Dr Krishna Chaturvedi

Quality Report

Southbourne Grove Surgery
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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?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

On 3 March 2016 we carried out a comprehensive inspection at Dr Krishna Chaturvedi. Overall the practice was rated as requires improvement. The practice was found to be inadequate in safe. It was rated as requires improvement for the effective and well-led domains and good in caring and responsive.

As a result of that inspection we issued the practice with requirement notices and a warning notice in relation to the governance at the practice, staff training and recruitment. We did not carry out a focused inspection to check for compliance with the warning notice.

We then carried out an announced comprehensive inspection at Dr Krishna Chaturvedi on 31 May 2017 to re-rate the practice and to check that the practice had complied with the warning notice. Overall the practice is rated as inadequate.

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

- Staff were not able to recognise and report significant incidents. There were two clinical significant events that had been documented with lessons learned however there was no evidence that these had been discussed in any meetings. The complaints that we reviewed showed that they had been investigated with outcomes and learning identified. We did not see any evidence of sharing with practice team. Staff that we spoke with were unable to recall any complaints discussed.
- Risks to patients and staff were not assessed and managed. The practice had not completed a health and safety risk assessment, a fire risk assessment or a legionella risk assessment at this inspection even thought this had been identified at the inspection in March 2016.
- Clinical audits had not taken place to drive quality improvement.
- The practice had improved their prescribing behaviour regarding high risk medicines and reviews, monitoring had been completed.
- There was no evidence that the practice had actioned MHRA and patient safety alerts. The

practice manager said that these were forwarded to the clinical staff to action. The GP said that none had been actioned for a number of years. There was no evidence to show otherwise.

- A review of practice policies had commenced and some policies had been updated. The practice did not have a whistleblowing policy, consent policy, chaperone policy or security of prescriptions policy. The 'Looked after children' policy mentioned a GP not employed at this practice and the safeguarding children and vulnerable adults policy referred to another practice.
- The practice staff had completed chaperone training.
- Administrative staff had received an appraisal. The nurse appraisal had not been completed at the time of our inspection. However, we were told that this was due to be booked in with the GP to complete.
- The practice staff, including nurse, administrative staff and practice management were unaware that the GP had a defibrillator in the treatment room for use in the event of a medical emergency. They had not received training in how to use a defibrillator should they need to use it.
- Not all staff had undertaken appropriate training in respect of their roles. For example, fire safety, MCA training, basic life support and infection control. However the nurse and the GP were booked to attend infection control training later in 2017.
- The practice had installed a hearing loop for patients who may have hearing impairments.
- Electrical equipment had been tested and fridge temperatures were being checked and recorded.
- Blank prescription forms and pads were not securely stored. There was one opened box under the reception desk. Reception staff told us that they would top up printers from the boxes and there were no systems in place to monitor their use.
- The practice had completed a fire drill following the new fire alarm system been installed.
- The practice held regular multi-disciplinary team meetings.
- Data from the national GP patient survey showed patients reported high levels of satisfaction with the practice nursing team and had trust and confidence in their GPs.
- Staff told us that there was no process or policy for bereavement. There was no process in place with regards to updating records and notifications.
- We reviewed a sample of patient records in relation to exception reporting and hypnotic prescribing and found that patient records did not always contain evidence of face to face reviews and reasoning for continuing on prescribed medication. There was no evidence in the patient records that there had been further attempts to engage with these patients.
- There was no system for employment checks to be carried out for all staff including locums. There was no evidence to show that the locum GP had completed safeguarding or basic life support training.
- There was no system in place to ensure that updates to NICE guidance were being read and followed by staff.

- We found some prescribing of medicines was not in line with clinical guidance. We reviewed six patients that had been prescribed hypnotics as the practice had been identified as an outlier in this area and found that out of the six that we viewed four were not appropriately prescribed or monitored.
- The practice's computer system enabled the GPs to know if a patient was also a carer. We asked the practice how many carers they had identified. However, this information was not provided to us.
- The practice were unable to provide a consent policy on the day of the inspection. The practice did not obtain written consent for minor surgery such as incisions orjoint injections.

Importantly, the provider must:

- Ensure that an accurate, complete and contemporaneous record is maintained for every patient to include a record of the care and treatment provided to them and of decisions taken in relation to the care and treatment provided.
- Ensure that the risks to patient health, safety and welfare are assessed, monitored and managed,

Summary of findings

taking into account the most up to date evidence based guidance such as through the use of MHRA alerts. This includes identifying and managing risks to the health and safety of patients and staff. It also includes assessing and managing risks associated with health and safety, legionella and fire safety.

- Ensure there is an effective system for identifying, receiving ,recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity
- Ensure effective systems are in place that enable the provider to assess, monitor and improve the quality of the clinical care services provided. Assess whether clinicians have the up to date clinical information available to them and mitigating any such risks identified such as implementing a system of continuous clinical improvement initiatives.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure all blank prescriptions are handled in accordance with national guidance.
- Implement a formal system to disseminate and discuss NICE guidance to ensure all clinical staff are kept up to date.
- Ensure that staff undertake appropriate training in respect of their roles and responsibilities and to keep people safe. This includes fire safety, basic life support and infection control.
- Ensure staff are aware of and trained in the use of the defibrillator for use in the event of a medical emergency.
- Ensure written consent is gained from patients prior to minor surgery taking place.

Additionally the should:

- Embed the practice policies and procedures so that they are practice specific and reflect current legislation and guidance.
- Implement a process for bereavement for staff to follow with regards to updating records and notifications.
- Ensure there is a process and method for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.

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

The service 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 remove this location or cancel the provider's registration.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- Electrical equipment had been tested and fridge temperatures were been checked and recorded.
- There was a system in place for reporting and recording significant events however not all staff were aware of this process. Staff told us of incidents that had occurred, such as the electronic prescribing system failing which had not been documented as a significant event.
- The process for managing MHRA and patient safety alerts was not effective. The practice told us that they shared the alerts with their clinical team. The practice did not document any actions taken or searches completed. The provider told us that they had not completed any searches in relation to any safety alerts for over a year.
- The practice had processes in place for the management of high risk medicines.
- Blank prescription forms and pads were not securely stored. There was one opened box under the reception desk. Reception staff told us that they would top up printers from the boxes and there were no systems in place to monitor their use.
- We checked six staff files and found DBS was requested for them prior to employment. However the DBS checks had not been provided from this employment. For example, a nurse employed in June 2016 had a DBS in the recruitment file which was dated 2011 and from a previous employer.
- There were minimal procedures in place for monitoring and managing risks to patient and staff safety. The practice had not conducted health and safety or legionella risk assessments to ensure their staff were kept safe and their welfare needs met.
- Staff had not received fire awareness training although the practice had completed a fire drill following the new fire alarm system been installed.
- The practice had a defibrillator available on the premises on the day of our inspection. However none of the staff we spoke with, including nursing and practice management staff were aware of this.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable and in some cases higher than the national average.
- The practice had not used clinical audits as a means for monitoring and improving outcomes for patients and there was no other quality improvement process in place. This was also highlighted at the previous inspection in March 2016.
- We found some prescribing of medicines was not in line with clinical guidance. We reviewed six patients that had been prescribed hypnotics as the practice had been identified as an outlier in this area and found that out of the six that we viewed four were not appropriately prescribed or monitored.
- We were not assured the practice had an effective system for the oversight of training and qualifications of staff to meet the needs of patients. We found that training was the responsibility of the staff to complete and keep updated and this was not being monitored.
- The practice's uptake for the cervical screening programme was 88%, which was comparable with the local (81%) and national average of 81%.
- The practice were unable to provide a consent policy on the day of the inspection. The practice did not obtain written consent for minor surgery or joint injections.
- The dementia exception reporting that had been highlighted in the previous inspection had been addressed and unverified data for 2016/17 showed that the practice had excepted one patient out of 14 which was appropriately excepted. However, unverified data for 2016/17 in relation to stroke indicators showed that 11 out of 59 patients had been excepted.
- There was no system in place to ensure that updates to NICE guidance were being read and followed by staff.
- The practice held regular multi-disciplinary team meetings in addition to coordinated care through the patient record system.

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients reported high levels of satisfaction with the practice nursing team and had trust and confidence in their GPs.
- Patients told us staff were caring and helpful. They felt that staff provided an excellent service and were happy with the care provided by the clinical staff and the reception team.

Summary of findings

- Information for patients about the services available. Staff could arrange appropriate translation services for patients who did not speak English as a first language and the practice had a hearing loop installed since the last inspection.
- Staff told us that there was no process or policy for bereavement. There was no process in place with regards to updating records and notifications.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice offered pre-bookable, next day and same day appointments where possible.
- Urgent appointments were available for patients that serious medical conditions or children and the reception staff would speak to the GP if a patient or child needed an appointment and none were available.
- Practice staff and patients we spoke with said that there were always appointments available and that if a patient needed an appointment at short notice the GP would be contacted to enable either a telephone consultation or another appointment added.
- We looked at the three complaints and found all had been investigated with outcomes and learning identified. We did not see any evidence of sharing with practice team. Staff that we spoke with were unable to recall any complaints discussed.

Are services well-led?

Inadequate

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

- The practice did not have an effective governance framework which supported the delivery of the strategy and good quality care.
- A review of practice policies had commenced and some policies had been updated.
- The practice did not have a whistleblowing policy, consent policy, chaperone policy or security of prescriptions policy.
- Some of the DBS checks that had been provided were a number of years old and related to a different employer.
- Practice meetings had been held six monthly. There were no standing agenda items and in the 2016 minutes there was no evidence of the significant events been shared, nor the complaints.
- The process for identifying, recording and managing risks, issues and implementing mitigating actions was not embedded or understood by the practice staff or management. For

Summary of findings

example, no risk assessments were in place on the day of the inspection. A document was forwarded after the inspection relating to lack of defibrillator, even though the practice had now got one.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for providing a safe, effective and well led service, requires improvement for being caring and good for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients.
- Same day urgent and pre-booked routine appointments were available and could be booked in person or by telephone.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were generally above average.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for providing a safe, effective and well led service, requires improvement for being caring and good for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Longer appointments and home visits were available when needed.
- For those people with the most complex needs, the practice worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for providing a safe, effective and well led service, requires improvement for being caring and good for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Immunisation rates were comparable or above local and national rates for standard childhood immunisations.
- The practice offered same day appointments for children.
- Appointments were available outside of school hours.

Summary of findings

- The practice's uptake for the cervical screening programme was 88%, which was comparable with the local (81%) and national average of 81%.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider was rated as inadequate for providing a safe, effective and well led service, requires improvement for being caring and good for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Appointments were flexible and patients had access to telephone consultations if they could not attend the practice.
- Patients told us that they could access appointments that met their needs.
- The practice promoted health screening.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for providing a safe, effective and well led service, requires improvement for being caring and good for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held multi-disciplinary team meetings in addition to co-ordinating care through the patient record system.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. They knew their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.
- Longer appointments were available as needed.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for providing a safe, effective and well led service, requires improvement for being caring and good for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice knew patients who

Summary of findings

- The practice held multi-disciplinary team meetings in addition to co-ordinating care through the patient record system.
- The practice told patients experiencing poor mental health about support groups or voluntary organisations.
- The practice had identified a carers champion who was to present a dementia friends workshop at a future practice meeting.
- Not all staff had received training on the Mental Capacity Act 2005.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above local and national averages. 250 survey forms were distributed and 111 were returned. This represented a response rate of 44%.

- 89% of patients found it easy to get through to this practice by phone compared to the local average of 71% and the national average of 73%.
- 94% of patients said the last appointment they got was convenient. This was better than the local average of 90% and the national average of 92%.
- 86% of patients described the overall experience of this GP practice as good compared to the local average of 82% and the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 73% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us staff were caring and helpful. They felt that staff provided an excellent service and were happy with the care provided by the clinical staff and the reception team. They felt staff consistently treated them and their family members with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the staff and how caring and attentive they were. This was supported in the conversation we held with another patient we spoke with on the day. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Areas for improvement

Action the service MUST take to improve

- Ensure that an accurate, complete and contemporaneous record is maintained for every patient to include a record of the care and treatment provided to them and of decisions taken in relation to the care and treatment provided.
- Ensure that the risks to patient health, safety and welfare are assessed, monitored and managed, taking into account the most up to date evidence based guidance such as through the use of MHRA alerts. This includes identifying and managing risks to the health and safety of patients and staff. It also includes assessing and managing risks associated with health and safety, legionella and fire safety.
- Ensure there is an effective system for identifying, receiving ,recording, handling and responding to complaints by patients and other persons in relation to the carrying on of the regulated activity
- Ensure effective systems are in place that enable the provider to assess, monitor and improve the quality of the clinical care services provided. Assess whether clinicians have the up to date clinical information available to them and mitigating any such risks identified such as implementing a system of continuous clinical improvement initiatives.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.
- Ensure all blank prescriptions are handled in accordance with national guidance.
- Implement a formal system to disseminate and discuss NICE guidance to ensure all clinical staff are kept up to date.
- Ensure that staff undertake appropriate training in respect of their roles and responsibilities and to keep people safe. This includes fire safety, basic life support and infection control.

Summary of findings

- Ensure staff are aware of and trained in the use of the defibrillator for use in the event of a medical emergency.
- Ensure written consent is gained from patients prior to minor surgery taking place.

Action the service SHOULD take to improve

- Embed the practice policies and procedures so that they are practice specific and reflect current legislation and guidance.
- Implement a process for bereavement for staff to follow with regards to updating records and notifications.
- Ensure there is a process and method for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.

Dr Krishna Chaturvedi

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and supported by an assistant CQC Inspector and a GP specialist adviser.

Background to Dr Krishna Chaturvedi

- Dr Krishna Chaturvedi is located in a converted residential dwelling in a residential area of Westcliff on Sea, Essex. The practice provides services for 3319 patients.
- The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group.
- The practice is managed by an individual GP who holds financial and managerial responsibility. The practice employs two salaried GPs. In total one male and two female GPs work at the practice. The practice also employs two practice nurses, a practice manager, an associate practice manager and a team of receptionists and administrators.
- The practice population is similar to the national average for younger people and children under four years, for those of working age and those recently retired, and for older people aged over 65 years. Economic deprivation levels affecting children, older people are lower than the practice average across England. Life expectancy for men is slightly lower than the national average and similar to the national averages for women. The practice patient list is similar to the national average for long standing health conditions.
- The practice population is similar to the national average for working aged people in employment or full time education and lower numbers of working age people that are unemployed.
- The practice is open Monday to Friday 8am to 6.30pm. Appointments are available from 8.30am to 10.30am and 4.30pm to 6pm Monday to Friday.Early or late appointments are available on special request.
- The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.
- Services are provided from 314 Southbourne Grove, Westcliff-on-Sea, Essex, SS0 0AF.

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.

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 an announced visit on 31 May 2017. During our visit we:

- Spoke with a range of staff (practice management, GPs, practice nurse and reception team) and spoke with patients who used the service.
- 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.

Inadequate

Are services safe?

Our findings

What we found at our previous inspection in March 2016

The practice was rated as inadequate for providing safe services. There were no health and safety or legionella risk assessments in place. There was no fire safety risk assessment and there was no fire alarm system in the practice.

Electrical equipment had not been tested since 2013 and the practice could not demonstrate that clinical and diagnostic equipment had been calibrated. There were no infection control audits in place to test the effectiveness of the infection control procedures. Fridges were used to store medicines which require cold storage such as vaccines. However records showed that one fridge maximum temperature was 15 degrees (above the recommended maximum temperature of 8 degrees). No action had been taken to investigate or address these issues.

Patients who were prescribed some high risk medicines did not have regular blood tests as required.

Staff were not recruited robustly and all of the required checks including proof of identity, employment references and Disclosure and Barring Services (DBS) checks were not carried out. Staff had not undertaken basic life support training since 2011 and the practice did not have an automated external defibrillator for use in medical emergencies and this had not been risk assessed.

What we found at this inspection in May 2017

Safe track record and learning

There was a system in place for reporting and recording significant events however not all staff were aware of this process.

- Staff told us of incidents that had occurred, such as the electronic prescribing system failing which had not been documented as a significant event.
- The practice had an updated policy relating to significant events with a form to complete however the staff that we spoke with were unaware of what should be reported and how to report it.
- From the three documented samples of significant events that had been completed by the GP we saw that there was little learning or actions taken. For example a significant event had identified a need for better communication with the hospital and another identified a need for better support from the IT department but there was no evidence to show that anything had taken place in relation to this.
- We reviewed minutes of the two practice meetings held in 2016 and there was no evidence of discussions regarding the incidents that had been reported with the staff. Staff we spoke with were unaware of any significant events other a recent NHS wide incident. The practice told us that this had been documented as a significant event. This was shown to us as a word document that described the events of the day. However, there was no learning or any actions taken from this and this had not been discussed. The practice manager told us this would be discussed at the next practice meeting which would possibly be in July 2017.
- The practice had not carried out an analysis of the significant events although we were told that these were discussed in clinical meetings. These meetings were not minuted.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. The practice told us that they shared the alerts with their clinical team. The practice did not document any actions taken or searches completed. The provider told us that they had not completed any searches in relation to any safety alerts for over a year.

We searched the patient record system to see if there was any evidence that MHRA alerts had been actioned or if there were any that may be applicable to this practice. For example;

- In March 2016, an MHRA was issued in relation to Valproate and a risk of abnormal pregnancy outcomes. The guidance said that practices should have identified women of childbearing age taking these medicines and arranged a review. When we completed a search for this we found one patient that was of a child bearing age that was on this medicine.
- In October 2012, an MHRA alert was issued regarding the recommended dose for simvastin in conjunction with

amlodipine which should be reduced to 20mg per day. We completed a search on the practice system and found that there were 15 patients that were on 40mg per day with amlodipine since January 2017. This search had not been completed previously. This showed that this alert had not been actioned or adhered to.

Overview of safety systems and processes

The practice had some systems, processes and practices in place. There were processes in place to keep patients safe and safeguarded from abuse, which included:

- We reviewed patients and randomly checked four of the 21 patients on one particular medicine. The practice now had a medicine management policy in place and our checks on patient records showed patients were being safely monitored. For example; patients on high risk medicines such as methotrexate (prescribed for inflammatory conditions) had received appropriate monitoring.
- Blank prescription forms and pads were not securely stored. There was one opened box under the reception desk. Reception staff told us that they would top up printers from the boxes and there were no systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. One of the nurses was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The provider was the lead for safeguarding. Policies had been reviewed and were accessible to all staff. The practice had not included contact details of how to escalate concerns due to this changing frequently. The staff had access to a book at reception were they had the contact numbers. The GPs provided reports where necessary for other agencies. We spoke to staff who demonstrated an awareness of their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The clinical team were trained to child protection or child safeguarding level 3 although we were unable to see evidence on the day that a locum working in the practice had completed the required training. The health visitor was contacted via the electronic patient record system by the sending of a task if there were any concerns regarding children that needed relaying. Vulnerable adults were discussed in multi-disciplinary meetings.
- Notices on the treatment room doors 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. (DBS
- The practice was visibly clean and tidy. The practice had appropriate infection prevention control policies such as those relating to hand washing and the care of spillages of body fluids. The provider was the infection control clinical lead. The provider had not completed any specific training to be the lead for infection control and non-clinical staff had not completed infection control training such as handwashing. The cleaning was provided by an external company. We saw a checklist of tasks that the cleaner was required to complete. However there was no evidence to show what had been completed and when. The practice did not have a register regarding appropriate vaccinations for flu and hepatitis B (a blood borne disease).
- The practice had a cold chain process and staff responsible for checking the temperature of the fridge. We saw that this had been completed daily and that staff knew the process to follow if the fridge temperature went out of range.
- We checked six staff files and found DBS was requested for them prior to employment. However not all DBS checks had been provided from this employment. For example, a nurse employed in June 2016 had a DBS in the recruitment file which was dated 2011 and from a previous employer. There were no risk assessments in place in relation to this. Staff files and training details were not organised.

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- There were minimal procedures in place for monitoring and managing risks to patient and staff safety. The practice had not conducted health and safety assessments to ensure their staff were kept safe and their welfare needs met. There was a document that we were shown that was entitled risk assessment, however this did not state what was being assessed. It explained what should be considered in a risk assessment and was dated in July 2016. We spoke to the practice management who were unable to explain what it was or what it was for.

Inadequate

Are services safe?

- There was no fire risk assessment completed. There was a fire checklist that had been completed in July 2016. There was no risk assessment that should have followed from this with any areas identified as risks or action to be taken. At the previous inspection there had been no fire alarm at the practice. The practice had installed a fire alarm in June 2016.
- Staff had not received fire awareness training although the practice had completed a fire drill following the new fire alarm system been installed. The practice manager said that they knew that they had to get patients and staff out. However there was nothing in place to show how patients and staff would be safely evacuated that were upstairs and unable to access the staircase.
- All electrical equipment had been checked in March 2017 to ensure the equipment was safe to use. New clinical equipment had been purchased and the practice manager told us that this would be calibrated when it was due.
- The practice had a test of their water sample completed that said there was no evidence of legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the risk assessment submitted following the inspection included a risk of legionella not been monitored.
- 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 different staffing groups to ensure enough staff were on duty. The practice planned their staff absences and scheduled clinical care around these to minimise disruption to patients.

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies and major incidents.

- We found there was an instant messaging system on the clinical computer system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training, other than one locum GP and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises on the day of our inspection. However none of the staff we spoke with, including nursing and practice management staff were aware of this. When we spoke with the practice management we were told that the decision not to have one was based on the fact that the hospital was close to the practice. However, they had not completed a risk assessment in relation to this. The provider, in the afternoon of the inspection showed us a defibrillator that was kept in the provider's room.
- The practice had oxygen however there were no children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines and emergency equipment were reviewed regularly and we checked they were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff or contact numbers for suppliers to contact in an emergency. For example, gas, electricity and other contractors.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

What we found at our previous inspection in March 2016

The practice was rated as requires improvement for providing effective services. Staff had not undertaken training relevant to their roles and responsibilities and staff had not received an appraisal of their performance since 2013. The practice did not routinely use clinical audits as a means for monitoring and improving outcomes for patients and there was no other quality improvement process in place.

What we found at this inspection in May 2017

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. We saw evidence such as referrals were in line with current guidance. However, there was no evidence of audits or discussion with clinical staff in relation to NICE and no system in place to ensure that updates to NICE were being read, implemented and followed by staff.

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). QOF data for 2015/2016 showed the practice achieved 98% of the total number of points available. Their exception reporting was 11.6% overall which was comparable with the local average of 8.8% and the national average of 9.8%. However on some individual indicators it was high. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was higher compared to the CCG and national averages. For example, the percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months was 95% compared to CCG 76% and national average 78%. Exception reporting in this indicator was 23% which was more than CCG average 10% and national average 13%.
- Performance for stroke related indicators were higher compared to the CCG and national averages. For example, the percentage of patients with stroke or TIA who have had influenza immunisation in the preceding 1 August to 31 March was 100% compared with 91% CCG average and 94% national average. However, exception reporting in this indicator was high. 31% compared with 21% CCG average and 19% nationally.
- Performance for mental health related indicators was higher compared to the CCG and national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months was 100% compared with CCG average of 87% and national average of 89%. The practice had not excepted any patients in relation to these indicators.
- Performance for dementia indicators were higher compared to the CCG and national averages. For example 100% of patients who were diagnosed with dementia had a face to face review within the previous 12 months compared with the CCG average of 81% and the national average of 84%. Exception reporting in this indicator was 6.7% which was comparable to the CCG average of 6.4% and the national average of 6.8%.

We spoke with the provider about exception reporting and was told that this had been worked on. The dementia exception reporting that had been highlighted in the previous inspection had been addressed and unverified data for 2016/17 showed that the practice had excepted one patient out of 14 which was appropriately excepted. However, unverified data for 2016/17 in relation to stroke indicators showed that 11 out of 59 patients had been excepted. We looked at some of the reasons for this and found that they were classed as unsuitable as declined medication or allergy to medication but there was no evidence that this had been discussed with the patients or that the patients had attended the practice for an

appointment to discuss. We also found no evidence that there were any attempts by the practice to contact these patients to encourage them to attend and discuss their condition.

We found some prescribing of medicines was not in line with clinical guidance. We reviewed six patients that had been prescribed hypnotics as the practice had been identified as an outlier in this area and found that out of the six that we viewed four were not appropriately prescribed or monitored. For example one patient had been prescribed diazepam on repeat prescription but there was no indication why this drug had been started as a repeat.

The practice had not introduced an audit program. Audits that we were shown were two audits in relation to cost incentive with prescribing. One relating to chronic obstructive pulmonary disease and the other regarding a diabetic drug. Both of these had only one cycle of data collection at the time of our inspection. The provider showed us an infection control audit and a minor surgery audit that was a log of patient satisfaction and infection rate. This had not been re-audited to show any improvement. There were no quality improvement initiatives that demonstrated quality improvement, despite this been raised at the previous inspection in March 2016.

Effective staffing

We found staff were mostly supported and had the skills, knowledge and experience to deliver effective care and treatment.

- Staff we spoke with said that they were supported to carry out their roles and duties.
- The practice had monthly time to learn afternoons when the CCG would provide training on a range of topics or the practice could use the time to complete their own training or meetings.
- Some staff had still not completed basic life support training, fire safety training had not been provided and we saw no evidence that staff had training on MCA.
- Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening.
- The practice management could not assure themselves of training and qualifications and had no oversight of this. Training was the responsibility of the staff to complete and keep updated.
- We saw evidence of current Nursing and Midwifery Council (NMC) registration for the practice nurses.
- The practice had an induction programme for all newly appointed staff. However, we saw no evidence that this had been utilised for any staff that had joined since our last inspection.
- All non-clinical staff had received an appraisal within the last 12 months. Nursing staff we spoke with said that they had regular supervision with the GP, although this was not documented and that they could access the GP at any time to discuss any concerns that they had. The clinical staff said that they felt supported by the practice and the provider.
- Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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 ongoing care and treatment. The practice tasked other healthcare professionals and responded to their requests through the patient record system. The practice had monthly multidisciplinary meetings attended by the palliative care team, district nursing team and a social worker. We reviewed the meeting minutes and found both had been well attended, discussions appropriately documented with actions taken.

Consent to care and treatment

The practice were unable to provide a consent policy on the day of the inspection. The practice did not obtain written consent for minor surgery such as incisions orjoint injections.We reviewed some minor surgerypatients andthe code forverbal consent was documented inall the records. There was no detail about theconversation but the GP was able to explainthe sort of discussion that is normally had with each patient. The clinical staff were aware of the Mental Capacity Act 2005 and Gillick competencies. These help to ensure that patients were able to give their consent where they were capable of doing so and that where patients could not consent to treatment that any decisions

Inadequate

Are services effective?

(for example, treatment is effective)

made in relation to their treatment were done in their best interests. Not all staff had received Mental Capacity Act training. However, the provider had attended safeguarding training that had included this subject.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Nurses worked to prevent those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients were provided practical advice and signposted to the relevant service.

The practice's uptake for the cervical screening programme was 88%, which was comparable with the local (81%) and national average of 81%. The practice told us they called and wrote to patients who failed to attend appointments scheduled by health organisations. The practice told us that they contacted any patients that had been referred on for tests to reassure and answer any questions the patients may have. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. Bowel cancer and breast screening was in line with or above national and CCG averages.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were above the standard for the vaccines given to under two year olds with over 90% achieved in all sub-indicators. The practice were below the national and CCG average for vaccinations for five year olds with 81% - 90% compared with 90% to 94% CCG average and 88% to 94% national average.

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.

Requires improvement

Are services caring?

Our findings

What we found at our previous inspection in March 2016

The practice was rated as good for providing caring services. Data from the national patient survey showed that patients were satisfied with how they were treated by staff. 74 patients who completed comment cards and four patients we spoke with during the inspection also told us that staff they were happy with the way they were treated by all staff at the practice.

What we found at this inspection in May 2017

Kindness, dignity, respect and compassion

We found that staff members were welcoming and 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.
- Reception staff knew their patients and were sensitive to issues. When requested by a patient or if a patient appeared distressed they could offer them a private room to discuss their needs.

All of the 37 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients told us staff were caring and helpful. They felt that staff provided an excellent service and were happy with the care provided by the clinical staff and the reception team. They felt staff consistently treated them and their family members with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were pleased with the care provided by the practice and said their dignity and privacy was respected. They spoke highly of the staff and how caring and attentive they were. This was supported in the conversation we held with another patient we spoke to on the day. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016 showed patients reported high levels of satisfaction with the nursing team and confidence and trust in their GPs. For example:

- 90% of patients said the GP was good at listening to compared to the local average of 84% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the local average of 82% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the local average of 92% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local average of 80% and the national average of 85%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local average of 90% and the national average of 91%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt supported by staff. Patient feedback from the comment cards we received was also positive and aligned with these views. Comments from patients said that they GP was efficient and always took time to explain things. Feedback said that they were given enough time and never felt rushed.

Results from the national GP patient survey, July 2016, showed patients reported high levels of satisfaction with the clinical team For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the local average of 81% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 76% and the national average of 82%.

Requires improvement

Are services caring?

- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local average of 86% and national average of 85%.

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. Since the previous inspection the practice had installed a hearing loop for patients that may require one. One staff member in the practice was able to sign if needed.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations such as organisations in relation to mental health and a continence helpline. The practice did not have a website.

The practice's computer system enabled the GPs to know if a patient was also a carer. We asked the practice how many carers they had identified. However, this information was not provided to us. The practice had identified a carers champion who was to present a dementia friends workshop at a future practice meeting. There was no displayed information for carers on their patient notice board within their waiting areas.

Staff told us that there was no process or policy for bereavement. There was no process in place with regards to updating records and notifications. We were told that bereavement was handled by McMillan. Palliative patients were noted on the patient record. However, we reviewed three of these and found that they were not on an end of life pathway and that there were no discussions regarding end of life requests.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

What we found at our previous inspection in March 2016

The practice was rated as good for providing responsive services. Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

What we found at this inspection in May 2017

Responding to and meeting people's needs

The practice provided a range of access arrangements to meet the needs of its local population. For example;

- The practice offered pre-bookable, next day and same day appointments where possible.
- Urgent appointments were available for patients that serious medical conditions or children and the reception staff would speak to the GP if a patient or child needed an appointment and none were available.
- There were longer appointments available for people who needed them. Hour appointments were available with the practice nurse for patients with learning disabilities
- The practice offered face to face and telephone appointments. Home visits were available for older patients / patients who would benefit from these.
- Patients were able to receive travel vaccinations available on the NHS and referred to other clinics for vaccines available privately.
- The practice had a hearing loop installed and were looking at the possibility of adapting the lower stair well to accommodate a toilet for the disabled.
- The practice had appointments from 8am to accommodate patients and would make special arrangements for early or late appointments on request.
- The practice offered minor surgery including joint injections.

Access to the service

The practice was open Monday to Friday 8am to 6.30pm. Appointments were available from 8.30am to 10.30am and 4.30pm to 6pm Monday to Friday. Early or late appointments were available on special request.

Results from the national GP patient survey July 2016 showed that patient's satisfaction with how they could access care and treatment was in line with or higher compared to local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the local average 74% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the local average 71% national average of 73%.

Practice staff and patients we spoke with said that there were always appointments available and that if a patient needed an appointment at short notice the GP would be contacted to enable either a telephone consultation or another appointment added. This was supported by appointments being available with members of the nursing team, including a nurse prescriber.

The July 2016 survey findings also showed patient satisfaction levels were above the national averages in the following areas, namely;

- 80% of patients described the experience of making an appointment as good; this was above the local average of 71% and the same as the national average of 73%.
- 94% of patients told us that the last appointment they got was convenient. This was above the local average of 90% and national average of 92%.

Listening and learning from concerns and complaints

The practice had a system in place for handling written complaints and concerns.

- Its complaints policy and procedures were recently revised and aligned to recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system. This included how patients may access advocacy services and appeal the outcome of the investigation if dissatisfied.

The practice had recorded three complaints in 2016/17 these related to issues such as unavailable vaccines, blood test results and response time. We looked at the three

Good

Are services responsive to people's needs?

(for example, to feedback?)

complaints and found all had been investigated with outcomes and learning identified. We did not see any evidence of sharing with practice team. Staff that we spoke with were unable to recall any complaints discussed.

Are services well-led?

Inadequate

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

Our findings

What we found at our previous inspection in March 2016

The practice was rated as requires improvement for being well led. There was a lack of governance systems in place for monitoring and improving services and for managing risks to patients and staff. Audits and checks were not carried out to help identify areas for improvement. Infection control audits had not been carried out. There were no systems in place to ensure that equipment was checked and calibrated as required. There were no systems in place to ensure that risks associated with fire and legionella were assessed and managed.

What we found at this inspection in May 2017

Vision and strategy

The practice told us their vision was to address the needs of all their patients.

- The mission statement was displayed within the practice leaflet.
- The practice did not have a clear strategy and supporting business plan.

Governance arrangements

The practice did not have an effective governance framework which supported the delivery of the strategy and good quality care. Since the last inspection, the practice had not actioned all of the areas for improvement required and in some areas this had got worse. This did not provide us with assurance that this practice had an effective governance system.

We found that the practice were not identifying, reviewing and managing the risks to patients and staff and there was no quality improvement in place, including clinical audit. In particular;

- Following the inspection in March 2016 the practice had taken on an associate practice manager for four hours per week.
- A review of practice policies had commenced and some policies had been updated.
- The practice did not have a whistleblowing policy, consent policy, chaperone policy or security of prescriptions policy.
- The practice were not tracking and monitoring the prescriptions throughout the practice.
- The looked after children policy mentioned a GP not employed at this practice and safeguarding children and vulnerable adults policy referred to another practice.
- The process for managing MHRA and safety alerts was not effective and was not taking place. The practice management and provider said that no alerts had been acted upon for at least one year.
- Some of the DBS checks that had been provided were a number of years old and related to a different employer.
- Practice meetings had been held six monthly. There were no standing agenda items and in the 2016 minutes there was no evidence of the significant events been shared, nor the complaints.
- There was no clinical and internal audit used to monitor quality and to make improvements.
- The process for identifying, recording and managing risks, issues and implementing mitigating actions was not embedded or understood by the practice staff or management. For example, no risk assessments were in place on the day of the inspection. A document was forwarded after the inspection relating to lack of defibrillator, even though the practice had now got one.
- We were told that clinical meetings took place regularly. However we saw no evidence of this as they were not documented and were more informal.

Leadership and culture

We found that the leadership at the practice was not effective. On the day of inspection we found little improvement had been made throughout the practice to deliver accessible and quality care. The practice said that they had made changes by employing an associate practice manager to assist with the improvements that were identified at the inspection in March 2016. However, this was for four hours per week. The practice manager did not accept responsibility for training or recruitment and lacked oversight of the practice and the staff.

Are services well-led?

Inadequate

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

Staff said they were confident and felt supported in raising concerns with the practice manager. The practice gave affected people reasonable support, truthful information and a verbal and written apology, where appropriate.

We found practice meetings were held six monthly and were told that clinical meetings were weekly although these were not documented as they were informal chats between the GPs. We reviewed the last practice meeting minutes from December 2016. They were unstructured and did not refer to any learning or discussions of lessons learnt from complaints or significant incidents.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and reviewed suggestions from patients that had been submitted via the suggestion box.
- The PPG said that they had email communication from the practice in addition to the meetings.
- The PPG were working on the practice having a water machine in reception. This was suggested by patients and the PPG on two occasions.
- The practice carried out their own surveys and had continually received positive feedback.

We spoke to two members of the PPG who confirmed their experience of the practice had been positive. They said the PPG members felt that the practice offered care that the larger practices would not be able to. They said that this practice knew its patients and that there was good continuity of care.

Continuous improvement

We saw no evidence of continuous improvement.