

Dr Manohar Singh

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



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 Manohar Singh on 7 October 2015. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, necessary recruitment checks on staff had not been undertaken prior to their employment; there was incomplete evidence of staff undertaking mandatory training or nursing staff receiving any clinical supervision.
- The indemnity insurance the practice had in place did not cover all relevant clinical staff.
- Temperature checks for the refrigerator that stored vaccines and other medicines had not been undertaken in excess of one year.
- The clinician identified as the safeguarding lead for children and vulnerable adults was unable to demonstrate adequate awareness of how such matters should be managed with other local agencies.
- Staff did not consistently record, report, analyse or share learning from significant events, incidents, near misses and concerns and there was no evidence of formal communication with staff.
- Meetings held with other health professionals were inadequately recorded, with no evidence of appropriate minutes, attendance or actions agreed.
- There was insufficient assurance to demonstrate people received effective care, such as the recording of consent and treatment and there was a failure to undertake any full clinical audits.
- Patients were generally positive about their interactions with staff and said they were treated with compassion and dignity.
- Complaints made to the practice were not adequately recorded and there was no evidence

Summary of findings

there had been any learning from them. None of the complaints registered against the practice at the NHS Choices website had been responded to by the practice.

- Urgent appointments were usually available on the day they were requested. It was common practice to be asked to wait for up to two hours for an urgent same day appointment as part of the 'sit and wait' policy used at the practice.
- The practice had no clear leadership structure, insufficient leadership capacity and formal governance arrangements.

The areas where the provider must make improvements are:

- Take action to address identified concerns with the management of medicines at the practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure the safeguarding lead has appropriate understanding of their responsibilities in this role.
- Ensure clinical audits are undertaken in the practice, including completed clinical audit or quality improvement cycles.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.

- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements

The areas where the provider should make improvement are:

- Improve processes for making appointments, to prevent patients who require urgent care waiting in the surgery for long periods of time.

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. Since the inspection the named provider has cancelled his registration and a new provider is now in place delivering the service. 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.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services and improvements must be made. Staff were inconsistent about reporting incidents, near misses and concerns. Although evidence was seen that some incidents were analysed and the learning shared, others were not formally analysed or recorded.

Patients were at risk of harm because systems and processes were not in place or followed in a way to keep them safe. Concerns were found in areas of safeguarding, recruitment, safe management of vaccines, medicines and the disposal of controlled drugs, staff training, risk assessments and a lack of adequate indemnity insurance for one member of the clinical team.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made. Data showed patient outcomes were comparable for the locality.

However, knowledge of and reference to national guidelines were inconsistent. There was no evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes, although we saw some evidence that this process had commenced. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Inadequate



Are services caring?

The practice is rated as requires improvement for providing caring services. The GP survey data showed that in most areas, the practice performed less well than local or national satisfaction levels. Comment cards received and our conversations with patients gave a more positive view. We were told that patients 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality. We were told that time was taken to review medication carefully with patients and saw a clinical record that evidenced complex needs were sympathetically and thoroughly considered in a caring way.

Requires improvement



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

Requires improvement



Summary of findings

of its local population, it had not yet put in place a plan to secure improvements for all of the areas identified. Feedback from patients reported that waiting times to be seen at the surgery were too long. Although urgent appointments were usually available the same day, patients could wait for long periods in the surgery before they were seen by a GP. The practice was equipped to treat patients and meet their needs. Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were uncertain about their responsibilities in relation to the vision or strategy. There was not a clear leadership structure in place. Due to unnotified partnership changes, the practice was found to be providing services that were not appropriately registered. Succession planning for the intended retirement of both the clinical and non-clinical partners had not taken place and proposed arrangements were vague and not robust. The practice had a number of policies and procedures to govern activity, but some of these were outdated and had not been reviewed or shared with the relevant staff. The practice did not hold regular minuted governance meetings and issues were discussed informally.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for the care of older people. The practice is rated as inadequate for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The inspection found the safeguarding lead had a lack of awareness about the risks of abuse for older people. Vaccines (including the flu vaccine) were not stored in a safe way to provide reassurance that they were effective upon administration.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of patients with long term conditions. The practice is rated as inadequate for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population. The practice was developing ways to improve care of patients with long term conditions, in particular diabetes and atrial fibrillation. Some initial audit work had begun. The health care assistant worked under clinical direction to recall patients for review and maintain checks on patients with long term conditions. We were told by staff that the practice nurse undertook chronic disease management and the health care assistant carried out opportunistic monitoring of patients; for example checking the pulse of patients who attended for a flu vaccination.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The practice is rated as inadequate for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Uptake rates were relatively high for all standard childhood immunisations, in comparison to local practices. However, the fridge where vaccines were stored had not been monitored which meant that no reassurance could be shown they had been stored at the required temperature for them to be effective. We spoke to clinical staff about their awareness of Gillick competence. (This is legal principle that helps clinicians decide if a child under the age of 16 years is able to consent to their own medical treatment.) There was a limited understanding among clinicians we spoke to and one informed us it was not relevant to their patient community. Cervical screening uptake was similar to the local average and 3.9% higher than the national average.

Inadequate



Summary of findings

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The practice is rated as inadequate for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, the practice did encourage the use of online services and ran an extended hours clinic between 6.30 to 7.30pm on a Monday evening to improve access for working age patients. Health checks were offered by the practice nurse for patients aged 40 to 74 years.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice is rated as inadequate for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice did record patients who had a learning disability on their system, but did not routinely offer longer appointments or were able to confirm how many annual reviews had taken place. The ethos of the practice was to allow as much time as needed for each consultation which often increased waiting times. Safeguarding protocols were generally known by staff and a policy was in place, however, the designated safeguarding lead demonstrated inadequate awareness of the subject and their responsibilities in this area.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of patients experiencing poor mental health (including people with dementia). The practice is rated as inadequate for providing safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. However, clinical data relating to the treatment and monitoring of patients with poor mental health was higher than the local and national average. The practice held a register of these patients and performed highly in terms of developing a comprehensive care plan. Patients with dementia who had had a review in the last twelve months was also higher than the local and national average measuring 5.5% higher locally and 6.9% higher nationally.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing below local and national averages. There were 68 responses from the 447 surveys sent out, a response rate of 15%. This low response rate may be associated with the characteristics of the area and the variable levels of literacy among the patient list.

- 84% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 74%.
- 73% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 71% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 65% and a national average of 61%.
- 85% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 83% say the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 73% describe their experience of making an appointment as good compared with a CCG average of 74% and a national average of 74%.
- 46% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 39% feel they don't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients did say, however, that although getting an appointment was usually convenient, waiting times on the day could be excessive with long delays sometimes experienced in the waiting room.

Dr Manohar Singh

Detailed findings

Our inspection team

Our inspection team was led by:

A **CQC Lead Inspector**. The team included a GP specialist adviser, a second CQC inspector, and a practice manager specialist adviser.

Background to Dr Manohar Singh

The practice was established in December 1986 on Norwood Road and then relocated into purpose built premises in December 1997. The premises have a waiting room and full facilities for disabled patients with wide entrance doors. These include purpose built treatment and minor surgery rooms, consulting rooms and an interview room. The Medical Centre also has onsite car parking facilities with a designated disabled parking space. Services are provided under a General Medical Services (GMS) contract with NHS England.

The practice is in a relatively disadvantaged area with high levels of deprivation. The community is predominantly of South Asian ethnicity, followed by White British and a small number of Black Afro-Caribbean British. It has experienced a growing number of Eastern European migrant families on its list. The practice has increased from 2500 to 3170 patients in the last two years.

There are two full time GP partners, one male and one female, a non-clinical partner who is also the practice manager, two part-time locum GPs, a Practice Nurse and a Medical Secretary/Health Care Assistant. Several receptionists support the administrative running of the practice.

The surgery is open Monday to Friday from 8.30am until 6.00pm, apart from Monday where it closes at 8.00pm. Wednesday is half day and the surgery closes at 1pm.

Appointments are from 9.30am to 11.30am and 2pm to 5.30pm Monday, 9.30am to 11.30am and 2pm to 5.30pm Tuesday, 9.30am to 11.30am Wednesday, 9.30am to 11.30am and 3.30pm to 5.30pm Thursday, 9.30am to 11.30am and 3.30pm to 5.30pm Friday.

Extended hours surgeries are offered at 6.30pm to 7.30pm on Mondays, the practice does not open at weekends.

When the practice is closed out of hours cover is provided by Local Care Direct.

The practice is registered with Dr Manohar Singh as a single handed GP. However, we were informed that Dr Khaliq has been a partner since 2012 and the practice manager is also a non-clinical partner. The partnership is not registered with CQC and as such is providing services without being registered. Urgent action is required on the part of the part of the practice to ensure they are correctly registered to carry out regulated activities under the Health and Social Care Act 2008.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health

Detailed findings

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.

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 which had been validated by the health and social care information centre.

How we carried out this inspection

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

- 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)

Before visiting we reviewed a range of information that we hold about the practice and asked other organisations to share what they know. We carried out an announced inspection on 7 October. During our visit we spoke to a range of staff, which included two GPs, a receptionist, the practice manager, deputy practice manager and the health care assistant. However, there were no nursing staff or locums available on the day of our visit. Some evidence we requested was not readily available and we encountered difficulties having uninterrupted contact with staff and also accessing computer records.

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, but it was not used consistently. The practice carried out an analysis of five significant events within the last year and told us that they had notified NHS England in relation to two of them. However, following a fire at the surgery, we saw that no fire safety risk assessment had been undertaken despite being added to the register of significant events. We saw evidence that some incidents were not appropriately moved into the significant event register and so no analysis or learning could be made from them.

We reviewed safety records, incident reports and notes of meetings where these were discussed. Staff were unable to recall these issues being discussed across the practice

Overview of safety systems and processes

The practice did not have reliable systems processes and practices in place to keep people safe:

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There was a flowchart which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare however these were not available in consulting rooms. There was a lead member of staff for safeguarding, but they were not able to demonstrate sufficient insight into their responsibility or awareness of safeguarding issues. We were not confident that patients would be safe under these arrangements. Staff demonstrated some understanding of their responsibilities; however, on the day of our inspection we were unable to see evidence that all staff had received training relevant to their role. Following the inspection, certification was sent that clarified that safeguarding training had been undertaken by staff, however, some were unaware which level of training they had undertaken.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. The member of staff who acted as a chaperone was trained for the role and had received a disclosure and barring check (DBS). (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).
- There were some policies and procedures in place for monitoring and managing risks to patient and staff safety, however these were inconsistent and some were past their review date. The practice did not have a health and safety policy available. The practice did not have up to date fire risk assessments and regular fire drills were not carried out, although a review of fire safety had been undertaken as part of analysis of an arson attack that took place in June 2015. All electrical and clinical equipment were checked to ensure they were safe to use and in good working order. The practice had not carried out risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella. An infection prevention and control audit had been carried out in 2013 but the practice were unable to demonstrate that any recent assessment had been carried out. A satisfactory healthcare waste audit had been carried out in June 2015.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. We were told the new practice nurse would be the infection prevention and control (IPC) clinical lead. There was an IPC policy and protocol in place and staff had received up to date training. The last annual IPC audits were undertaken in 2013 and we saw that action had been taken to address any improvements required as a result.
- Efforts to minimise risks to patients and staff associated with medicine management, including the secure storage of drugs, vaccines, controlled drugs and prescribing of drugs, were not effective or safe. There was an up to date policy for handling and storing of medication including vaccines. However, the vaccine refrigerator was overstocked with vaccines stacked up against the sides of the fridge, despite the policy stating they should be positioned away from the sides. Fridge temperatures had been checked inconsistently throughout 2014. However, no monitoring of temperatures had been recorded from August 2014 until October 2015. There was a single temperature probe on

Are services safe?

the fridge which was plugged into an extension cable, which was plugged into the wall. There were no signs or socket guards to prevent the vaccine fridge being turned off accidentally.

- Prescription pads, were securely stored and there were systems in place to monitor their use. Controlled drugs were kept on the premises and the recording of their use and disposal was not in line with best practice. Controlled drugs were kept in a locked cupboard, and there was a notebook used as a register. We saw that an entry describing medicine disposal was not counter-signed. A doctor's bag was seen to contain loose pre-printed prescriptions from both this practice and a neighbouring practice. This was not in line with good practice.
- We reviewed two staff files and found that appropriate recruitment checks had not been undertaken prior to employment. For example, references had not been sought and there were no interview record notes. A DBS check had not been carried out for the Practice Manager.

- 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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training, and we saw evidence of this. There were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 did not consistently carry out assessments and treatment 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 told us it had systems in place to ensure all clinical staff were kept up to date. During the inspection, we were unable to ascertain if all clinical staff were following the system as described to us. Although the practice had access to guidelines from NICE they did not provide evidence to support how these guidelines were understood and utilised to meet the care and treatment needs of patients.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 90.9% of the total number of points available, with 6.4% exception reporting. This practice scored lower than the local and national average.

Data from 2014-15 showed;

- Performance for diabetes related indicators was lower than the CCG and national average, 8.4% lower locally and 6.6% lower nationally.
- Performance for mental health related and hypertension indicators was similar to the CCG and national average, 0.9% lower locally and 0.2% lower nationally.
- The dementia diagnosis rate was similar to local and national averages with a prevalence of 0.45% which was 0.32% lower than the local and 0.29% lower than the national average.
- We saw one clinical audit, which had been initiated by the CCG, to review the treatment of patients with atrial fibrillation. The practice had reviewed 12 patients in September 2014, but the audit had not been repeated and was, therefore, incomplete. The practice had

undertaken a non-clinical audit in July 2014 on their administrative coding of patients newly diagnosed with diabetes and had identified that there was duplicate recording. This audit has also not been repeated.

Effective staffing

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

- We saw evidence that staff appraisals had taken place for all staff on an annual basis, however, only one induction plan was seen in all of the personnel records. There was no evidence of ongoing one to one meetings with staff or of nursing staff receiving clinical supervision.
- Staff told us that they were encouraged to undertake training opportunities and clinical study days and we saw evidence supporting this in personnel files. However, some mandatory training had not been undertaken or documented.

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. We saw that one clinician could not access the computer system with confidence and shared the NHS smart card (a personalised card that allows an authorised person to log into a computer system to access patient records) with a non-clinical colleague in order to update patient records. We saw effective use of the intranet system to upload templates for care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multidisciplinary team meetings took place on a monthly basis but the recording of these meetings was inadequate because minutes were not taken, attendance was not noted or actions followed up. We saw evidence that care plans were routinely reviewed and updated.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We were told that patients' consent to care and treatment was always sought in line with legislation and guidance, but this was not routinely recorded on the patient record. Not all staff showed awareness of the requirements of the Mental Capacity Act 2005. When providing care and treatment for children and young people, the practice did not demonstrate an understanding around Gillick competence, stating that it did not apply to their patient demographic. Where a patient's mental capacity to consent to care or treatment was unclear, we were told the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was not monitored through records audits.

Health promotion and prevention

Smoking cessation advice was offered as part of a new patient check undertaken by the health care assistant. The waiting room had a variety of health promotion literature which was available in several languages relevant for the practice population. The practice participated in national screening programmes. The practice's uptake for the

cervical screening programme was 87.2%, which was higher than the CCG average by 1.7% and the national average by 5.4%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend for bowel and breast cancer screening. However, the practice acknowledged this was a challenge for the patient demographic and acknowledged more work needed to be done to improve uptake and community perceptions.

Childhood immunisation uptake rates for the vaccinations offered were higher than the national averages. For example, uptake rates for children aged 24 months and under were 100% and for five year olds they ranged from 80% to 100%. However, inadequate storage of vaccines and the risks associated with their efficacy as a result undermines this achievement.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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 throughout the inspection that members of staff were courteous and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

All of the 19 patient CQC comment cards we received were positive about the caring aspect of the service. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. We also spoke with three members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed that the majority of patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was lower than average for its satisfaction scores on consultations with doctors and nurses. For example:

- 70% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 70% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 86% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.

- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 97% and national average of 97%.
- 73% patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards we received was positive about the care and treatment offered at the practice.

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

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. We were told that most non-English speaking patients usually bring a family member with them to translate and that several community languages are spoken by staff including Urdu and Punjabi. We saw reception staff speaking English and Urdu with patients in a relaxed and friendly manner and there was a positive and welcoming atmosphere at the practice.

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 and a register was in place. A member of staff had recently been appointed as the 'carers champion' and intended to access further awareness training by becoming a 'dementia friend'. Written information was available for carers to ensure they understood the various avenues of support available to them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, A noticeboard in the waiting area gave advice on local services available.

Patients who needed a same day appointment were invited to attend surgery and wait until the end of the morning clinic to be seen. This led to significant delays and patients and clinicians told us that a wait of over two hours was not uncommon.

The practice did not routinely offer longer appointments for patients with additional needs, but allowed clinics to overrun. We were told that patients were able to discuss their needs.

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

- The practice offered an evening clinic between 6.30 to 7.30pm on Mondays for working patients who could not attend during normal opening hours.
- Home visits were available for housebound patients and others who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Patients could request a telephone consultation for the end of afternoon surgery.

Access to the service

The practice was open between 8.30am and 6.00pm, Monday, Tuesday, Thursday and Friday with half day closing on Wednesday at 1.00pm. Extended hours until 8.00pm were available on Monday. Appointments were available across 15 clinical sessions per week, with surgery usually available from 09.30 to-11.30am and then again from 2.00pm to 5.00pm. An evening surgery was offered on a Monday between 6.30-7.30p.m. In addition to

pre-bookable appointments, that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. On the day of our inspection, a routine appointment was available for the next day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages, with the exception of telephone access. Satisfaction with waiting times was significantly lower.

For example:

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 84% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 73% patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 46% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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 with the display of a poster in the reception area and information available in the practice leaflet and website.

We looked at one complaint received in the last 12 months and found that it had been recorded appropriately and responded to in line with practice policy. We were told that complaints were usually made verbally and resolved in the same way. We did not see any evidence that learning from complaints was shared with staff or used to improve patient outcomes.

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 and strategy in place and succession planning for the retirement of Dr Singh was contradictory and poorly understood. There was no long-term strategy in place to manage nursing staff provision or workforce planning.

Governance arrangements

The practice had no overarching governance framework. The practice had failed to notify us of their change in partnership arrangements and were, therefore, practising as an unregistered provider.

Nursing staff did not receive any clinical supervision. Clinical audits were poorly documented and incomplete. Practice policies were not consistently updated or shared with staff.

Leadership, openness and transparency

The leadership structure within the practice was unclear with poor communication between the clinical and non-clinical partners. Efforts to effect change and improve

services were stifled by poor administrative practices and a lack of openness from two of the partners with regard to their future plans. This had an undermining effect on the whole practice.

We were told by staff that the partners are visible in the practice and that staff find them approachable.

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

The practice was not aware that feedback had been left on the NHS Patient Choices website, consequently the practice had not responded to comments patients had made. Staff told us they enjoyed working in the surgery and that communication between them was usually verbal rather than formally minuted. There was a small Patient Participation Group (PPG) that we were told met twice a year, the practice was unable to show any record of these meetings. We spoke with three patients who were members of the PPG who told us they were unsure how many members currently participated, but that it was likely to be five to ten people. The members of the PPG could not readily recall discussing any recent innovations at their meetings. The practice had not conducted a recent patient survey. The NHS Friends and Family test recorded 10 responses, with 80% saying they would recommend the practice.