retired and students) received effective care and treatment which reflected current evidence-based practice.
- Extended opening hours for appointments were available on Mondays, Tuesdays and Wednesdays.
- Patients could book appointments and order repeat prescriptions online.
- Health promotion advice was available in the waiting area.

People whose circumstances may make them vulnerable

Inadequate

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

- The practice did not hold a register of patients living in vulnerable circumstances. It was unable to identify the percentage of patients who had received an annual health check.
- There was insufficient assurance to demonstrate people whose circumstances may make them vulnerable received effective care and treatment.
- The practice had not worked with multi-disciplinary teams in the case management of vulnerable people.

People experiencing poor mental health (including people with dementia)

Inadequate

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

- There was insufficient assurance to demonstrate people experiencing poor mental health (including people with dementia) received effective care and treatment which reflected current evidence-based practice.
- Clinical staff did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- It had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health.

Summary of findings

- The dementia diagnosis rate was comparable to the CCG and national average.
- The practice waiting area displayed posters signposting patients experiencing poor mental health to various support groups and voluntary organisations.

Summary of findings

What people who use the service say

Because we could not speak with patients during this inspection the evidence in this section is the same as that collected at our inspection in November 2015.

The national GP patient survey results published on 8 July 2015 showed the practice was performing in line with local and national averages. 443 survey forms were distributed and 86 were returned.

- 85% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.
- 85% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 74% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 98% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.
- 84% describe their experience of making an appointment as good compared with a CCG average of 69% and a national average of 73%.
- 49% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 51% feel they don't normally have to wait too long to be seen compared with a CCG average of 53% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The practice had not provided patients with our comment cards and therefore we did not have any completed by patients.

We spoke with three patients during the inspection. Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by the GP.

Dr Zaheer Hussain

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a second CQC inspector.

Background to Dr Zaheer Hussain

Dr Zaheer Hussain also known as Fulham Cross Medical Centre, is a single location practice located in the London Borough of Hammersmith and Fulham which provides a primary medical service (PMS) to approximately 2,200 patients in the Fulham area of West London. The patient population groups served by the practice include a cross-section of socio-economic and ethnic groups.

The practice team is made up of two (male) GPs, a practice manager, an administrator and three receptionists. Dr Zaheer Hussain is the lead GP and the practice is registered with CQC as a sole provider. The second GP works at the practice on Fridays.

The practice is open between 8:30am-1:00pm and 4:00pm-8:30pm on Mondays and Tuesdays, 8:30am–1:00pm and 4:00pm-6:00pm on Wednesday and Fridays and 9:30am–11:30am on Thursdays. to 13:30pm. Appointments were from 8:30am-11:30am and 4:00pm-8:30pm on Mondays and Tuesdays, 8:30am-1:00pm and 4:00pm-7:30pm on Wednesdays, 9:30am- 11:30am on Thursdays and 9:30am-12:30pm and 4:00pm-6:00pm on Fridays. On Thursdays the practice is open for emergencies only between 9:30am to 13:30pm. Telephone access is available during core hours and home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services).The practice refers patients to the London Central and West Unscheduled Care Collaborative Out of Hours and the NHS '111' service for healthcare advice during out of hours.

The practice is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures and maternity and midwifery services.

Following a comprehensive inspection of Fulham Cross Medical Centre on 10 November 2015, the practice was given an overall inadequate rating. Due to serious concerns about patient safety a decision was made to suspend the registration of the provider for a period of three months from 10 November 2015 to 10 February 2016. The provider appealed to a first-tier tribunal and the hearing was stayed pending a re-inspection prior to the end of the suspension period. We arranged to re-inspect the practice on 4 February 2016 to assess if sufficient improvements had been made to lift the suspension.

When we inspected the practice on 10 November 2015, the practice was required to take the following action:

- Develop and implement a vision and strategy to improve services for patients and ensure governance processes are in place to monitor safety and risks.
- Ensure appropriate arrangements are in place for managing medical emergencies including: availability of

an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site; a full complement of emergency medicines; staff training in basic life support.

- Develop an explicit telephone answerphone message which directs patients to appropriate care and advice when the practice is closed.
- Ensure arrangements are in place for annual testing of all electrical equipment and calibration of clinical equipment.
- Put systems in place for the secure storage of prescription pads and the monitoring of their use.
- Ensure all clinical staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses. Ensure staff are aware of and comply with the requirements of the Duty of Candour in the event of a notifiable safety incident.
- Take action to address identified concerns with infection prevention and control.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Undertake Disclosure and Barring Service (DBS) checks for all staff providing a chaperone service for patients and ensure staff are suitably trained to perform this role.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Carry out clinical audits including re-audits to ensure improvements have been achieved. Make arrangements for clinical staff to attend multi-disciplinary team (MTD) meetings.
- Provide clinical curtains within consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Provide staff training in information governance and patient confidentiality to ensure patient privacy is maintained.
- Ensure Care Quality Commission ratings of the practice are displayed to patients and users of the service.

This inspection was carried out to consider if all shortfalls identified in the November 2015 inspection had been addressed and to consider whether sufficient improvements had been made to lift the suspension of the regulated activities.

Why we carried out this inspection

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

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

The provider had been previously inspected on 7 October 2014 where they were rated as requires improvement for safe, effective, responsive and well led and good for caring. As a result of this inspection, requirement notices were issued for the breaches of regulations.

A further inspection was carried out on 10 November 2015 to check the action taken in response to findings of the inspection undertaken on 7 October 2014. However, the provider was rated as inadequate overall and on 11 November 2015 we took urgent enforcement action to suspend Fulham Cross Medical Centre from providing general medical services under Section 31 of the Health and Social Care Act 2008 ("the Act) for a period of three months, as a minimum, to protect patients.

This inspection was planned to check what action had been taken in response to findings of the inspection undertaken on 10 November 2015.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 February 2016

Detailed findings

During our visit we spoke with a range of staff including the lead GP, the salaried GP, the practice manager and two receptionists. However, as the practice services had been suspended we were unable to speak with patients.

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

- 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 looked like for them. The population groups are:

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

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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

When we last inspected the practice, in November 2015, we identified that some of the practice's systems and processes did not promote patient safety. In particular, we identified that

- Staff were not clear about reporting significant events, incidents and near misses and there was no evidence of learning and communication with staff

During this inspection, we found the practice still did not have effective systems in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents but that they were not aware of any forms to complete as the practice manager completed them.The practice manager told us the forms were located on the computer and that staff did not have to complete them as they were always involved in the discussions about the incidents. They said where staff were not present they would be informed when they next came to the practice.
- The practice manager told us they did not have a process in place where they carried out a thorough analysis of the significant events.

We reviewed incident reports, however there was no evidence to confirm these had been discussed with all the team or that lessons were shared to make sure action was taken to improve safety in the practice.

We found there was no formal process for the dissemination of patient safety alerts. The practice manager told us the lead GP would receive these alerts. However, the GP was unable to tell us how they were circulated or what the most recent alert was that they had received.

Overview of safety systems and processes

At our last inspection, in November 2015, we found patients were at risk of harm because the systems in place to keep patients safe were inadequate. These including those for dealing with emergencies, safeguarding, incident reporting, infection control, medicine management and health and safety.

During this inspection, we found some improvements had been made, however there were still some areas of concern.

- Some arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. There was a safeguarding policy that had been reviewed in December 2015. The policy clearly outlined who to contact outside the practice for further guidance if staff had concerns about a patient's welfare. All non-clinical staff were able to define what abuse was and knew where to find the information to report a concern.They said they would however report everything to the lead member of staff for safeguarding who was the lead GP. However, although the GP had attended safeguarding training they could not demonstrate that they understood what constituted abuse and said they had never reported a concern, but knew who to contact should they need to do so.GPs were trained to Safeguarding level 3 and non-clinical staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. There were two members of staff who acted as chaperones and were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, the female member of staff trained to do so only worked mornings and the GP told us they would use the other receptionist when needed who had not been trained or DBS checked.
- We found appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We were told the lead GP was the infection control lead for the practice but there was no evidence that they had attended any specific training for this or liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place, dated December 2015. Staff had not received any infection control training and no one was clear about what the arrangements for cleaning the practice was. There was a cleaning schedule located in the cleaning

cupboard but staff was unable to tell us who cleaned the practice and how often. There had been no recent annual infection control audits undertaken, the last one was dated September 2014.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads were securely stored, however there were no systems in place to monitor their use.
- We reviewed four personnel files and found some appropriate recruitment checks had been undertaken. For example, proof of identification, qualifications and the appropriate checks through the Disclosure and Barring Service However, we were told that a cleaner had been employed and worked four days a week, but there was no personnel file for them and the practice manager told us they did not know what employment arrangements were in place as they were employed by the GP. The GP said they did not have any records in relation to their employment, but that they cleaned the practice when needed.
- The practice did not employ a nurse and we were told that women were advised to attend the local health centre for cervical screening. The practice did not have any process in place to monitor how many women attended and could not tell us how they followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

At the inspection in November 2015, we found that the arrangements for monitoring and managing risks to patient and staff safety were not fully satisfactory. For example, we did not see a health and safety policy and procedures, there was a variety of risk assessments including fire, control of substances hazardous to health, infection control and legionella. All of the electrical and clinical equipment we checked had not been tested since 2013 to ensure it was safe to use and was working properly.

During this inspection, we found some risks to patients were assessed and managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available dated December 2015. There was a poster in the reception office which identified local health and safety representatives. The practice manager told us they had not completed a fire risk assessment but that fire drills were carried out every seven to eight months and the last one was carried out in July 2015. Although there was no records to evidence this the reception staff confirmed one had taken place. We saw the practice manager had started a 'risk log' based on our findings of the November 2015 inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Portable electrical equipment testing (PAT) had been carried out in January 2016. We saw evidence of calibration of relevant equipment; for example, blood pressure monitors, ECG, weighing scales and pulse oximeter which had been carried out at the same time.
- The practice did not have any risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We were told that the lead GP had carried out legionella testing in December 2015, but did not have any training to do so and there were no records to show their findings.
- The practice manager told us they did not have any formal arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs. We asked what happens when patients requested to see a female clinician and were told patients would be sent to the local health centre. Reception staff told us they covered for each other when staff were on holiday or they had unexpected absences. We were told the GPs also covered for each other, but that the practice also had an arrangement with two other local practices to see patients in an emergency, if they were unable to get GP cover at short notice. They said for longer absences they would employ a locum GP and we saw they had a locum induction pack available.

Arrangements to deal with emergencies and major incidents

At the inspection in November 2015, we found the practice had inadequate arrangements in place to respond to emergencies and major incidents. For example, not all staff

Inadequate

Are services safe?

had received annual basic life support training. Although Emergency medicines were available in the consultation room there was no glucagon to treat hypoglycaemia; benzyl penicillin for suspected meningitis or diazepam to treat a patient experiencing an epileptic fit. Further, the practice did not have an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) and had not carried out a risk assessment.

During this inspection, we found the practice had adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. However, it was not comprehensive as although it included emergency contact numbers for staff, there was no clear information regarding what to do in an emergency, for example if they were unable to use the building.Also we were told that there were no copies of the plan kept off site.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

At the inspection in November 2015, we found the GP was unable to provide us with information about how they ensured the kept up to date with NICE guidance. There was also no system in place to keep all clinical staff up to date to deliver care and treatment that met peoples' needs.

During this inspection we found there was no evidence to demonstrate the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The GP told us they read online articles and attended lectures at various hospitals and had attended the Royal Society of Medicine three times to keep up to date. However, when asked for an example of a recently read NICE guideline, the GP gave the example of diabetes, but said they would not necessarily follow the guidelines, they would look at the patient in front of him.
- There was no system in place to ensure all clinical staff were kept up to date to deliver care and treatment that met peoples' needs.

Management, monitoring and improving outcomes for people

At the inspection in November 2015 the GP did not demonstrate an understanding of the performance of the practice. At this inspection we had the same concerns.

The GP told us the practice manager was responsible for the monitoring the performance of the practice and was unaware of the practice's Quality Outcomes Framework (QOF) data. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/15 showed;

- Performance for diabetes related indicators was 97% which was 13% better than the CCG average and 7% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was 5% above the CCG and 2% above national averages.
- Performance for mental health related indicators was 89% which was 3% above the CCG and 2% below national average.

There was very limited monitoring of people's outcomes of care and treatment, including no completed clinical audits. When we asked the lead GP to give us an example of audits they stated they had found 20 patients with Simvastatin and amlodipine and sent them a letter to change medications. They were not able to offer further examples of audits or provide any written evidence.

Effective staffing

We saw some evidence to show that staff received some training to ensure they had the skills, knowledge and experience to deliver effective care and treatment.

- All staff had been at the practice for some time and as such could not remember what their induction included. However, the practice manager told us they had an induction programme for all new staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We did not see any evidence of this.
- The learning needs of staff were identified through a system of appraisals. Reception staff told us they had received an appraisal in December 2015 and that their training needs had been identified.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

At this inspection we found the information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

Inadequate

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

At the inspection in November 2015 we saw no evidence of multi-disciplinary team MDT meetings taking place and at this inspection this was still the case. The practice did not work effectively with other service providers to meet patient's needs and manage complex cases. We found there were no arrangements in place for multi-disciplinary (MDT) meetings. The practice was unable to evidence any formal multi-disciplinary working arrangements with other health and social care professionals. The GP told us there was one multidisciplinary meeting in 2015; however there were no minutes to support this.

Consent to care and treatment

At the inspection in November 2015 we found the GP did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and there was no formal process in place for seeking and documenting patient consent.

During this inspection we were not assured staff sought patients' consent to care and treatment in line with legislation and guidance.

- We found the GP did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005, although
- We further asked the GP about how they assessed capacity when dealing with children and young people. They said they would make a considered judgement. When asked for an example they said if a '16-year-old want tohave a consultation with a GP he would want to know if they are able to understand what he's saying and knows about the side-effects of a drug'. They stated there was a policy, however could not show this to us and did not have a set of questions to check competence.
- There was no evidence to demonstrate the process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients who were carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Staff told us smoking cessation advice was available from a specialist who attended the practice each week on a Thursday.

The practice did not have a comprehensive screening programme. The practice's uptake for the cervical screening programme was 18% which was significantly lower than the national average of 82%. The GP told us there was no one in the practice available to undertake cervical screening. The GP was aware of the low uptake and explained this was due to having no female GP or nurse within the practice team and the local ethnic population who would prefer a female clinician to perform this procedure. Patients were given a leaflet and the telephone number of local clinics where they could access the screening service. The GP told us the practice did not monitor patients who did not attend for their cervical screening test, they were only aware of those who did. They said they would try to employ a nurse to improve their figures.

Childhood immunisation rates for the vaccinations given were lower than the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 38% to 76% and five year olds from 33% to 67%.

Flu vaccination rates for the over 65s was 69% which was comparable to the CCG and national averages. Flu vaccinations for the at risk groups was 20% which was below the CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.

Requires improvement

Are services caring?

Our findings

We were unable to re-inspect this domain fully as the practice has not been providing services to patients. Therefore most of the evidence in this section is the same as that collected at our inspection in November 2015.

Kindness, dignity, respect and compassion

We were unable to observe members of staff dealing with patients. However, we noted :

- The practice manager told us patient telephone calls would now be answered by reception staff in the back office to maintain confidentiality.
- Consultation rooms were clean and curtains were provided to maintain patients' privacy and dignity during examinations, investigations and treatments.
- There was a sign in reception advising patients that if they wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey completed by 86 patients showed the practice was rated lower than others for some aspects of care. For example:

- 78% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The three patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt supported by the GP.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language and a double appointment would be arranged for a patient requiring translation.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access some support groups and organisations such as a mental health charity which provides advice and support to people experiencing a mental health problem.

We saw posters in the waiting area which requested patients to inform staff if they were a carer and what support could be offered to them such as a carer's assessment with the local authority. There were also posters advertising local support groups for carers including young carers.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We were unable to re-inspect this domain fully as the practice has not been providing services to patients. Therefore most of the evidence in this section is the same as that collected at our inspection in November 2015.

Responding to and meeting people's needs

The GP told us they had worked with the local CCG to plan services and to improve outcomes for patients in the area. However they said they had not attended any meetings since the practice was suspended. Services were planned and delivered to take into account some of the needs of different patient groups. For example:

- The practice advertised if patients were presenting with more than one clinical issue; to arrange with the reception team to book a double appointment.
- Home visits were available for older patients / patients who would benefit from these and we were told the GP undertook approximately two home visits a week.
- Same day appointments were available for children and those with serious medical conditions.
- There was a disabled toilet available for patients and consulting rooms were on the ground floor however, the practice entrance had a step. The practice had a facility of mobile ramp; there was a poster displayed indicating a mobile ramp was available upon request.
- There was no hearing loop system available for patients with hearing difficulties.
- There were translation services available.

Access to the service

The practice was open between 8:30am-1:00pm and 4:00pm-8:30pm on Mondays and Tuesdays, 8:30am–1:00pm and 4:00pm-7:30pm on Wednesday. On Fridays the practice is open 08:30 13:00 and 15:30 and 18:00. On Thursdays the practice is open from 09:30 – 13:30. Appointments were from 8:30am-11:30am and 4:00pm-8:30pm on Mondays and Tuesdays, 8:30am-1:00pm and 4:00pm-7:30pm on Wednesdays, 9:30am- 11:30am on Thursdays and 9:30am-12:30pm and 4:00pm-6:00pm on Fridays. On Thursdays the practice is open for emergencies only between 9:30am to 13:30pm. When the practice was closed a telephone answering message directed patients to appropriate care and advice. The out of hours service was provided by an external provider.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Patient had previously told us they were often able to make an appointment to be seen on the same day and if not they could book appointments for the next day.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 84% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 49% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system through the practice leaflet and a complaints leaflet.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and but they had not been dealt with in a timely way. For example, one complaint was received in March 2015 and responded to in September 2015. The practice had not carried out any reviews of themes identified through complaints and no learning or improvements had taken place.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

At our last inspection, in November 2015 we found the practice did not have a specific vision to deliver high quality care and promote good outcomes for patients There was a limited number of policies and procedures to govern activity, but staff were unaware of these policies The GP could not demonstrate a comprehensive understanding of the clinical performance or the day to day management arrangements There was no evidence of a programme of continuous clinical and internal audit used to monitor quality and to make improvements. There were no robust arrangements for identifying, recording and managing risks. We were also not assured the provider was aware of and complied with the requirements of the Duty of Candour.

During this inspection we found the practice still did not have a specific vision to deliver high quality care and promote good outcomes for patients. We were told that the GP had signed a new partnership with another local doctor as part of the succession planning, where the new partner would take over the running of the practice. The new GP was working as a salaried GP one day a week.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of high quality care and good outcomes for patients.

- Practice specific policies were available to all staff in a folder in reception and on the computer desktops. However, the GP told us he was unable to access these when the practice manager was absent.
- The GP could not demonstrate a comprehensive understanding of the performance of the practice. The GP told us the practice manager was responsible for the monitoring the performance of the practice.
- We were provided with no evidence of a programme of continuous clinical and internal audit used to monitor quality and to make improvements. The GP was unable to demonstrate any improvements that had been made as a result of any audit.
- There were no robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The GP was unable to provide any evidence that demonstrated this.

Leadership and culture

The GP did not have an understanding of the day to day management of the practice in the absence of the practice manager. Although they were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was not aware of and therefore could not demonstrate they complied with the requirements of the Duty of Candour.

The practice manager told us that when there was unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. However, there was no evidence to confirm this and they did not keep written records of verbal interactions.

There was a leadership structure in place and staff felt supported by management.

- Staff told us the practice meetings were supposed to be held monthly but that one had not taken place since September 2015.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.The practice did not hold team away days.
- Staff said they felt respected, valued and supported, particularly by the lead GP and the practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice manager told us they encouraged and valued feedback from patients and staff.

- They said they had held one patient participation group (PPG) meeting in 2015 and were in the process of arranging another one to carry out at a patient survey.

Are services well-led?

Inadequate

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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.They said they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person had not ensured: • Patients were protected from unsafe care or treatment because not all staff had an adequate understanding of the practice's incident reporting procedures and significant event analysis to ensure patients were kept safe. • Systems and processes were in place to assure compliance with statutory requirements, national guidance and safety alerts. • Processes were in place to ensure the practice was working with other services in the planning the care of patients with complex needs. This was in breach of regulation 12(1)(2)(b)(d)(e)(i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **How the regulation was not being met:** Patients were not protected against the risk of abuse and improper treatment because all staff that carry out chaperone duties were not trained to do so and had not been risk assessed or DBS checked.

This section is primarily information for the provider

Requirement notices

This was in breach of regulation 13(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent Regulation 11 HSCA (RA) Regulations 2014 Need for consent **How the regulation was not being met:** Patients were not protected from unsafe care or treatment because not all clinical staff understood how to assess capacity in line with the Mental Capacity Act 2005 and did not have an understanding of Gillick competence. This was in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** The registered person had not ensured systems or processes were in place to enable effective leadership. • clinical audit was not used to drive improvements in outcomes for patients, • national guidance and updates were not shared within the clinical team to improve whole practice care and • no vision or strategy for the practice to deliver high quality care had been formalised.

This section is primarily information for the provider

Requirement notices

- Further, the provider did not maintain secure, accurate, complete and contemporaneous record in respect of staff employed and management of the activity.

This was in breach of regulation 17 (2)(a)(b)(c)(d)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014