

Dr Mohamed Hazeldene

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?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mohamed Hazeldene on 4 November 2015. Overall the practice is rated as inadequate. The provider was rated as good for caring, requires improvement for safe and responsive services and inadequate for effective and well led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough to ensure learning was effectively shared and acted upon.
- Risks to patients were assessed and well managed, with the exception of those relating to Disclosure and Barring checks for staff that chaperoned and fire safety.
- Data showed patient outcomes were low for the locality.

- Although some audits had been started they were not complete and, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- The majority of patients said they were treated with compassion, dignity and respect. However some patients did not feel cared for supported and listened to.
- Information about services was available but not every patient would be able to understand or access it. For example, information was not provided in easily accessible formats to assist patients understanding.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider must make improvements are:

- Ensure learning from significant events is consistently shared with all relevant parties.
- Ensure appropriate checks are in place for staff that carry out chaperoning duties.

Summary of findings

- Ensure fire safety procedures are consistently followed and there are sufficient supplies of emergency lighting.
- Ensure there are effective systems for clinical audits to be completed and promote learning and improvement.
- Ensure the practice is proactive in gathering feedback from patients who use the practice.
- Ensure suitable arrangements are in place to mitigate risks to patients and staff who worked in isolation such as for undertaking minor surgery.
- Ensure risks to patients who receive treatment such as vaccines, away from the practice premises are fully reduced.
- Ensure staff working at the practice receive appropriate and relevant safeguarding training to demonstrate that patients who are at risk of harm are identified.
- Ensure confidential patient information is not visible from the waiting area.
- Ensure continuity of care is promoted in line with patients wishes.

Areas where the practice should make improvements are:

- The practice should consider providing information in accessible formats to enable patient to understand their treatment choices and how to self-manage their condition.
- The practice should consider providing relevant training on the Mental Capacity Act 2005 to underpin staff existing knowledge.

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 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. Special measures will give patients 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?

The practice is rated as requires improvement for providing safe care.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, learning was not effectively shared with all relevant members of staff.
- Systems in place to protect vulnerable children and adults from abuse did not include relevant and appropriate training.
- Protocols for chaperoning patients did not ensure that staff that carried out this role were appropriately checked.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, fire safety and managing potential risks to patients when administering vaccines.
- There were risks to patients and staff who worked in isolation.

Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made.

Inadequate



- Data showed patient outcomes were low for the locality with regard to management of diabetes and use of antibacterial medicines.
- There was no evidence that the practice was comparing its performance to others; either locally or nationally.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- Knowledge and awareness of consent procedures and use of the Mental Capacity Act 2005 was limited and not applied in a manner which ensure that valid and informed consent was obtained.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients were generally satisfied with the level of care and treatment provided, but were concerned about a lack of continuity of care.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.

Summary of findings

- Information for patients about the services was available but not everybody would be able to understand or access it. For example, information was not presented in easily accessible formats for those patients with low literacy levels.

Are services responsive to people's needs?

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.
- Feedback from patients reported that access to a named 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, but this was not widely displayed and not in a format that could be easily understood.
- Access to a female GP was limited to a few hours per week.

Requires improvement



Are services well-led?

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.
- There was a leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but these were not consistently reviewed to ensure that information was current and relevant.
- The practice did not hold regular governance meetings to review information related to any complaints, significant events or safety alerts. However, these areas were covered in separate practice meetings, which were usually held on an informal basis and not recorded.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.
- Locum staff told us they had not received regular performance reviews and did not have clear objectives.

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 provider was rated as good for caring, requires improvement for safe and responsive services and inadequate for effective and well led services. 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 older people.

- The practice offered a named GP and had care plans in place to prevent unnecessary admissions to hospital and provided end of life care to meet the needs of the older patients in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records, but these were not consistently completed.

Inadequate



People with long term conditions

The provider was rated as good for caring, requires improvement for safe and responsive services and inadequate for effective and well led services. 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.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance on diabetes indicators was low and had been for the past two years. Arrangements had only just been implemented to improve and monitor the outcomes for patients with this condition.
- Longer appointments and home visits were available when needed. However, not all these patients had a named GP, a personalised care plan or structured annual review to check that their health and care needs were being met.

Inadequate



Summary of findings

Families, children and young people

The provider was rated as good for caring, requires improvement for safe and responsive services and inadequate for effective and well led services. 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 families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of accident and emergency attendances.
- Immunisation rates for the standard childhood immunisations were variable.
- There was limited evidence that children age 16 years or under were treated in an age appropriate manner. The practice told us they would refer them to other support services in the area for sexual health advice.

Inadequate



Working age people (including those recently retired and students)

The provider was rated as good for caring, requires improvement for safe and responsive services and inadequate for effective and well led services. 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 working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice offered Saturday morning appointments, student vaccines and telephone consultations.
- The practice offered online services as well as a range of health promotion and screening that reflected the needs for this age group.

Inadequate



People whose circumstances may make them vulnerable

The provider was rated as good for caring, requires improvement for safe and responsive services and inadequate for effective and well led services. 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 whose circumstances may make them vulnerable.

- Most staff knew how to recognise signs of abuse in vulnerable adults and children, but were not trained to the required level.

Inadequate



Summary of findings

The lead GP had not received training to level three for safeguarding training, even though they were the nominated lead. However, one of the locum GPs had received relevant training to the appropriate level for children, but not for adult safeguarding. The other locum GP had received some training on safeguarding adults, but this related only to domestic violence situations.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable patients.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Most staff 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.
- There were limited attempts to engage patients who had a learning disability in their care and treatment.
- When patients had English as a second language staff told us they usually brought family members in to interpret. This did not promote confidentiality for the patients concerned.

People experiencing poor mental health (including people with dementia)

The provider was rated as good for caring, requires improvement for safe and responsive services and inadequate for effective and well led services. 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 experiencing poor mental health (including people with dementia).

- The practice had a total of 22 patients on their mental health register, but only 11 of these patients had a written and agreed care plan in place.
- The practice had patients with a learning disability registered with them, but did not carry out any formal reviews of these patients care needs. The reason given was that the patients did not keep their appointments.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health and dementia.
- It carried out advance care planning for patients with dementia.

Inadequate



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including MIND and SANE.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Staff had not received training on how to care for patients with mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on July 2015. The results showed the practice was performing in line with local and national averages. A total of 357 survey forms were distributed and 125 were returned, which is a response rate of 35% and represents 4% of the practice population.

- 96.3% of patients found it easy to get through to this practice by phone compared to a CCG average of 83.9% and a national average of 73.3%.
- 90.1% of patients found the receptionists at this practice helpful compared to a CCG average of 88% and a national average of 86.8%.
- 82.3% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 90.1% and a national average of 85.2%.
- 99.3% of patients said the last appointment they got was convenient compared to a CCG average of 93.9% and a national average of 91.8%.
- 86.6% of patients described their experience of making an appointment as good compared to a CCG average of 80.8% and a national average of 73.3%.
- 84.3% of patients usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 61.9% and a national average of 64.8%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards, the majority of which were positive about the standard of care received.

Positive comments included that the practice was caring and understanding. However, one patient said they had experienced conflicting experiences with GPs at the practice and that some GPs did not listen or respond to concerns in a sympathetic manner. They added that they had been given conflicting advice from different GPs about the same concern. Other positive comments included being able to get an appointment at short notice and the reception staff being helpful. One patient commented that the practice nurse did everything possible to help.

Comments from NHS Choices stated that one of the GPs was not good and did not listen to the patient, but another did. Other concerns raised included rude receptionists and difficulties in getting appointment, unless it was an emergency. The practice had responded to some of the comments, but not all.

We spoke with nine patients during the inspection. Patients said they were not rushed during their appointment and were usually given sufficient time and information to make decisions on their care and treatment. However, two patients said that they had no confidence in one of the GPs at the practice. Positive comments were also received about the practice nurse.

Dr Mohamed Hazeldene

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a CQC manager, a practice manager specialist advisor and an Expert by Experience.

Background to Dr Mohamed Hazeldene

Dr Mohamed Hazeldene is a single handed GP practice who provides care and treatment to approximately 3000 patients. The practice is situated in a deprived area of Portsmouth, with a high number of single parent families and patients in the 15 to 24 age groups than the national average.

Dr Mohamed Hazeldene is the only permanent GP, who is male and there are two regular male locum GPs employed to cover regular appointment sessions at the practice. A female locum GP is employed one afternoon a week and sees mainly female patients. The practice has a practice manager and a part time female practice nurse. There is a reception and administration team who support the clinical team. Each morning a phlebotomist visits the practice for half an hour to take blood for testing. The practice holds a Personal Medical Services contract.

The practice is open between 8am and 12.30pm and 2pm and 6.30pm Monday to Friday. Appointments are from 9am to 12.30pm every morning and 2pm to 6.30pm daily. Extended hours surgeries are offered between 9am and 10.30am every Saturday, during which time reception is also staffed. In addition Dr Mohamed Hazeldene undertakes minor surgery after 10:30am on Saturdays

when no one else works in the building. Also Dr Mohamed Hazeldene has given permission to one of the locums to undertake male circumcision under their own arrangements when the practice is closed.

When the practice is closed patients are required to contact the NHS 111 service.

The practice operates from one location which is situated at:

15 Middle Park Way, Havant Hampshire, PO9 4AB.

Dr Mohamed Hazeldene was inspected under our previous methodology in March 2014 and shortfalls were found in management of medicines. The practice was re-inspected in August 2014 and found to be compliant.

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 November 2015.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses and the practice manager and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- 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 a system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. We found that learning was not consistently shared with all relevant staff. Significant events were not consistently discussed at practice meetings or the formal quarterly meeting when the lead GP omitted to ensure a significant event was on the agenda. Lessons were shared to make sure action was taken to improve safety in the practice when these had been included on the agenda. For example, a patient was prescribed a medicine that was not recommended for their condition. This was noted by the lead GP when the prescription was reviewed and arrangements were made for the patient to be seen by a hospital consultant for reassurance.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse but these were not consistently safe and effective. These included:

- Policies to safeguard children and vulnerable adults from abuse reflected relevant legislation and local requirements. These were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- There was a lead member of staff for safeguarding. The GPs did not routinely attend safeguarding meetings, but would provide a report where necessary for other agencies.

- Staff demonstrated they understood their responsibilities and could describe what actions they would take if they had concerns that a child or adult was at risk of harm.
- The lead GP had not received training to level three for safeguarding training, even though they were the nominated lead. However, one of the locum GPs had received relevant training to the appropriate level for children, but not for adult safeguarding. The other locum GP had received some training on safeguarding adults, but this related only to domestic violence situations.
- The practice nurse had received safeguarding training in level 3 for children and training on adult safeguarding in previous employment.
- There was a notice in the waiting room advising patients of chaperones being available if required. However, the notice board was cluttered and this information was not clearly visible for patients. All consulting rooms, apart from one, had notices regarding chaperones.
- The practice told us that when the practice nurse was not available to chaperone patients, reception staff would carry out this role. Reception staff had not received training for chaperoning and had not received a disclosure and barring 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.
- We reviewed four personnel files and found that appropriate recruitment checks had been consistently undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS for clinical staff. The practice had a form to carry out risk assessments for staff that they deemed did not require a DBS check, but we found none of these forms had been completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to

Are services safe?

be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice.

- We noted that disposable privacy curtains were due to be fitted to improve infection control in the practice. Portable screens that were in use at the time of our inspection were torn in places and therefore could not be effectively cleaned.
- There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- A legionella risk assessment had been carried out and appropriate arrangements were in place to manage identified risk which was low.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Up to date Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Monitoring risks to patients

Risks to patients were assessed and but were not consistently managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in the reception office. The practice had up to date fire risk assessments and had carried out a fire drill once in the past year. The practice policy stated that these would occur six monthly.
- Checks of the fire alarm systems were carried out weekly and recorded.

- The practice did not have emergency lighting in place and relied on a torch which was kept in the reception, the batteries for the torch were kept separately in an upstairs office.
- We saw one fire sign which gave details of where the fire evacuation assembly point was. There was no information on safe routes out of the building.
- We saw that fire doors had been wedged open, which could compromise fire safety.
- The practice had a policy on Control of Substances Hazardous to Health (COSHH) which was not dated, however there were COSHH guidance sheets in the cleaner's folder and appropriate guidance on their use.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to emergencies and major incidents when the practice was staffed. However there were times that GPs would work alone with patients and would not have anyone to contact for support.

- The lead GP undertook minor surgery on some Saturdays, after 10:30am when no one else works in the building. The lead GP had also given permission to one of the locums to undertake male circumcision under their own arrangements when the practice is closed. None of these activities had been risk assessed.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff on duty to an emergency.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- We observed on the day of inspection that one of the GPs took a flu vaccine to give to a patient at home, but did not take an emergency medicines kit in case of an anaphylactic reaction to the vaccine.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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 practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records, but these were not consistently completed.

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 88.7% of the total number of points available, with 6.7% exception reporting. This practice was an outlier for some QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was worse than the CCG and national average. The practice achieved 61.6% which was below the CCG average of 92% and the national average of 89.2%
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average. The practice achieved 100% which was above the CCG average of 98% and the national average of 97.8%. The practice had 2.5% exception reporting for cardiovascular disease.
- Performance for mental health related indicators was below the CCG and national average the practice achieved 76.9% which was below the CCG average of 94.5% and national average of 92.8%. The exception reporting rate was 17.5% for mental health and neurology. There was no clear explanation for the level of exception reporting.

- The dementia diagnosis rate was comparable to the CCG and national average. The practice achieved 96.2% compared to the CCG average of 94.7% and 94.5%.
- QOF indicators for the practice showed that a high proportion of patients with diabetes at the practice were not achieving targets for the control of their condition for the period 2013/14 and 2014/15. The practice had in recent months started to put measures into place to improve the management of diabetes, which included an audit of HbA1C levels and proactive engagement of patients with diabetes. HbA1C is a blood test which shows a patients average blood sugar level over the previous three months.
- This included regular appointments with the practice nurse, who liaised with the diabetic care nurses and quarterly visits from a hospital consultant specialising in diabetic care. The patients had been offered advice and support to self-manage their condition. However, the practice had not developed an action plan to improve QOF indicators in this area.
- Another area of concern in the QOF outcomes was the prescribing of antibacterial medicines which was higher than the national average. The practice said that the CCG pharmacist visited the practice once a week, but this was mainly to monitor financial aspects of prescribing. GPs were able to demonstrate that they were aware of this issue and had taken steps to monitor and reduce the amount of antibacterial medicines prescribed. Audits had been undertaken to ensure that these medicines were prescribed appropriately and according to relevant guidance. We saw there had been a decrease in the number of these medicines being prescribed inappropriately. However, there was no overarching action plan in place to monitor and improve QOF indicators in this area.
- The practice had started to carry out clinical audits in response to clinical commissioning group and QOF outcomes. However, none of the audits we sampled were complete. For example, one audit related to use of short acting bronchodilator inhaler used by patients with asthma. Over use of these inhalers indicate that the condition is not being managed well and that the patient would benefit from a review of their prescription and treatment options. The audit had identified a number of patients for whom a medicine optimisation review would be appropriate and detailed what actions

Are services effective?

(for example, treatment is effective)

were needed to review those identified. However, there was no second audit cycle to determine whether actions taken had been effective and what had been learnt from the first audit.

- Minor surgical procedures were carried out at the practice on some Saturday mornings after the morning surgery by the lead GP, once all other staff had left for the day. Audits of these procedures such as for the consent process or effectiveness of the treatments had not been carried out.
- The practice had a total of 22 patients on their mental health register, but only 11 of these patients had a written and agreed care plan in place.
- The practice had patients with a learning disability registered with them, but did not carry out any formal reviews of these patients care needs. The reason given was that the patients did not keep their appointments.
- The practice informed us that they linked with a health centre nearby to carry out reviews of referrals to hospitals, to ensure that they were appropriate and necessary. We were not shown an example of this being effective.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as infection prevention and control, fire safety, health and safety and confidentiality. There were no other induction programmes in place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions, administering vaccines and taking samples for the cervical screening programme.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring.

- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, external and in-house training.

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 and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice worked with a local pharmacy that provided a service to monitor patients' blood pressure and offered weight management and smoking cessation advice.
- The district nurse attached to the practice visited daily to take messages and discuss patients of concern with the practice.
- Patients' care plans were not routinely updated to show patients' needs and preferences. The lead GP showed us a care plan and we found the section on sharing information had been left blank, so there was no indication of whom the patient wished to be informed of their treatment and needs, and what other health professionals were involved in their care.

Consent to care and treatment

- Staff did not consistently seek patients' consent to care and treatment in line with legislation and guidance. When patients consented for treatment the practice informed us that they made a record on the patient's notes to this effect. There had not been any audit on whether consent had been obtained prior to minor surgical procedures, to ensure the treatment had been discussed fully with the patients and their informed consent had been given.

Are services effective?

(for example, treatment is effective)

- The lead GP said they had received training on the Mental Capacity Act 2005 and gave an example of when he was asked to assess a patient's ability to make a will. Staff were able demonstrate awareness of the Mental Capacity Act 2005 and how to implement its principles in practice, this had not been underpinned by specific training on the subject for all relevant staff.
- We asked the lead GP about Gillick competencies for young people age under 16 years old. They informed us that this group of patients would be referred to other external services for sexual health needs.
- When decisions were being made about resuscitation status the GP usually talked with senior health professionals and the patient's family. It was not clear whether the patient was routinely involved in the decision.

Health promotion and prevention

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

- These included patients in the last 12 months of their lives, 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.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme was 78.7%, which was below

the CCG average of 82.7% and the national average of 81.8%. There was a policy to offer telephone reminders or letters for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice nurse said that they would also offer female patients a test if they were attending for another reason and a test was due.

Childhood immunisation rates for the vaccines given were below or comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 78.9% to 94.7% and five year olds from 92.5% to 100%.

Flu vaccine rates for the over 65s were 71.98%, and at risk groups 56.23%. These were comparable to national averages.

Information on support services such as those for Bi-Polar, osteoporosis and stress management, were displayed on a notice board in the waiting room. However, the notice board was not clearly organised to enable patients to find information easily.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 years old. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated patients with dignity and respect.

- 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.
- The reception had a glass screen which was closed when they were making or receiving telephone calls, however, these could be clearly overheard. We also saw that names of patients on Lloyd George (paper) medical records were clearly visible to patients when they were waiting to be seen. This did not promote confidentiality.

We received five comment cards which was mainly positive in their response. One comment card stated that some of the GPs did not listen effectively. We spoke with nine patients in total. Seven of the patients were positive about their experience of using the service. Two patients said that they had no confidence in one of the GPs and felt rushed when they saw this particular GP. All patients said the practice was clean and hygienic and the practice nurse was good. One patient said that they had been contacted when they were discharged from hospital to have a health review, as they had missed their original appointment slot, as they were in hospital. Patients considered that they were usually treated with respect and their privacy and dignity was maintained.

The practice informed us that they were in the process of setting up a patient participation group. Results from the national GP patient survey published in July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs. Results showed that the practice was above average for consultations with nurses. For example:

- 87.1% said the GP was good at listening to them compared to the CCG average of 89.7% and national average of 88.6%.
- 87.3% said the GP gave them enough time compared to the CCG average of 88.6% and national average of 86.6%.
- 95.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 96.8% and national average of 95.2%.
- 88.8% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.1% and national average of 85.1%.
- 99.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90.2% and national average of 90.4%.
- 99.4% said the last nurse they spoke to was good at listening to them compared to the CCG average of 89.8% and national average of 91%.
- 99.4% said the last nurse they saw gave them enough time compared to the CCG average of 91.8% and national average of 91.9%.
- 98.4% said they had confidence and trust in the last nurse they saw compared to the CCG average of 96.7% and national average of 97.1%.
- 90.1% said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

Patients told us that they usually were 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. The exception was comments on two comments cards, where patients said they felt rushed during their appointments. Patient comment cards and patients we spoke with said that at times there was a lack of continuity of care from GPs.

Are services caring?

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

- 88.3% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.4% and national average of 86%.
- 78.9% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81.4%.

Staff told us that translation services were available for patients who did not have English as a first language.

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 and organisations.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Extended hours appointments were available on Saturday mornings from 9am until 10.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice offered appointments with a female locum GP on Wednesday afternoons only, which limited choice for patients who preferred to see a female GP.
- Patients told us that GPs had said that they were told that one appointment was to manage one problem only. We discussed this with the lead GP who said that they would address all of the patients concerns in their appointment, even if it meant over running on the ten minute slot. The lead GP did not know if this is how the locums practiced.
- The practice used text talk for patients who had a hearing impairment.
- When patients had English as a second language staff told us they usually brought family members in to interpret. This did not promote confidentiality for the patients concerned.
- The practice had patients with a learning disability registered, but did not actively try to engage this group of patients in their health, by offering annual health checks.
- Information in easy read formats was not routinely available. However, one of the GP locums said that they used photographs and pictures during consultation when they were aware that a patient had low literacy levels. The practice nurse told us they used a computer based software programme, which provided easy read leaflets and picture based leaflets for patients.

Access to the service

The practice was open between 8am and 12.30pm and 2pm and 6.30pm Monday to Friday. Appointments are from 9am to 12.30pm every morning and 2pm to 6.30pm daily. One GP was available between 12:30 and 2 pm. Extended hours surgeries were offered between 9am and 10.30am every Saturday, during which time reception was also staffed. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for patients that needed them and telephone consultations.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. Patients told us on the day that they were able to get appointments when they needed them.

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 76.9% and national average of 74.9%.
- 96.3% patients said they could get through easily to the practice by phone compared to the CCG average of 83.9% and national average of 73.3%.
- 86.6% patients described their experience of making an appointment as good compared to the CCG average of 80.8% and national average of 73.3%.
- 84.3% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 61.9% and national average of 64.8%.

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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice waiting room.
- We found that there was a complex form for patients to complete if they had a complaint, which could be a barrier for patients with low literacy levels.

Are services responsive to people's needs?

(for example, to feedback?)

- Patients we spoke with were not always aware of how to make a complaint, but all said they had no concerns and if they did they would speak with the practice manager.

We looked at four complaints received in the last 12 months and found the practice logged all verbal and

written complaints. Concerns were satisfactorily handled, dealt with in a timely way and the practice was open and transparent with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result 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 clear vision to deliver high quality care and promote good outcomes for patients.

- The practice did not have a mission statement that was accessible for patients and staff. There was limited evidence of how the practice planned to develop in the future.
- There was no forward business plan in place to demonstrate where the practice was doing well and areas it could improve on. The practice did not demonstrate how staffing levels and skill mix would be planned for to meet the needs of its population.

Governance arrangements

There was a leadership structure in place and staff felt supported by management. We found that leadership was reactive rather than proactive. The lead GP has designated members of staff to take the lead on areas such as infection control and safeguarding. However, there were no regular meetings to review how patient care was delivered and whether the practice was responsive to issues identified from complaints or significant events. We could not be assured that patients received appropriate care and treatment and any risks to their safety were minimised.

The practice did have governance arrangements; however, we found that they were not always effective. This meant that there were risks to patient safety and led to ineffective practise and missed opportunities to improve patient care because the delivery of care had not been planned or monitored in many areas. For example we found that;

- Audits, including clinical audits had not always been completed and we found that when they had they were often ineffective exposing patients to risk of harm.
- Risk assessments had not been completed and where they had they had not been acted upon. This also exposed patients to risks of harm.
- Staff training had not been planned and completed by all members of staff.
- People living with mental health conditions had not had their needs fully assessed and planned for.

- The practice manager regularly attended meetings with other practice managers in the area and engaged with the CCG forum.
- The lead GP also engaged with the CCG and other practices within the area for support and advice.

Leadership, openness and transparency

The lead GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. However, members of the clinical team said they did not regularly met with the lead GP to discuss patients and best practice, due to working at different times. The lead GP was unaware of how the locum GPs conducted their appointments and did not have oversight of their work to ensure patients' needs were being meet appropriately.

There was a good approach to team working and an appraisal system in place for non-clinical employed members of staff. Staff said they were able to request training to assist them in developing and maintaining their role. The practice did not have a formal induction programme for clinical members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for identifying notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a leadership structure in place and staff felt supported by management. We found that leadership was reactive rather than proactive. For example, clinical audits were not planned for in advance and only carried out in response to external guidance. Personnel protocols were in place, but these were not consistent with the requirements of the regulations, for example, ensuring all relevant checks were carried out.
- Permanent staff told us that the practice held regular team meetings.

Are services well-led?

Inadequate 

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

- All staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, but this process had not been formalised into an action plan, so the aims and objectives were clearly stated.

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

The practice did not have suitable systems in place to gather feedback from patients to demonstrate that their views were valued and changes were made when possible

to the service provided. We noted that comments on NHS Choices had not been responded to and there was no information displayed in the waiting area about how patients could feedback on the service provided.

The practice was in the process of setting up a patient participation group, but we found evidence of a lack of understanding of patients' communication preferences. The practice said that they had written to patients and had not received any response. When they spoke directly to patients during their visits to the practice some had volunteered to be part of the group. The practice did not have a website and we were informed this was being developed but there were no clear timescales for implementation.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect The registered person did not have suitable systems in place to ensure patients' information was kept securely and confidential. <ul style="list-style-type: none">Confidential patient information was visible from the waiting area. 10 (1) (2) (a)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent The registered person did not have adequate systems in place for ensuring that consent of the relevant persons was obtained prior to providing treatment, in particular those having minor surgical procedures. 11 (1) (2) (3)
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment The provider did not have suitable systems in place to protect services users from harm. <ul style="list-style-type: none">Staff working at the practice had not received appropriate and relevant training to demonstrate that patients who were at risk of harm would be identified. 13 (1) (2)

Enforcement actions

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users.</p> <ul style="list-style-type: none">• Suitable arrangements were not in place to mitigate risks to staff who worked alone with patients.• Risks to patients who received treatment away from the practice premises were not fully reduced. <p>12 (1) (2) (a) (b)</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered provider did not have suitable systems in place to assess, monitor and improve the quality and safety of services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services).</p> <p>Systems did not assess, monitor or mitigate risks related to health, safety and welfare of service users.</p> <p>There were no systems in place to enable the registered provider to evaluate and improve their practice.</p> <ul style="list-style-type: none">• Learning from significant events was not consistently shared with all relevant parties through regular clinical meetings.• Appropriate checks were not in place for staff that carried out chaperoning duties.• Fire safety procedures were not consistently followed and there were insufficient supplies of emergency lighting.

This section is primarily information for the provider

Enforcement actions

- Effective systems for clinical audits to promote learning and improvement were not in place.
- The practice was not proactive in gathering feedback from patients who used the practice.
- Continuity of care was not promoted in line with patients wishes.

17 (1) (2) (a) (b) (e) (f)