Dr Bijendra Narayan Singh

Quality Report

Brompton Medical Centre
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Website: None

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Bijendra Narayan Singh on 27 September 2016. Overall the practice is rated as requires improvement. This inspection was a follow-up of our previous comprehensive inspection which took place in November 2015 when we rated the practice as inadequate overall. In particular the practice was rated as inadequate for providing safe and well-led services and requires improvement for providing effective services. The practice was rated as good for providing caring and responsive services. The practice was placed in special measures for six months.

After the inspection in November 2015 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

The inspection carried out on 27 September 2016 found that the practice had responded to the concerns raised at the November 2015 inspection and was continuing to implement their action plan in order to comply with the requirement notice issued.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Significant improvements to risk management had been made and most risks to patients were now being assessed and well managed.
- The practice carried out infection control audits. However, the practice was unable to demonstrate they had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings).
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice had introduced a system to help ensure governance documents were kept up to date.
- The practice was unable to demonstrate that clinical audits were driving quality improvement.

Summary of findings

- Staff training had been revised and records demonstrated that staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Vaccines were now being stored in line with national guidance.
- Records showed that staff were working with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Information about services and how to complain was available and easy to understand. However, the practice was unable to demonstrate they had an effective complaints management system.
- Patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those with enhanced needs were also provided the same day.
- Appropriate recruitment checks were now being undertaken prior to the employment of staff, including GPs recruited directly by the practice.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice gathered feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are;

- Ensure the practice has a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings).
- Ensure the practice is able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- Ensure the practice implements their action plan to carry out clinical audits to drive quality improvement.
- Ensure the practice has an effective system to manage complaints.

The areas where the provider should make improvements are;

- Continue to identify patients who are also carers to help ensure they are offered appropriate support.
- Create a practice website.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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?

Requires improvement

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

- There was an effective system for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to help keep patients safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed.
- The practice carried out infection control audits. However, the practice was unable to demonstrate they had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings).
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice was unable to demonstrate that clinical audits were driving quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement 

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

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- Most patients said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those with enhanced needs were also provided the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. However, the practice was unable to demonstrate they always followed their own written complaints procedure.

Are services well-led?

Requires improvement 

The practice is rated as requires improvement for being well-led.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Most staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had introduced a system to help ensure governance documents were kept up to date.
- Improvements in governance arrangements at the practice had taken place since our last inspection. However, these improvements were ongoing and some arrangements were not yet sufficiently robust or implemented.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a focus on continuous learning and improvement at all levels.

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

Requires improvement

The practice is rated as requires improvement for the care of older people. The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was higher than the local clinical commissioning group (CCG) average and national average. For example, 93% of the practice's patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the local CCG average of 77% and national average of 78%. Ninety seven percent of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 86% and national average of 88%.
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicine needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the care of families, children and young people. The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- There were systems 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.
- Childhood immunisation rates for the vaccinations given were comparable to the clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to 24 month olds ranged from 74% to 94% compared to the local CCG averages which ranged from 67% to 94%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the local CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services, as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. 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.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider is rated as requires improvement for providing safe, effective, responsive and well-led services and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local clinical commissioning group (CCG) average of 82% and national average of 84%.
- Performance for mental health related indicators was comparable to the local CCG average and national average. For

example, 94% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 87% and national average of 88%. Ninety four percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average of 90% and national average of 90%.

- The practice regularly worked with multi-disciplinary teams in the case management of patients 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 and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local clinical commissioning group (CCG) averages. Three hundred and fifty two survey forms were distributed and 112 were returned. This represented 5% of the practice's patient list.

- 86% of respondents found it easy to get through to this practice by telephone which was higher than the local CCG average of 65% and the national average of 73%. This was an improvement over the last result of 83% in the previous GP patient survey published in July 2015.
- 78% of respondents described their experience of making an appointment was good which was comparable to the local CCG average of 65% and national average of 73%. This was an improvement over the last result of 75% in the previous GP patient survey published in July 2015.
- 72% of respondents described the overall experience of their GP practice as fairly good or very good which was comparable with the local CCG average of 68% and national average of 78%. This was a deterioration over the last result of 79% in the previous GP patient survey published in July 2015.
- 74% of respondents said they would definitely or probably recommend the GP practice to someone who has just moved to the local area which was comparable with the local CCG average of 69% and the national average of 79%. This was an improvement over the last result of 73% in the previous GP patient survey published in July 2015.

We received 11 patient comment cards all of which were positive about the service patients experienced at Dr Bijendra Narayan Singh. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Most patients stated they were able to book an appointment that suited their needs.

Dr Bijendra Narayan Singh

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser, and a CQC Inspection Manager.

Background to Dr Bijendra Narayan Singh

Dr Bijendra Narayan Singh (also known as Brompton Medical Centre) is situated in Gillingham, Kent and has a registered patient population of approximately 2,147. There are more patients registered between the ages of 0 and 14 years as well as between the ages of 25 and 44 years than the national average. There are fewer patients registered over the age of 55 years than the national average.

Following our inspection in November 2015 the practice has gone into partnership with four GPs from Sydenham House Medical Group, which was agreed by NHS England. The provider is taking appropriate steps to obtain the required documentation in order to make the necessary changes to their CQC registration.

The practice staff consists of one GP (male), one practice manager, one nurse manager, one practitioner (female), one healthcare assistant (female) as well as administration and reception staff. The practice also directly employs locum GPs. There is a reception and waiting area on the ground floor. All patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice is not a teaching or training practice (teaching practices have medical students and training practices have GP trainees and FY2 doctors).

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

The practice is open Monday, Tuesday, Wednesday and Friday between the hours of 8.30am to 6.30pm and Thursday 8.30am to 12.30pm. Primary medical services are available to patients registered at Dr Bijendra Narayan Singh via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Services are provided from Brompton Medical Centre, 28a Garden Street, Brompton, Gillingham, Kent, ME7 5AS, only.

Why we carried out this inspection

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.

We inspected this service to check if the practice had made improvements from the last inspection in November 2015. That inspection had rated the practice as inadequate and the practice was placed in special measures for a period of six months.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out announced visits on 27 September 2016.

During our visit we:

- Spoke with a range of staff (two GPs, the practice manager, one receptionist, one administrator and the Sydenham House Medical Group service improvement manager and nurse manager).
- 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.

Requires improvement

Are services safe?

Our findings

At our previous comprehensive inspection on 24 November 2015 the practice had been rated as Inadequate for providing safe services.

- The practice did not have relaible systems, processes and practices to keep patients safe and safeguard them from abuse.
- Not all staff were up to date with attending mandatory courses such as safeguarding training, infection control training and fire safety training.
- Risks to patients were not consistently assessed and well managed.
- The practice had not carried out any infection control risk assessments and was unable to demonstrate infection control audits were carried out (with the exception of a clinical waste audit).
- Vaccines were not stored in accordance with Department of Health guidance.
- Appropriate recruitment checks had not been undertaken prior to employment of locum GPs recruited directly by the practice.
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- Not all staff were up to date with basic life support training.
- Documents guiding staff in dealing with medical emergency situations were out of date.
- The practice did not have access to medical oxygen or an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency).
- The practice did not have an inventory of the emergency equipment and emergency medicines held.

At our comprehensive inspection on 27 September 2016 we found the following:

Safe track record and learning

There was an effective system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had implemented the business continuity plan during an interruption to their electricity supply in May 2016. Records showed that the event had been discussed at the practice meeting where reflection on the success of action taken at the time took place.

Overview of safety systems and processes

The practice had systems, processes and practices to help keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies 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. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or risk assessment of using staff in this role without DBS

clearance. (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 observed the premises to be clean and tidy. There was a lead member of staff for infection control who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Infection control audits were undertaken and there was an action plan to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions. There was a large variation in the practice's prescribing of antibiotic items when compared to the local and national averages. For example, the practice's percentage of antibiotic items prescribed that were cephalosporins or quinolones (01/07/2014 to 30/06/2015) was 13% compared to the local Clinical Commissioning Group (CCG) average of 7% and the national average of 5%. However, the practice was in the process of working with the local CCG pharmacy teams to help ensure prescribing was in line with best practice for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Vaccines were now being managed in line with national guidance. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Improvements to risk management had been made and most risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health. The practice had plans to introduce a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings). However, a risk assessment had not yet been carried out and the practice was unable to demonstrate any action to reduce the risk of legionella had been taken since our inspection in November 2015.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements to respond to emergencies.

- Staff had received annual basic life support training.
- Emergency equipment and emergency medicines were available in the practice. The practice had access to medical oxygen. However, the practice did not have access to an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). The practice had assessed the risks of not having an AED but was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Staff told us emergency equipment and emergency medicines were checked regularly and records confirmed this. Emergency equipment and emergency medicines that we checked were within their expiry date.

Requires improvement

Are services safe?

- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous comprehensive inspection on 24 November 2015 the practice had been rated as requires improvement for providing effective services.

- The practice was unable to demonstrate that improvements to patient care were driven by the completion of clinical audit cycles.
- There was evidence of appraisals and personal development plans for staff. However, the practice was unable to demonstrate that all staff had received an appraisal on a regular basis.
- Staff at the practice did not have access to human resources policies governing poor or variable practice.
- Staff told us they worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, there were no records to confirm this.

At our comprehensive inspection on 27 September 2016 we found the following:

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 to help 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.

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 96% of the total number of points available.

Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to the local clinical commissioning group (CCG) average and national average. For example, 93% of the practice's patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the local CCG average of 77% and national average of 78%. Ninety seven percent of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the local CCG average of 86% and national average of 88%.
- Performance for mental health related indicators was comparable to the local CCG average and national average. For example, 94% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 87% and national average of 88%. Ninety four percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average of 90% and national average of 90%.

The practice was unable to demonstrate that clinical audits were driving quality improvement.

- The practice had not carried out any clinical audits since our last inspection in November 2015. However, there was an action plan to commence clinical audits once the practice had migrated from their current computer system to a new one. Records showed that medicines audits were due to be completed by January 2017 as well as a review of all disease registers to help ensure accuracy by December 2016.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff.
- 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 practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Requires improvement

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules 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 investigations and test results.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that multidisciplinary team meetings took place via telephone conference facilities on a regular basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, 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 assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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 support service.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the local CCG average of 83% and national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to the clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to 24 month olds ranged from 74% to 94% compared to the local CCG averages which ranged from 67% to 94%.

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them 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; conversations taking place in these rooms could not be overheard.
- Incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We received 11 patient comment cards all of which were positive about the service patients experienced at Dr Bijendra Narayan Singh. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Most patients stated they were able to book an appointment that suited their needs.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 82% and national average of 89%. This was an improvement over the last result of 76% in the previous GP patient survey published in July 2015.
- 80% of respondents said the GP gave them enough time (CCG average 81%, national average 87%). This was comparable with the last result of 84% in the previous GP patient survey published in July 2015.
- 90% of respondents said the nurse gave them enough time (CCG average 92%, national average 92%). This was an improvement over the last result of 87% in the previous GP patient survey published in July 2015.
- 89% of respondents said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%). This was comparable with the last result of 90% in the previous GP patient survey published in July 2015.
- 90% of respondents said they found the receptionists at the practice helpful (CCG average 84%, national average 87%). This was an improvement over the last result of 85% in the previous GP patient survey published in July 2015.

Care planning and involvement in decisions about care and treatment

Patient feedback from the comment cards we received indicated they felt involved in decision making about the care and treatment they received. They also 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. We also saw that care plans were personalised.

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 comparable to local and national averages. For example:

- 79% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%. This was an improvement over the last result of 76% in the previous GP patient survey published in July 2015.
- 84% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 90%, national average 90%). This was an improvement over the last result of 83% in the previous GP patient survey published in July 2015.

Good

Are services caring?

- 77% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 82%). This was an improvement over the last result of 73% in the previous GP patient survey published in July 2015.
- 82% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%). This was an improvement over the last result of 81% in the previous GP patient survey published in July 2015.

The practice provided facilities to help patients be involved in decisions about their care:

- 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

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice supported patients who were also carers by: providing information, local authority resources and contact points to the various avenues of support available to them; offering them flexible appointments to meet their needs; providing them with health checksand advice. There was written guidance for staff to follow to help them identify patients who were also carers. The practice had identified three patients on the practice list who were carers.

The comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care. For example;

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice did not have a website. However, patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been adapted to meet the needs of patients with disabilities.
- The practice provided patients with the choice of seeing a female GP.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

The practice was open Monday, Tuesday, Wednesday and Friday between the hours of 8.30am to 6.30pm and Thursday 8.30am to 12.30pm. Primary medical services were available to patients registered at Dr Bijendra Narayan Singh via an appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local clinical commissioning group (CCG) averages and national averages.

- 72% of respondents were satisfied with the practice's opening hours compared to the local CCG average of 68% and national average of 78%. This was comparable with the last result of 73% in the previous GP patient survey published in July 2015.
- 86% of respondents said they could get through easily to the practice by telephone compared to the local CCG average of 65% and national average of 73%. This was comparable with last result of 83% in the previous GP patient survey published in July 2015.
- 71% of respondents said they were able to see or speak with someone the last time they tried compared to the local CCG average of 68% and national average of 76%. This was an improvement over the last result of 65% in the previous GP patient survey published in July 2015.

Most patients stated on the day of inspection that they were able to book an appointment that suited their needs.

Listening and learning from concerns and complaints

The practice had a system 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.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received one complaint in the last 12 months. Records demonstrated that the practice had sent an acknowledgement to the person acting on behalf of the complainant in a timely way and forwarded the complaint letter to the Medical Protection Society for advice. However, the practice had not responded directly to the complainant

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

and consent had not been sought in order to respond to the person acting on their behalf. The practice had not kept the complainant or the person acting on their behalf up to date on the investigation into the complaint. This complaint had also not been entered into the practice's written complaints log. The practice was, therefore, unable to demonstrate they were complying with their own written policy on managing complaints. When we discussed our findings with the practice staff they immediately wrote to the person acting on behalf of the complainant asking for the patient's consent to reply to them with the outcome of the investigation, which they indicated was ongoing. Records showed that at this time a copy of this letter was also sent to the patient.

Are services well-led?

Requires improvement

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

Our findings

At our previous comprehensive inspection on 24 November 2015 the practice had been rated as inadequate for providing well-led services.

- They had a vision and strategy to deliver high quality care and promote good outcomes for patients. However, most staff we spoke with were not aware of the vision or the practice's statement of purpose.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed.
- Not all policies and guidance documents were dated or had a planned review date.
- The practice had an overarching governance framework, designed to supported the delivery of the strategy and good quality care. However, it was not always effectively implemented.
- The practice's system of risk management had failed to identify all risks from infection control and fire safety.
- The practice sought feedback from staff and patients, which it acted on. However, the practice did not have a patient participation group.

At our comprehensive inspection on 27 September 2016 we found the following:

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose which reflected the vision and values. Most of the staff we spoke with were aware of the practice's vision or statement of purpose.

Governance arrangements

Improvements to governance arrangements at the practice had taken place. However, these improvements were ongoing and some arrangements were not yet sufficiently robust or implemented.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. The practice had introduced a system to help ensure governance documents were now kept up to date.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice was unable to demonstrate that clinical audits were driving quality improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate they had an effective system for the management of legionella.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised high quality and compassionate care. Staff told us the GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice GP encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.

The practice had systems to help ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. However, the practice was unable to demonstrate they were complying with their own written policy when managing a recent complaint.
- The practice kept written records of correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Requires improvement

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

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

The practice valued feedback from patients, the public and staff.

- The practice gathered feedback from patients through the patient participation group (PPG) and by carrying out analysis of the results from the GP patient survey.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; where equipment or medicines were supplied by the service provider, ensuring that there were sufficient quantities of these to ensure the safety of service users and to meet their needs; assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated. Regulation 12(1).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints The registered person was not effectively operating an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. Regulation 16(2).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with the requirements

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

Regulation 17(1)