

Dr Asha Sen

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?

Inadequate



Are services caring?

Inadequate



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	5
The six population groups and what we found	8
What people who use the service say	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr Asha Sen	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Asha Sen on 10 March 2016. Overall the practice is rated as inadequate. We took the decision to urgently suspend this service for a duration of six months due to the nature of the concerns we identified during our inspection.

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. This was in relation to infection control, risk assessments, fire safety, recruitment processes, medicines management and prescribing practices.
- The practice did not have several emergency medicines, a defibrillator or oxygen available and they had not conducted risk assessments to mitigate the risk of not having these available.

- Staff were not clear about the process for reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff. There was no evidence that incidents were recorded.
- There were no documented records of complaints, and the practice was unable to demonstrate that complaints and concerns had been handled appropriately.
- Data showed patient outcomes were comparable to the locality and nationally. An audit had been carried out but we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The practice had insufficient leadership capacity and limited formal governance arrangements. Minimal effort had been made to understand the needs of the local population.
- There was a lack of awareness of the performance of the practice. Several policies and procedures to govern activity were not in place and many were overdue a review. Training needs had not been identified and some training required updating.

Summary of findings

- Results from the national GP patient survey showed the practice was rated significantly below average for several aspects of care, but the practice had not reviewed or implemented any plans to address this. Some patients we spoke with said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- There was minimal engagement with people who used the services. The practice had not proactively sought feedback from patients and did not have an active patient participation group. It had sought feedback from staff through appraisals.

The areas where the provider must make improvements are:

- Take action to address identified concerns with medicine prescribing and management, infection prevention and control, health and safety and fire safety processes.
- Ensure there are sufficient quantities of emergency medicines, and oxygen is available and all staff know how to use it.
- Ensure there are effective systems in place for safeguarding patients from abuse.
- Ensure all staff receive mandatory training at appropriate intervals.
- Ensure recruitment arrangements include all necessary checks for all staff.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Securely maintain records in respect of service users at all times.
- Ensure staff have appropriate policies, guidance, competence and experience to carry out their roles in a safe and effective manner.
- Assess, monitor and improve the quality of services provided and establish systems for seeking feedback from patients and managing complaints.

The areas where the provider should make improvement are:

- Ensure a defibrillator is available or conduct a risk assessment to mitigate the need to have one available.
- Ensure risk assessments are conducted for blinds in the waiting area, asbestos and the control of substances hazardous to health, and any risks identified are actioned.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events.
- Ensure prescription pads are managed securely and establish a system for monitoring their use.
- Establish an effective system for identifying and supporting carers.
- Ensure translation services are advertised.
- Undertake on-going quality improvement activities, such as clinical audits, with suitable follow up to ensure improvements have been achieved.
- Improve systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure patients are informed that CCTV recording is in use in the waiting area, and their rights relating to this.
- Ensure there is a comprehensive business continuity plan in place.
- Ensure there is effective leadership capacity to deliver all improvements

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

Summary of findings

is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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?

The practice is rated as inadequate for providing safe services.

- All staff we spoke with understood their responsibilities to raise concerns, and to report incidents and near misses but not all staff members were clear on which process to follow, and there was no evidence of documented significant events. The practice leaders told us they gave verbal apologies to patients involved in incidents.
- There was an inconsistent system in place to document patients at risk of abuse and there was no policy for safeguarding adults. Not all staff were clear on who the safeguarding lead was.
- Patients were at risk of harm because systems and processes had not been implemented to keep them safe. This was in relation to inadequate arrangements for medicines management, prescribing, infection control, recruitment and fire safety, and the absence of a business continuity plan and risk assessments for the control of substances hazardous to health.
- The practice did not have several emergency medicines, a defibrillator or oxygen available and they had not conducted risk assessments to mitigate the risk of not having these available.
- There was no record of the Hepatitis B status of clinical staff, and non-clinical staff who handled clinical waste.
- Chaperones were not clear on the procedure and had not received training.
- Non-clinical staff informed us they carried out medicine changes without prior training and they did not feel competent doing this.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services.

- There was no effective system in place for receiving, disseminating and actioning evidence based guidelines and updates.
- There was no evidence of a continuous programme of quality improvement activity, including clinical audit, to drive improvement in performance to improve patient outcomes.
- Multi-disciplinary working was taking place but was generally informal and ad-hoc.

Inadequate



Summary of findings

- Not all staff had evidence of appraisals in the last year and there was no system in place to identify the learning needs of staff.
- Data showed patient outcomes were comparable to national averages.

Are services caring?

The practice is rated as inadequate for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice below others for some aspects of care, and the practice did not have any plans in place to address this. For example, 65% of patients said the last GP they saw was good at explaining tests and treatments. This was below the national average of 86% and the clinical commissioning group average of 81%.
- The majority of patients commented they were treated with compassion, dignity and respect but some patients we spoke with felt they were not listened to or given enough time during consultations.
- Written information for patients about the services offered by the practice was not available.
- The practice did not have adequate systems in place to identify carers.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality during the inspection; however, patient identifiable information had not been stored securely. The practice took immediate steps to address this.

Inadequate



Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- There was no evidence that staff had reviewed the needs of its local population or engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services.
- The practice did not have its own website and the practice told us patients were not able to access appointments or request repeat prescriptions via its NHS Choices web page.
- The practice's facilities required improvement in areas such as the disabled toilet where there was no emergency pull cord and the toilet roll dispenser was broken.

Inadequate



Summary of findings

- They were equipped to treat patients and meet their needs, with the exception of the absence of medical equipment and medicines.
- Information about how to complain was not available and there was no evidence to show that the practice responded to issues raised, or that learning from complaints was shared with staff and other stakeholders.
- The practice offered extended hours opening on one evening a week for patients who were unable to attend during normal working hours.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

Are services well-led?

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

- The practice had a vision to deliver good care and customer service. Staff we spoke with understood this vision but the practice did not have a clear strategy, supporting business plans or adequate governance arrangements to support this and ensure high quality and safe care.
- There was a leadership structure but some staff members did not feel supported, involved or valued.
- Some staff members were not clear about their roles and responsibilities in relation to chaperoning and medicine changes.
- The practice did not have several policies and procedures to govern activity, and those that were in place had not been updated or reviewed.
- The practice did not hold documented governance or clinical meetings and issues were discussed ad-hoc.
- The practice had not proactively sought feedback from patients and did not have a patient participation group. It had sought feedback from staff through appraisals.
- Most staff had received regular performance reviews. There was no induction process for locum GPs.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate overall. The issues identified affect all patients including this population group. However, we saw some examples of good practice.

- Older people had care plans where necessary, in the records we reviewed.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were in line with the national average. 81% of patients with hypertension had well controlled blood pressure in the previous 12 months (national average 84%).
- Longer appointments and home visits were available for older people when needed.

Inadequate



People with long term conditions

The practice is rated as inadequate overall. The issues identified affect all patients including this population group. However, we saw some examples of good practice.

- Nursing staff had lead roles in chronic disease management.
- They told us patients at risk of hospital admission were invited to receive the flu vaccine but there was no system in place to follow up these patients following discharge from hospital or to ensure their care plans were updated to reflect any additional needs.
- Performance for diabetes related indicators was comparable to national averages. For example, 79% of patients with diabetes had well-controlled blood sugar levels in the previous 12 months (national average 78%).
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals on an informal case-to-case basis.
- All these patients had a named GP, and most had a personalised care plan or structured annual review to check that their health and care needs were being met.
- 76% of patients with asthma received a review of their care in the previous 12 months. This was in line with the national average of 75%.

Inadequate



Summary of findings

- 97% of patients with chronic obstructive pulmonary disease received a review of their care including an assessment of breathlessness in the previous 12 months. This was above the national average of 90%.

Families, children and young people

The practice is rated as inadequate overall. The issues identified affect all patients including this population group. However, we saw some examples of good practice.

- Systems in place to identify and follow up children living in disadvantaged circumstances and those who were at risk were not robust.
- Immunisation rates for the standard childhood immunisations were average.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours.
- There were no baby changing facilities.
- The practice's uptake for the cervical screening programme was 79%, which was similar to the national average of 82%.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate overall. The issues identified affect all patients including this population group. However, we saw some examples of good practice.

- The practice was not proactive in offering online services such as online booking and repeat prescription requests.
- The practice offered a range of health promotion and screening that reflected the needs for this age group.
- The practice offered daily telephone consultations, and extended hours opening on a Thursday until 8.00pm for patients who were unable to attend during normal opening hours.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate overall. The issues identified affect all patients including this population group. However, we saw some examples of good practice.

- The practice did not hold a register of patients living in vulnerable circumstances (including homeless people,

Inadequate



Summary of findings

travellers and those with a learning disability). They told us there were 16 patients with a learning disability in their list but could not tell us how many had a care plan in place or how many had received an annual review of their care.

- Homeless patients were able to register as temporary residents to receive medical care at the practice.
- There was no policy or protocol for safeguarding adults.
- The practice worked with multi-disciplinary teams on a case-to-case basis in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations.
- All staff we spoke with knew how to recognise signs of abuse in vulnerable adults and children.
- All staff we spoke with were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate overall. The issues identified affect all patients including this population group. However, we saw some examples of good practice.

- The lead GP told us they were not aware of the Deprivation of Liberty Safeguards used to restrain and restrict patients in special circumstances.
- 86% of patients diagnosed with dementia had their care reviewed in a face-to-face meeting in the previous 12 months. This was comparable to the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a documented comprehensive, agreed care plan in their record in the preceding 12 months. This was above the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups. An external counsellor provided counselling sessions for patients at the practice on five days of the week.

Inadequate



Summary of findings

- The practice did not have a formal system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. They told us these patients were invited to receive the flu vaccine.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice's performance varied in comparison to local and national averages. Four hundred and twenty-nine survey forms were distributed and 117 were returned. This represented approximately 3% of the practice's patient list.

- 79% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 75% were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 68% described the overall experience of their GP surgery as fairly good or very good (CCG average 81%, national average 85%).
- 57% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were mostly very positive about the standard of care received. Patients commented that staff were friendly, helpful and understanding. There were seven comments regarding difficulties getting appointments.

We spoke with four patients during the inspection. Two patients said they were happy with the care they received and thought staff were approachable, committed and caring. The other two patients commented that they did not always feel listened to by GPs, they were not always given enough time during consultations and were not always satisfied with the attitude of staff.

The practice told us they had not conducted a friends and family test.

Dr Asha Sen

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 and a Practice Manager specialist adviser.

Background to Dr Asha Sen

The practice operates from one site in Plumstead. It is one of 42 GP practices in the Greenwich Clinical Commissioning Group (CCG) area. There are approximately 3900 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, and treatment of disease, disorder or injury.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services include influenza and pneumococcal immunisations.

The practice has a higher than average population of female patients aged from birth to 59 years, and male patients aged from birth to 29 years and from 45 to 54 years. Income deprivation levels affecting children and adults registered at the practice is above the national average.

The clinical team includes a female GP and two female locum GPs. The GPs work a total of 15 combined sessions per week. There are four female salaried practice nurses. The clinical team is supported by a practice manager and six reception/administrative staff.

The practice is currently open between 8.00am and 6.30pm Monday to Friday and is closed on bank holidays and weekends. It offers extended hours from 6.30pm to 8.00pm Thursday. Appointments are available from 9.00am to 1.00pm and from 4.00pm to 6.30pm Monday to Friday. There are two consulting rooms and a treatment room on the ground floor. On the first floor there is a consulting room used by an external counsellor and an osteopath.

There is wheelchair access and baby changing facilities. There is car parking available in the surrounding streets.

The practice has opted out of providing out-of-hours (OOH) services and directs patients needing care outside of normal hours to the out-of-hours service number 111.

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.

Detailed findings

How we carried out this inspection

During our visit we:

- Spoke with a range of staff including a GP, the nurse, the practice manager and reception/administrative staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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.

Are services safe?

Our findings

Safe track record and learning

There was an inadequate system in place for reporting and recording significant events.

- The lead GP told us staff should report incidents to her, but staff told us they would report incidents to the practice manager or record them in a message book on the reception desk and/or patients' medical records if the manager was away. Another clinical staff member told us they were not clear on the procedure to follow. Prior to the inspection, the practice manager sent us a summary of three significant events but they were not dated to indicate when they had occurred. Learning points were either not recorded or not clear. During the inspection, we requested records of the significant events but were informed by the practice manager that there were no such records in place. We checked but did not see any significant events recorded in the message book.
- The practice had not carried out a thorough analysis of significant events.

We requested but were not provided with any safety records, incident reports, or minutes of meetings where incidents or significant events were discussed. Although some staff told us significant events were shared with them through verbal discussions, two staff members could not recall any events that had been discussed and we were not provided with any evidence that lessons were shared to make sure action was taken to improve safety in the practice. A complaint concerning a missed diagnosis in a young child who subsequently attended A&E for treatment of their condition had not been recorded as a significant event.

The practice was unable to provide us with evidence of any written correspondence to demonstrate that patients involved in unexpected or unintended safety incidents had received reasonable support, truthful information, and a written apology or explanations about any actions to improve processes to prevent the same thing happening again. The lead GP told us they offered to speak to patients and gave verbal apologies to patients where appropriate in a face-to-face meeting.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements in place to safeguard children and vulnerable adults from abuse did not reflect relevant legislation and local requirements. Although staff told us they liaised on a case-to-case basis with the relevant health and care professionals and they demonstrated a good understanding of action to take in the event of a child protection concern, there was no formalised system to identify service users at risk of abuse; there were no risk registers for vulnerable adults or children. Staff told us they flagged vulnerable children on computer records but this was inconsistent; we saw an example of a risk alert on one record of a vulnerable child but not on another involving a child at risk. A protocol for safeguarding vulnerable children was accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, but the practice manager told us there was no such protocol in place for vulnerable adults. There was a lead member of staff for safeguarding but not all staff were clear who this was. The GP told us they had not attended safeguarding meetings for a few years but they would if requested. They had not previously provided safeguarding reports for other agencies. Staff we spoke with demonstrated they understood their responsibilities. Training certificates we reviewed showed that some staff had not received safeguarding training at appropriate intervals; non clinical staff last completed this training to level 1 in 2010 and should be updated every three years in accordance with current guidance. Most nurses had been trained to level 3. We requested but were not provided with evidence of child or adult safeguarding training for the locum GPs and a nurse.
- Notices in the waiting area and consulting/treatment rooms advised patients that chaperones were available if required. Non-clinical staff who acted as chaperones were not clear on the procedure and they told us they had not received training for the role. None had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in

Are services safe?

roles where they may have contact with children or adults who may be vulnerable). There was a policy in place that chaperones should not be left alone with patients.

The practice did not maintain appropriate standards of cleanliness and hygiene to prevent and control the spread of infection.

- We found specimens in an unsecured basket on the ground next to a clinical waste bin outside at the rear of the premises; we raised this with staff but none of them were aware of why they had been placed there. There was one post box on an exterior wall of the premises which was used to collect clinical samples and post, which presented a risk of cross-contamination. It was not secure as the interior of the box was easily accessible by hand via a lid.
- Staff were not clear who the infection control lead was, or whether there was one in place, and the infection control policy did not state any named lead. We requested but were not provided with evidence that the practice liaised with the local infection prevention teams to keep up to date with best practice. The infection control protocol and sharps management policies were for a different practice and had not been adapted to be specific to this practice. We requested but were not provided with evidence that all staff had received up to date infection control training, and two members of staff we spoke with were not aware of the spill kit for the management of bodily fluids.
- Annual infection control audits were not undertaken the last audit was conducted in 2014 and we noted from discussions with the practice manager that although some actions had been completed or were in progress, they had not been documented to create an audit trail, and action had not been taken to address several other areas identified for improvement. For example, hand washing sinks had not been replaced to comply with current guidelines, there were no policies for waste management, specimen handling, decontamination of medical devices, managing patients with communicable diseases, protective personal equipment, spillages or hand hygiene. Carpets had not been replaced in consulting rooms, there were no sharps injury protocols

displayed in any rooms, and the flooring in the treatment room did not have coved skirting to reduce dust contamination of ledges. The practice failed to conduct a further audit in 2015.

- Carpets in consulting rooms were visibly very dirty; the practice manager informed us they were not regularly cleaned.
- Cleaning was carried out only twice a week and there were no cleaning schedules in place for the general areas to demonstrate that cleaning tasks had been completed. Cleaning schedules for medical equipment were in place but were not used.
- Cleaning equipment had not been stored appropriately. Mops for clinical and non-clinical areas of the practice were stored with their heads touching and a dustpan and brush were stored in a mop bucket in a shower unit in the staff toilet.
- There was visible dust behind computers and in the creases of consulting/treatment room chairs. There was no hand tissue dispenser in a consulting room. The toilet roll dispenser in a toilet was broken, the light pull cord was visibly very soiled and broken, and toilet rolls had been left on the window ledge. The practice manager told us the dispenser in the toilet had been vandalised.

The arrangements for managing medicines (including obtaining, prescribing, recording, handling, storing and security), including emergency drugs and vaccinations, in the practice were not robust enough to keep patients safe.

- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams; however, they had not followed advice given by the CCG medicines management team in September 2015 that certain medicines were not suitable for prescribing in primary care, according to guidance from the South London Area Prescribing Committee and the South London Healthcare Trust. This included a medicine which carried a high risk during pregnancy, which was prescribed to a woman of childbearing age, with no evidence of counselling or an explanation of the risks involved before starting the course of treatment. We raised this with the lead GP who denied prescribing the

Are services safe?

medicine and claimed that a locum GP had used her computer login details to carry out the consultation. The practice manager advised us this was incorrect and locums did not have access to any other GP's login.

- Prescription pads were not securely stored in two consulting rooms and there were no systems in place to monitor their use to ensure they could not be misappropriated or misused.
- Medicines used in the treatment of anaphylaxis were left unsecured on a shelf in a consulting room, and recalled vaccines had been left unsecured on a desk in the reception area for three days. Staff we spoke with, except the practice manager, did not know why the vaccines had been recalled.
- Vaccine fridge temperatures had not been checked on 17 dates over the previous three months(excluding weekends and public holidays) to ensure they remained within acceptable limits for safe storage. There was no second thermometer independent of the mains electricity supply to ensure temperatures recorded were accurate, and there was no system in place to ensure there was an uninterrupted electrical supply to the fridge. Guidance on the management of refrigerated vaccines was outdated (the last version was due to be updated in 2013).
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

Recruitment arrangements were not robust.

- We reviewed four personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, we requested but were not provided with proof of identification, references, qualifications, registration with the appropriate professional bodies and the appropriate checks through the Disclosure and Barring Service for the locum GPs and the medical summariser.
- There were no written references in place for a receptionist due to commence employment at the practice in April 2016. The practice manager informed us they had obtained verbal assurances but had not documented their discussions with referees.

- We were not provided with evidence of registration for the nurse although we were able to verify through our own checks following the inspection that they were registered. The lead GP told us the locums had previously worked in the local area and felt they could be trusted.

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were not adequately assessed, monitored or well managed.

- There was no health and safety policy available with a poster in the reception office to enable staff to identify local health and safety representatives. The practice had not conducted risk assessments for fire safety, asbestos, control of substances hazardous to health, health & safety, or for blinds in the waiting area which had cords that were within easy reach of young children.
- Actions from the legionella risk assessment conducted in 2013 had not been implemented, including some which had been classed as medium and high risk. For example, the risk assessment had identified that hot water outlets were not reaching recommended temperatures, and staff were not running taps and shower heads daily to prevent the formation of legionellae as advised. In addition, the legionella risk assessment had not been updated as recommended in 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was no evidence of the communicable disease Hepatitis B status of clinical staff, or of non-clinical staff who informed us they disposed of clinical waste bags when the cleaner was not present.
- Annual fire drills were not being conducted to ensure staff were updated on the fire evacuation procedure. Fire alarms were tested every six months instead of weekly to ensure the alarms were in good working order. There was no information displayed in the public areas regarding action to take in the event of a fire. We requested but were not provided with evidence annual fire evacuation drills or annual fire training for all staff, with the exception of evidence of training for a nurse.

Are services safe?

- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. A weighing scale in a consulting room failed a calibration test in 2013 but had not been replaced or repaired.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place where all the different staffing groups provided cover for each other to ensure that enough staff were on duty.
- Non-clinical staff informed us that they had been assigned the task of carrying out medicine changes which should only be carried out by a fully trained individual under direct supervision of the lead GP or by a clinical member of staff. The staff involved told us they felt incompetent to do so as they had not received specific training for this role.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There were panic buttons in consulting, treatment and reception rooms which alerted staff to any emergency.
- We requested but were not provided with evidence of annual basic life support training for all staff. We requested but were not provided with evidence that basic life support training for two nurses had been updated annually, in line with current guidelines, since 2013 and 2014.
- Emergency equipment was not available and there was no protocol in place for managing medical emergencies. There was no defibrillator or oxygen available and a risk assessment had not been conducted to determine the risk of not having these available.
- There were no medicines available for the treatment of bacterial meningitis, epilepsy, severe pain or diabetic hypoglycaemia in a medical emergency, and no risk assessment had been carried out in relation to this. Some emergency medicines were easily accessible to staff in a secure area of the practice; they were in date and fit for use and all staff we spoke with knew of their location.
- There was no safety pull cord in the wheelchair-accessible toilet to alert staff to an emergency from disabled patients using the toilet. A first aid kit and accident book were available.
- There was no business continuity plan in place to inform staff of the course of action to take or which external organisations to contact for assistance during non-medical emergencies such as power failure. The practice informed us they had an arrangement that a local practice would provide care for their patients in the event of unexpected closure.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

- The practice did not have adequate systems in place to keep all clinical staff up to date with relevant and current evidence based guidance and standards, including those from the National Institute for Health and Care Excellence (NICE) .
- The practice manager told us they received and disseminated safety alerts to staff. They showed us an alert that had been received in 2013 but they were unable to provide us with any that had been received recently.
- They told us they did not hold clinical or governance meetings where guidance was discussed; the lead GP informed us they would inform clinical staff of new guidance from NICE verbally in ad-hoc discussions and they relied on the British National Formulary and alerts from the Monthly Index of Medical Specialities (MIMS) for information on medicines guidelines. Staff we spoke with were unable to explain how they used this information to deliver care and treatment that met peoples' needs.
- The practice did not monitor that guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91.4% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was mostly comparable to national averages.
89% of patients with diabetes had a record of a foot examination and risk classification in the previous 12 months (national average 88%).

93% of patients with diabetes had received the annual flu vaccine in the previous seven months (national average 94%).

79% of patients with diabetes had well-controlled blood sugar levels in the previous 12 months (national average 78%).

68% of patients with diabetes had well-controlled blood pressure in the previous 12 months (national average 78%). The practice manager told us there were no plans in place to address this but the lead GP said they encouraged more opportunistic blood testing to improve their performance for diabetes management.

- Performance for hypertension related indicators was similar to the national average. 81% of patients with hypertension had well-controlled blood pressure in the previous 12 months (national average 84%).
- Performance for mental health related indicators was above the national average. 100% of patients with poor mental health had a record of an agreed care plan in the previous 12 months (national average 88%).
- Performance for dementia related indicators was similar to the national average. 86% of patients with dementia had received a face-to-face review of their care in the previous 12 months (national average 84%).

There was no evidence of a quality improvement programme, such as a continuous cycle of audits, to improve outcomes for patients.

- There had been one clinical audit conducted in the last two years. This was a completed two-cycle audit but it was not clear if any improvements had been made as a result.
- The practice participated in local audits. They did not participate in benchmarking to monitor their performance. They did not participate in accreditation, peer review or research.

Effective staffing

- The practice manager told us there was no induction for locum GPs to ensure they were familiar with the practice's processes but they provided us with an induction template for newly appointed staff. It covered

Are services effective?

(for example, treatment is effective)

health and safety and confidentiality but did not include safeguarding or infection prevention and control. We requested but were not provided with completed induction forms for any newly-recruited staff.

- The practice was unable to demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at external meetings.
- There was no formal system in place to identify the learning needs of staff and staff members did not always have access to appropriate training to meet their learning needs and to cover the scope of their work. Not all staff had received an appraisal in the last 12 months.
- Some staff had received up to date training. We requested but were not provided with evidence of training for safeguarding, fire safety, infection control and information governance for all members of staff.

Coordinating patient care and information sharing

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.

- This included care plans, medical records and investigation and test results but did not include care and risk assessments. Information such as NHS patient information posters were available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. However, the lead GP told us there was no specific system in place to follow up patients who had been discharged from hospital or to ensure their care plans were updated to reflect any additional needs. They told us these patients were invited to receive the flu vaccine.

The practice told us they did not attend or hold multi-disciplinary team meetings but they liaised with the relevant health and care professionals such as health visitors and community matrons on an informal ad-hoc basis. We saw that care plans which had been created were routinely reviewed and updated, but the practice was not able to tell us how many patients with learning disabilities had a care plan in place.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff members we spoke with understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. The lead GP had attended mental capacity training but they told us they were not aware of the Deprivation of Liberty Safeguards used to restrain and restrict patients in special circumstances. When providing care and treatment for children and young people, in the cases we reviewed, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The lead GP told us they were not sure of any systems in place to monitor the process for seeking consent. This was not monitored through records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service.

- These included those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 79%, which was similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice did not demonstrate how they encouraged uptake of the screening programme by using information in different languages and for those with a

Are services effective?

(for example, treatment is effective)

learning disability, but they ensured a female sample taker was available. The practice told us they encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to children aged below two years ranged from 5% to 66%, and for five year olds from 52% to 65%.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect during the inspection, but we saw instances where patients' privacy and confidentiality was not respected.

- Patient identifiable information awaiting shredding was stored in an unlocked box, in an unlocked room which was easily accessible by unsupervised patients in the waiting area on the first floor. This presented a risk of a breach of patients' confidentiality. We raised this with the practice manager who locked the room immediately.
- There was a CCTV camera in the waiting area but there was no notice to inform patients they were being recorded, in accordance with the 1998 Data Protection Act.
- Staff told us they had not received information governance training but we observed that they maintained patient confidentiality during the inspection.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed and they could offer them a private room to discuss their needs. This service was not advertised and patients needed to request it.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard; however, we observed that patients receiving consultations could be seen from the practice's car park due to blinds being kept open.

All of the 24 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four patients, two of whom told us they were satisfied with the care provided by staff. The other two

patients commented that they were not always satisfied with the attitude of staff. We were not able to get feedback from the patient participation group as the practice manager informed us they did not have one in place.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect by receptionists and nurses. However, the practice was rated significantly below average in some areas for its satisfaction scores on consultations with GPs. For example:

- 64% said the GP was good at listening to them (CCG average 85%, national average 89%).
- 70% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 85% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 65% said the GP gave them enough time (CCG average 81%, national average 87%).
- 81% said the last nurse they spoke to was good at treating them with care and concern (CCG average 85%, national average 91%).
- 87% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

Two out of four patients we spoke with 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 staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was positive and aligned with these views. Two patients told us they were not always given enough time during consultations, and they did not always feel listened to or involved in their treatment.

Results from the national GP patient survey showed patients rated the practice significantly below local and national averages in some areas relating to their involvement in planning and making decisions about their care with GPs. For example:

Are services caring?

- 65% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 60% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

The practice did not demonstrate that it had listened to or acted on patients' preferences. We raised the survey results with the practice manager and lead GP who informed us they had not reviewed the results of the survey and there were no plans in place to address or improve on the areas of performance which were below average.

Staff told us that translation services were available for patients who did not speak or understand English; however, there were no notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups.

The practice manager informed us there was no system in place to identify carers and there was no register maintained of patients who were carers. There was no written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer condolences.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Minimal effort had been made to understand the needs of the local population. We requested but were not provided with evidence to demonstrate that the practice had carried out an assessment of, or understood, the needs of its local population or engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to its services.

- The practice offered a 'Commuter's Clinic' on a Monday evening from 6.30pm until 7.30pm for working patients who could not attend during normal opening hours.
- The practice did not have its own website. It had an NHS Choices website but the practice manager informed us patients were not able to access repeat prescriptions or online appointment booking/cancellation as they had not been able to update it due to a lack of training.
- There were longer appointments available for any patient who required them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS, and they were directed to other clinics for vaccines available privately.
- There were baby changing facilities in one of the toilets.
- There was wheelchair access on the ground floor but there was no emergency pull cord in the wheelchair-accessible toilet to alert staff to an emergency. There was no hearing loop to aid patients who had hearing difficulties.
- Homeless patients were able to register as temporary residents to receive medical care at the practice.
- Translation services were available but were not advertised.
- An external counsellor was available at the practice Monday to Friday to whom the GPs could refer patients requiring counselling.

- The practice did not have a male GP but they informed us a local male GP could attend the practice if a patient requested one.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday and was closed at weekends and on bank holidays. Appointments were available from 9.00am to 12.00pm and from 3.00pm to 6.00pm Monday to Friday. Extended surgery hours were offered from 6.30pm to 7.30pm Mondays. Pre-bookable appointments could be booked up to three months in advance and same day urgent appointments were available for people that needed them.

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.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 79% of patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 81%, national average 85%).
- 65% patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 60%).

The practice manager and lead GP informed us they had not reviewed these results, and they had not been discussed with staff to improve awareness of the views of people using the services.

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice did not have an effective or appropriate system in place for handling complaints and concerns, and they were unable to demonstrate that complaints received had led to improvements in the quality of care provided.

- It had a complaints policy but procedures undertaken were not in line with recognised guidance and contractual obligations for GPs in England. The lead GP told us they would respond to complaints in writing if

Are services responsive to people's needs? (for example, to feedback?)

they were formalised but that this was often not needed and they would offer to speak to the patient in a face-to-face meeting. The practice manager informed us they did not respond to complaints in writing but they called patients and invited them in to discuss their complaints.

- There was a designated responsible person who handled all complaints in the practice but there was no information available to help patients understand the complaints system.

Before our inspection, the practice sent us a summary of three complaints received in the previous 12 months but these were not dated to indicate when they had been received. During the inspection we requested documented evidence of the complaints and related correspondence with the patients involved but they did not provide us with any records, therefore we were not able to assess how complaints had been handled or see evidence of lessons learned from concerns and complaints, or action taken to improve the quality of care.

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

- The practice did not have a mission statement. Staff discussed a vision to provide a personal service for patients.
- Although the lead GP discussed objectives for the forthcoming year, the practice did not have a robust strategy or supporting business plans in place to achieve these objectives.

Governance arrangements

Governance arrangements were not robust enough to ensure the practice was run safely and effectively, and performance was not being monitored in all areas.

- There was a clear staffing structure but some non-clinical staff were not aware of their own roles and responsibilities in relation to chaperoning and carrying out medicine changes to patients' records without prior training. Staff carrying out medicine changes informed us that they did not feel competent in carrying out this role.
- Several policies including those relating to infection control and safeguarding adults were not in place. Several of the policies and guidelines available had not been reviewed or updated, but they were available to all staff.
- A comprehensive understanding of the performance of the practice was not maintained patient survey and had no formal mechanisms to gain, monitor or document feedback from its patients.
- There was no evidence of a programme of continuous clinical and internal audit to monitor quality and to make improvements. A clinical audit had been completed but it was not clear what improvements had been made to patient outcomes.
- There were inadequate arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had not conducted risk assessments for fire safety, asbestos, the control of substances hazardous to health, health & safety, or for blinds in the waiting area which had cords that were within easy reach of young children.

- Significant events were not managed appropriately.
- There were no robust infection control processes in place.
- Recruitment arrangements did not operate effectively and steps had not been taken to ensure all newly-recruited staff were of suitable character.
- The practice leaders had not ensured all staff had received up-to-date mandatory training.
- Medicines had not been managed in line with current recommendations and some medicines had been prescribed against advice from local pharmacy teams.
- There was an absence of a business continuity plan for non-medical emergencies, and of emergency equipment and medicines.
- Fire safety arrangements were not robust in relation to the lack of fire training, fire drills and regular testing of fire equipment.

Leadership and culture

Leadership arrangements were not effective enough to ensure safe and high quality care.

We requested but were not provided with records of unexpected or unintended safety incidents, documented complaints or written records of verbal interactions with patients and written correspondence. The lead GP told us they apologised to patients verbally.

There was a leadership structure in place but not all staff felt supported or valued by the GP.

- Staff told us the practice held yearly ad-hoc informal meetings but there were no formal governance or clinical meetings. The practice did not hold team away days.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues during informal discussions but some staff said they did not always feel supported when they did.
- Some staff told us they were involved in discussions about how to run and develop the practice, but some staff said they did not feel involved, respected or valued.

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

Are services well-led?

Inadequate 

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

The practice had not proactively sought feedback from patients or engaged patients in the delivery of the service, and there was minimal engagement with people who used the services.

- The practice had not taken any actions to review or address feedback from the national GP patient survey published in January 2016; several responses were significantly below average.
- The practice manager informed us there used to be an active patient participation group (PPG) in place but it

had become defunct. There was no suggestion box and the practice did not conduct patient surveys. The practice was unable to give us examples of where patient feedback had been acted on to make improvements.

- The practice had gathered feedback from staff through appraisals and informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.