Dr Ankur Chopra

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?	Requires improvement
Are services caring?	Good
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

We carried out an unannounced comprehensive inspection of Dr A Chopra on 27 October 2015 in response to concerns raised about the practice. Overall the practice is rated as requires inadequate.

Specifically, we found the practice to be inadequate in being well-led and for providing safe services. It required improvement for effective services and was good for providing a caring and responsive service.

Dr Ankur Chopra provides primary medical services to people living in Hastings. At the time of our inspection there were approximately 3810 patients registered at the practice. The practice is registered as an individual, Dr Chopra who was also being supported by a nurse practitioner, practices nurses, reception and administrative staff.

The inspection team spoke with staff and patients and reviewed policies and procedures. The practice understood the needs of the local population and engaged effectively with other services. Whilst the practice was committed to providing high quality patient care and patients told us they felt the practice was caring we found significant concerns that placed patients at risk.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded however there was a lack of systems to ensure this was appropriately reviewed and addressed.
- Risks to patients were not always assessed and managed.
- Infection control audits were not up to date and whilst cleaning schedules were in place some parts of the practice were not clean and tidy.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received some training appropriate to their roles. However the systems for monitoring training were inconsistent in their implementation and lacked detail.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had the appropriate equipment, medicines and procedures to manage foreseeable patient emergencies.
- The practice's systems to keep patients safe were not robust this included safeguarding procedures and recruitment practices.
- Whilst significant events were discussed informally at management level there was no evidence that the practice had systems to disseminate this information to the staff team.
- Medicine management systems including their security and storage was not safe.

The areas where the provider must make improvements are;

The practice **MUST** ensure:

- Systems are put in place to demonstrate that the practice learns from and disseminate information related to risk, complaints and incidents.
- The quality and safety of services are monitored, including a programme of audits and take appropriate action without delay where progress is not achieved as expected.
- They implement and record regular multidisciplinary meetings, practice and clinical meetings.
- Staff are appropriately trained and receive an appraisal.
- Recruitment practices are robust and staff records contain the information required by regulation.
- Improvements are made to the recording and management of staff training records.
- Medicine management systems are reviewed and they are robust and safe.
- Medicines are securely stored, refrigerator temperatures are monitored to ensure the cold chain is maintained and that a validated cold chain is used when transferring medicines requiring refrigeration to the branch surgery
- The security and tracking of blank hand written and computer prescription forms at all times
- That staff using Patient Group Directions have been approved by the practice to work under these documents and the Patient Group Directions are available to staff when being used.

At the Guestling branch surgery:

- Repeat prescriptions for medicines dispensed to patients and all Controlled Drug prescriptions are signed before they are dispensed.
- That food is not stored with medicines
- Staff have access to adequate emergency medicines

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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 as there are areas where it must make improvements. Risks to patients were not always assessed and managed for example infection control audits were not up to date and whilst cleaning schedules were in place some parts of the practice were not clean and tidy. Medicine management systems were not safe and placed patients at risk. The recruitment practices did not ensure satisfactory information was available for staff employed by the practice. Staff who had access to patients unsupervised had not received a police check and the practice had not carried out a risk assessment to ensure the safety of patients.

Are services effective?

Requires improvement

The practice is rated as requires improvement for providing effective services, as there are areas where improvements must be made. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included promoting good health. The staff did not receive appraisals and personal development plans were not in place for staff. Multidisciplinary working was in place although this was generally informal as multidisciplinary meetings were not regularly recorded. Data showed patient outcomes were at or above average for the locality. Staff had received some training appropriate to their roles however the records were either poorly documented or not available for inspection and this made it difficult to assess and confirm staff training needs had been met.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice similar to or higher than others in some aspects of care including having confidence and trust in the last nurse they saw or spoke to. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. Urgent appointments were available the same day. Patients said they found it easy to make an appointment with the GP or nurse.

Summary of findings

The practice had good facilities and was equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand. The practice had not received any complaints and therefore it was not possible to assess how they learnt from complaints.

Are services well-led?

Inadequate

The practice was rated as inadequate for being well-led. The leadership structure was defined but not always clear to the staff team. There was an open culture and staff knew and understood the lines of responsibility and accountability to report incidents or concerns. There were some systems in place to monitor and improve quality and identify risk, however the practice lacked a quality assurance system. For example, the practice had not consistently carried out an annual practice audit or sought feedback from staff. The practice had carried out surveys in 2013/14 however we did not see evidence of action to improve the practice or any plans to repeat this audit. Staff we spoke with generally felt valued however they were not supported through appraisals and development plans. Regular meetings with the practice manager and GP manager and team meetings had not taken place in some time. Staff felt generally supported by the GP and the practice manager.

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 was rated as inadequate for providing safe and well-led services to patients. They were rated as good for responsive and caring services and requires improvement for effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered continuity of care with a named GP. Elderly patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care. The practice was responsive to the needs of older people, and offered home visits. The practice supported residents within local residential and nursing homes.

People with long term conditions

Inadequate

The practice was rated as inadequate for providing safe and well-led services to patients. They were rated as good for responsive and caring services and requires improvement for effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice nurse had a lead role and was trained in chronic disease management, including asthma and COPD. Patients at risk of hospital admission were identified as a priority and longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate

The practice was rated as inadequate for providing safe and well-led services to patients. They were rated as good for responsive and caring services and requires improvement for effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances would be flagged on the electronic system. Immunisation rates were relatively high (97%) for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The practice was rated as inadequate for providing safe and well-led services to patients. They were rated as good for responsive and caring services and requires improvement for effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice offered a full range of health promotion and screening that reflected the needs for this age group. The practice opened earlier on three mornings to allow for appointments for patients going to work.

People whose circumstances may make them vulnerable

Inadequate

The practice was rated as inadequate for providing safe and well-led services to patients. They were rated as good for responsive and caring services and required improvement for effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice held a register of patients living in vulnerable circumstances including patients with a learning disability. The practice offered longer appointments for people with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice was rated as inadequate for providing safe and well-led services to patients. They were rated as good for responsive and caring services and required improvement for effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Patients at risk of dementia and those with dementia were flagged on the practice computer system and had an annual review. We saw that 96% of dementia reviews had been carried out. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Summary of findings

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.	

Summary of findings

What people who use the service say

Patients told us they were satisfied overall with the practice in the delivery of care and treatment. We spoke with six patients on the day of the inspection. As this inspection was unannounced we did not use comment cards as part of the process.

We reviewed the results of the national patient survey which contained the views of 109 patients registered with the practice. The national patient survey showed patients were pleased with the care and treatment they received from the GP and nurses at the practice. The survey indicated that 90% of respondents said the last GP they saw or spoke to was good at explaining tests and treatments and 94% had confidence and trust in the last GP they saw or spoke to.

The practice performed above the CCG and national average across a number of points of the GP patient survey for example 100% of patients had confidence and trust in the last nurse they saw or spoke to compared to the CCG and national average of 97%.

96.8% of respondents said they were able to get an appointment to see or speak to someone the last time they tried compared with 89.6% across the CCG and 85.2% nationally.

98.4% of respondents said the last appointment they got was convenient compared with 94% of patients across the CCG and 91.8% nationally**.**

95.1% of patients describe their experience of making an appointment as good compared to 80.3% of patients across the CCG and 73.3% nationally.

The patients we spoke with were positive about all aspects of their care. They found access to appointments to be good. They told us that they felt treated with respect and their dignity was maintained. This was broadly in line with the national surveys and other forums.

Areas for improvement

Action the service MUST take to improve

The practice **MUST** ensure:

- Systems are put in place to demonstrate that the practice learns from and disseminate information related to risk, complaints and incidents.
- The quality and safety of services are monitored, including a programme of audits and take appropriate action without delay where progress is not achieved as expected.
- They implement and record regular multidisciplinary meetings, practice and clinical meetings.
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At the Guestling branch surgery:

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- That food is not stored with medicines
- Staff have access to adequate emergency medicines

Dr Ankur Chopra

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead Inspector and included a GP specialist advisor, a second CQC Inspector and a practice manager specialist advisor and a pharmacist inspector.

Background to Dr Ankur Chopra

Dr Ankur Chopra offers general medical services to people living in Hastings. There are approximately 3810 registered patients.

The practice is registered as an individual. Dr Chopra is supported by a nurse practitioner, two nurses and a team of receptionists and administration staff. Operational management was provided by a practice manager.

The practice runs a number of services for its patients including asthma clinics,child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

Roebuck House

High Street

Hastings

East Sussex

TN34 3EY

A branch surgery is located at:

Guestling Surgery

Chapel Lane

Guestling

Hastings

TN35 4HN

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider IC24.

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. We carried out an unannounced inspection due to concerns raised about the practice. This was to check whether the provider was 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

How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the NHS Hastings and Rother Commissioning Group (CCG). We carried out an unannounced visit on 27 October 2015

Detailed findings

due to concerns raised about the practice. We also visited the branch surgery as part of this inspection. During our visit we spoke with a range of staff, including the GP, practice nurses, and administration staff.

We observed staff and patients interaction and talked with six patients. We reviewed policies, procedures and operational records such as risk assessments and audits.

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 living in vulnerable circumstances
- 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 (QOF) data, this relates to the most recent information available to the CQC at that time.

Inadequate

Are services safe?

Our findings

Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents and national patient safety alerts as well as comments and complaints received from patients. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses. We saw that incidents were reported on the online system via the practice intranet and all staff we spoke with had a good understanding of this process.

We reviewed safety records, incident reports and minutes of meetings where incidents were discussed for the last year.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. There were records of significant events and incidents that had occurred during the last year and we were able to review these. Significant events were not discussed at practice management meetings as these meetings had not taken place since February 2015.

We were shown the system used to manage and monitor incidents. We tracked one incident and saw records were completed in a comprehensive and timely manner. We saw evidence of immediate action taken as a result of the incident, and a risk assessment of the likelihood of recurrence.

National patient safety alerts were disseminated by the practice manager. These were also received directly by the GP. The manager was unable to give examples of recent alerts that were relevant to the practice. They told us that they did not have a system to ensure all staff were aware of any that were relevant to the practice and where they needed to take action.

Reliable safety systems and processes including safeguarding

The practice had limited systems to manage and review risks to vulnerable children, young people and adults. We did not see training records to demonstrate that staff had received relevant role specific training on safeguarding. The practice manager was unable to confirm if staff had received training. Staff we spoke with knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities and knew how to share information however they were unsure how to contact the relevant agencies in working hours and out of normal hours. The practice staff were clear on who the lead in safeguarding vulnerable adults and children was. They told us that they had not received any specific training in safeguarding.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments; for example children subject to child protection plans.

The practice told us that members of staff were trained to undertake the role of a chaperone. A chaperone is a person who can offer support to a patient who may require an intimate examination. We found that the practice did not have a chaperone policy. Two receptionists that we spoke with told us they had recently undertaken specific training in this area. Staff we spoke with understood their responsibilities when acting as chaperones. Staff undertaking these duties had not received a criminal records check through the Disclosure and Barring Service and a risk assessment had not been undertaken in this area.

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic system, which collated all communications about the patient including clinical summaries, scanned copies of letters and test results from hospitals.

Medicines management

We checked the medicine management systems in the practice and at the dispensary in the branch surgery in Guestling. We found systems to be unsafe. For example we found that treatment rooms and medicine refrigerators at the main practice were not secure allowing unauthorised access. One treatment room contained open cabinets containing medicines and a trolley had an unused medicine vial left on the surface. The room was unlocked and remained open throughout the inspection.

Inadequate

Are services safe?

Records were available for one medicines refrigerator for the current month and over one year for a second medicines refrigerator. However, records were not available for the medicines refrigerators at the branch surgery to demonstrate that medicines were stored safely.

At the branch surgery we found food being stored in one medicines refrigerator and two medicines requiring refrigeration not being stored within a refrigerator. Vaccines were transported from the main surgery to the branch surgery. However, the "cold chain" had not been validated.

Processes were in place to check medicines were within their expiry date and suitable for use including expiry date checking. However, we found three items in a dispensary drawer at the branch practice that were out of date or lacked an expiry date.

The nurses used Patient Group Directions (PGD) to administer vaccines that had been produced in line with legal requirements and national guidance. Whilst most of the current in date PGDs were signed by the appropriate people, those that had been published since July 2015 had not been formally adopted by the practice or the nurses authorised to work under these PGDs.

All non-dispensing patient prescriptions were reviewed and signed by a GP before they were given to the patient. However, all patient prescriptions that were dispensed at the branch were signed at the end of each session. Both blank prescription forms for use in printers and those for hand written prescriptions were not stored or tracked on-site in accordance with national guidance.

The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). The controlled drugs were stored securely and access to them was restricted. However, the keys at the branch were not kept securely at all times, the controlled drug safe was over full and items other than controlled drugs were also there. Prescriptions for controlled drugs being dispensed at the branch were signed after they were dispensed and collected. The practice recorded who had collected the dispensed controlled drugs by their relationship to the patient rather than their name.

The practice had appropriate processes in place for the production of prescriptions and dispensing of medicines. Dispensing staff had all completed appropriate initial training.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged efficiently and then reviewed promptly. This helped make sure appropriate actions were taken to minimise the chance of similar errors occurring again. The practice was in the process of installing a bar code scanner to reduce product selection errors within the dispensing process.

Cleanliness and infection control

We observed the premises to be generally clean and tidy. However we did find that one treatment room was cluttered and dirty. A toilet used by patients had a dirty hand towel and bleach stored in an open cupboard. We saw that single use items such as nebuliser masks were in use. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The practice was unable to demonstrate that staff had attended infection control training. Staff had not received induction training or annual updates about infection control specific to their role. We saw evidence that confirmed the last infection control audit was carried out in February 2013. There was no system to ensure infection control audits were maintained and updated within the practice.

The practice could not provide an infection control policy and supporting procedures to demonstrate this was available for staff to refer to. Therefore there was no guidance that enabled them to plan and implement measures to control infection. We saw personal protective equipment including disposable gloves, aprons and coverings were available for staff to use. Staff were able to describe how they would use these to minimise the risk of infection.

Notices about hand hygiene techniques were displayed in staff and patient toilets. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly but we did not see equipment maintenance logs and other records that confirmed this.

Inadequate

Are services safe?

We were told that all portable electrical equipment was routinely tested. The records for tests were not available however we did see that some equipment displayed stickers indicating the last test date and a next date of April 2016. We were told that these records were with the practice manager for the other practice on site however he was away and the records could not be accessed or provided form inspection this week.

Records showed essential maintenance was carried out on the main systems of the practice. For example, fire safety equipment was serviced annually by an external contractor. Panic alarms were available via the computer system in all consulting and treatment rooms in case of emergency. All staff would respond if a call was raised.

Staffing and recruitment

Records we looked at were poorly managed and did not contain evidence that appropriate recruitment checks had been undertaken prior to employment. For example, the records of a member of staff who had started within the last six months had no proof of identification, references, evidence of qualifications and registration with the appropriate professional body. A criminal records check through the Disclosure and Barring Service (DBS) had been undertaken by another employer and used by the practice however no other information was in place to support its use. Records for other staff were missing references and proof of identity. We were told that the practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff however this was not made available at the time of the inspection. We found that the practice had not carried out a DBS check on all staff. Clinical staff had a DBS check however none of the seven records we saw for administration and dispensing staff had this check completed. They had not completed a risk assessment to support their decision not to carry out these checks on administration and reception staff. Staff told us that they had unsupervised access to patients in the course of their work however they had not had a DBS check.

Staff told us there were suitable numbers of nursing and administration staff on duty and that staff rotas were managed well. Staff we spoke with told us they were flexible in the way they worked to meet the needs of patients. Staff told us there was usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

Monitoring safety and responding to risk

The practice told us that they had systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. However we found that some areas were not managed safely. For example, the practice's health and safety policy was not available. Systems for managing and responding to significant events were not in place, meetings were irregular and there were no systems for sharing information.

The practice manager was the lead for health and safety. We did see evidence of a fire risk assessment and legionella risk assessment. We saw evidence that some equipment was tested including fire safety equipment.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage emergencies. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). This equipment was located on another floor in the building and shared between the practices using the building. When we asked members of staff, they all knew the location of this equipment and records confirmed that it was checked regularly. The practice had a pulse oximeter, a device used to check the level of oxygen in a patients system. When we checked this device we found that it was not working. This was remedied by the installation of new batteries by the practice manager. There was no record that this device had been checked at any point. Records were not available to demonstrate that staff had received training in basic life support. At the branch surgery we found that an automated external defibrillator was available for use however there was no oxygen on site.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. Processes were also in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

Inadequate

Are services safe?

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks identified included power failure, staff shortage and access to the building.

The building management team had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from the National Institute for Health and Care Excellence and from local commissioners. The staff we spoke with and the evidence we reviewed confirmed that these actions were designed to ensure that each patient received support to achieve the best health outcome for them. We found from our discussions with the GP and nurses that staff completed thorough assessments of patients' needs in line with NICE guidelines, and these were reviewed when appropriate.

The nurses working at the practice were trained in specific chronic disease management that included diabetes, heart disease and asthma. They also carried out patient health checks. They regularly assessed patients during appointments to help them manage their conditions and to offer advice and support. Patients with learning disabilities and with poor mental health received annual health checks. We noted that all patients with a mental health diagnosis had a care plan in place. Patients eligible for flu vaccinations were identified and encouraged to attend the practice to receive them.

There was a system in place for the effective management of patients requiring cervical smear tests. Patients were invited to book an appointment. The practice monitored performance in this area. A system was in place for dealing with abnormal results that included contacting the patient and arranging a follow-up appointment with a GP.

The practice used computerised tools to identify patient groups who were on registers. For example, carers, patients with learning disabilities or patients with long term conditions. We saw no evidence of discrimination when making care and treatment decisions. Interviews with the GP showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

We saw that the GP was working with the CCG prescribing advisor and utilising advice from the CCG re prescribing guidelines. This was in relation to higher than average CCG rates for the use of antibiotic and hypnotic medicines. We noted that that the issue was being addressed however the rates still remained high. The practice also used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. For example, The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 98% compared to the national average of 88.35%. We also noted that 100% of patients with schizophrenia, bipolar affective disorder and other psychoses who have had a comprehensive, agreed care plan documented in their record, in the preceding 12 months compared to the national average of 86.04%.

The GP and nursing team were not making use of clinical audit tools or meetings to assess the performance of clinical staff. The staff we spoke with discussed, how they reflected on the outcomes being achieved and areas where this could be improved in an informal way. Staff recognised that there were limited systems in place to take a wider view of the practice.

There was a protocol for repeat prescribing which was in line with national guidance and staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that all routine health checks were completed for long-term conditions such as diabetes and that the latest prescribing guidance was being used. The IT system flagged up relevant medicines alerts when the GP was prescribing medicines. We were told that, after receiving an alert, the GP had reviewed the use of the medicine in question and, where they continued to prescribe it outlined the reason why they decided this was necessary.

The practice had a palliative care register and regular multidisciplinary meetings to discuss the care and support needs of patients and their families. The nurse practitioner told us that they had regular meetings with the community nurses and health visitors however these meetings were not recorded.

Effective staffing

Practice staffing included a GP, nursing, managerial and administrative staff. The practice was run by a single GP. They were up to date with their yearly continuing professional development requirements and had been

revalidated. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

The nurses at the practice had the necessary skills, qualifications and experience to carry out their role. They were given time to undertake their continuous professional development to enable them to keep up to date with their skill levels. Nurses had received appropriate specialist training in delivering the services provided. These included managing patients with long term conditions such as asthma or diabetes, providing immunisations for children and adults, cervical smear testing and smoking cessation advice.

Annual appraisals had not been undertaken for some years. The last record of an appraisal we found was for 2011. We looked at staff records and spoke with staff and found there was a lack of an organised approach to the training and development of the staff team. Our interviews with staff confirmed that the practice was supportive, providing training and funding for relevant courses on an opportunistic basis. The records we saw confirmed that staff had undertaken some training however we noted that the records were limited and not well managed. We were told that the overall system for monitoring training was with another manager in the building not directly involved in the day to day management of the practice. This person was away and the records were not available to examine.

Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these duties. For example, on administration of vaccines, travel health and cervical cytology. Those with extended roles, for example seeing patients with long-term conditions such as asthma and chronic obstructive pulmonary disease (COPD) were able to demonstrate that they had appropriate training to fulfil these roles.

Working with colleagues and other services

The practice worked with other service providers to meet patient needs and manage complex cases. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required.

The practice held multidisciplinary meetings for patients with complex needs, particularly those with palliative care needs. Minutes of these meetings had not been maintained. However, staff acknowledged there needed to be a better system for recording joint working with other services.

Information sharing

The computerised patient record system was used to record all relevant details about patients on their records.

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local GP Out-of-Hours provider to enable patient data to be shared in a secure and timely manner. We found that information was being shared appropriately between other healthcare providers and the practice in relation to their patients. Electronic systems were also in place for making referrals

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record system to coordinate, document and manage patients' care. All staff were fully trained on the system.

Consent to care and treatment

We found that staff had some awareness of the Mental Capacity Act 2005, the Children Acts 1989 and 2004 and their duties in fulfilling them. All the clinical staff we spoke to understood the key parts of the legislation and demonstrated a degree of understanding about how they would implement it in practice but this was not embedded in the practice.

Patients with a learning disability and those with dementia were recorded on a register and monitored regularly. We saw they were supported to make decisions through the use of care plans, which they were involved in agreeing. These care plans were reviewed annually (or more frequently if changes in clinical circumstances dictated it). When interviewed, staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity to make a decision. All clinical staff

Requires improvement

Are services effective?

(for example, treatment is effective)

demonstrated a clear understanding of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. Staff we spoke with demonstrated an understanding of the need to seek consent prior to carrying out a procedure, ensuring that patient's had a good understanding of what they were consenting to.

Health promotion and prevention

It was practice policy to offer a health check with the practice nurse to all new patients registering with the practice. The GP was informed of all health concerns detected and these were followed up in a timely way. The practice also offered NHS Health Checks to all its patients aged 40-75. The GP we spoke with told us that regular health checks were offered to those patients with long term conditions and those experiencing mental health concerns. We also noted that medical reviews took place at appropriate timed intervals.

We noted that GP and nurse contact with patients was used to help maintain or improve mental, physical health and wellbeing. For example, the practice provided weight management advice, smoking cessation advice and could refer patients on for wellbeing support. There were services in place for patient's to be referred to smoking cessation clinics outside of the practice and we saw information about these on posters and leaflets in the waiting area.

The practice had ways of identifying patients who needed additional support, and it was pro-active in offering additional help. For example, the practice kept a register of all patients with dementia and we saw that 96% of them had attended a dementia review appointment in the preceding 12 months above the national average of 83%. Patients with a long term condition were offered regular health checks and we saw that additional support services were available.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccines in line with current national guidance. There was a clear policy for following up non-attenders by the named practice nurse.

The practice offered a full range of immunisations for children, and flu vaccines in line with current national guidance. We reviewed our data and noted that the practice performed above the CCG average for the majority of childhood immunisations. For example 94% of children aged below 24 months had received their mumps, measles and rubella vaccination compared to the CCG average of 91%.

Health information was made available during consultation and the GP and nurses used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and the practice website referenced websites for patients looking for further information about medical conditions.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We spoke to six patients during our inspection. Patients said they felt the practice offered a caring service and staff were kind and helpful. All of the patients told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We reviewed the most recent GP national survey data available for the practice on patient satisfaction. The evidence from the survey showed patients were generally satisfied with how they were treated and this was with compassion, dignity and respect. However, the practice generally performed below the CCG and national averages in terms of patient feedback. For example:

- 96.4% of patients rated their overall experience of the practice as good compared with CCG average of and national averages of 85%.
- 82.2% of practice respondents said the GP was good at listening to them compared with the local average of 86.7% and the national average of 84.8%.
- Patients who stated that the last nurse they saw or spoke to was good at listening to them was at 96.4% compared with the CCG average of 91.4% and national average of 91%.
- 94.3% of patients had responded that they had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 93.7% and national average of 95.2%.
- 100% said the same about the last nurse they saw compared with the CCG average of 96.9% and national average of 97.1%.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed that the reception area and waiting room were located together which did not allow for a high level of privacy for patients. We saw that patients were given the option of speaking with reception staff away from the main entrance to the surgery if they wished. We also noted that telephone calls were taken away from the reception desk so staff could not be overheard. Staff were able to give us practical ways in which they helped to ensure patient confidentiality.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients responded generally positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the national patient survey showed:

80.3% of practice respondents said the GP involved them in care decisions compared with 81.8% of patients across the CCG and 81.4%nationally.

90.4% of patients felt the GP was good at explaining treatment and results compared with 85.4% across the CCG and 86% nationally.

The practice was working towards improving care planning for patients with long term conditions and mental health issues. For example, we saw on the day of our inspection that 100% of care plans and mental health reviews had been undertaken for patients on the register. Also 95% of patients with a diagnosis of dementia had a face to face review of their care and treatment in the last twelve months.

Patients we spoke to on the day of our inspection told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. Patients we spoke with also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive.

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

Patient/carer support to cope emotionally with care and treatment

The survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. The results of the national GP survey showed that:

Good

Are services caring?

81.4% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with 83.3% across the CCG and 85.1% nationally.

98.9% of patients said the nurses were also good at treating them with care and concern compared with 90.4% across the CCG and 90.7% nationally. The feedback from patients we spoke with on the day of our inspection was also consistent with this survey information. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Notices in the patient waiting room and patient website also told patients how to access a number of support groups and organisations. The practice's computer system alerted the GP and nurses if a patient was also a carer. We saw information was available for carers to ensure they understood the various avenues of support available to them. Staff told us they were made aware of patients or recently bereaved families so they could manage calls sensitively and refer to the GP if needed. We were informed that the GP would contact the family and when appropriate advice on how to access support services would be given.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Patients experiencing poor mental health were supported by the GP and local mental health teams. Patients with likely dementia were offered an annual review at the practice or at home with a discussion with carers following diagnosis. We saw that mental health was an area where the practice had achieved high levels of support. Patients could be referred to counsellors as needed and staff were aware of the availability of support from the community mental health team.

The practice had a record of patients who were house bound. The record ensured the practice was aware when these patients had medicine requests, required home flu jabs, annual reviews or care planning.

The practice supported patients with either complex needs or who were at risk of hospital admission. Personalised care plans were produced and were used to support people to remain healthy and in their own homes. Patients with a long term condition had their health reviewed in one annual review.

Childhood immunisation services were provided through dedicated clinics and individual appointments with administrative support to ensure effective follow up.

Tackling inequity and promoting equality

The practice had not always recognised the needs of different groups in the planning of its services. Staff did not know how to access language translation services if these were required. They did not have contact information available. We were told that the practice had a loop system to assist patients with hearing impairments however they had never used it.

The practice was unable to demonstrate that they provided equality and diversity training. The practice policies for equality and diversity were not available.

The premises and services met the needs of people with disabilities. The patient areas within the practice were accessed via stairs and a lift as they were located on the third floor of the building. Patients with restricted mobility could easily enter the practice as there was level access to the building. The waiting area was accessible for wheelchair users.

Access to the service

The practice reception was open from 8.30am to 6.30pm Monday to Thursday and 8.30am to 5.00pm on Fridays. The practice had a reciprocal arrangement with the other practices on site to provide cover for patient calls and extended hours.

Early appointments were provided from 7.30am on Wednesdays at the main practice with three early mornings at the branch surgery starting at 7.30am Mondays, Tuesdays and Fridays.

Patients were satisfied with the appointments system. They confirmed that they were able to see a doctor on the same day if they needed to. Comments received from patients showed that patients in urgent need of treatment were able to make appointments on the same day of contacting the practice. We noted data from the national patient survey indicated that:

96.8% of respondents said they were able to get an appointment to see or speak to someone the last time they tried compared with 89.6% across the CCG and 85.2% nationally.

98.4% of respondents said the last appointment they got was convenient compared with 94% of patients across the CCG and 91.8% nationally**.**

95.1% of patients describe their experience of making an appointment as good compared to 80.3% of patients across the CCG and 73.3% nationally.

There were also arrangements to ensure patients received urgent medical assistance when the practice was closed. If patients called the practice when it was closed, an answerphone message gave the telephone number they should ring depending on the circumstances. Information on the Out-of-Hours service was provided to patients and advertised on the practice website.

We were told that longer appointments were also available for people who needed them and those with long-term conditions. Home visits could be arranged.

The practice also signposts patients to the walk-in centre when the service is closed.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

line with recognised guidance and contractual obligations for GPs in England. We were told 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. There was information in the waiting room to describe the process should a patient wish to make a complaint or provide feedback, including through a comments/suggestion box. Information was also advertised on the practice website.

We were unable to view how the practice dealt with their complaints as we were told that they had not received any. The practice manager told us that they did not recall receiving a complaint about the practice.

The culture of the practice was that of openness and transparency when dealing with complaints and the practice tried to encourage patients to share their opinions. The practice had a patient participation group (PPG) involved in the practice and had undertaken a patient survey. The practice had not undertaken an audit or review of complaints. They were unable to determine if there were any trends or reoccurrences of complaints as they told us they had not had any.

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

From speaking with the partner GP and staff from the practice it was clear that they wanted to provide high standards of care, involve patients in decision making about their treatment and care, promote healthy lifestyles and ensure continuous improvement of healthcare services. However we found that this had not been translated into a documented vision and practice priorities.

We spoke with seven members of staff and the response was mixed on what the vision and values were and they were unclear on their responsibilities in relation to these. Staff spoke positively about the practice and thought there was good team work with a good level of active support from clinical staff. They all described the culture of the practice as being positive and open to their suggestions.

Governance arrangements

The practice had not been able to demonstrate they had policies and procedures in place to govern activity. We were told that the practice had these policies however they could not be located. The practice manager told us they had been misplaced during the internal moves in the building and some were with the practice/business manager of the neighbouring practice. As this person was away these were not available to staff within the practice.

The leadership structure was unclear with some roles being clearly defined and others not. For example, there was a lead nurse for infection control however we were given two different names for the lead in safeguarding. Staff referred to a manager as a point of contact who works for another practice in the building.

The practice did not have an on-going programme of clinical audits which it used to monitor quality and systems to identify where action should be taken. This was recognised by the GP who told us that they had not undertaken many audits of the practice.

The practice did not have arrangements for identifying, recording and managing risks. The practice manager showed us risk assessments for fire and legionella that had been undertaken as part of the overall building and not exclusive to Dr Chopra's practice.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was performing above or in line with national standards in all areas, for example asthma, atrial fibrillation, cancer, depression and chronic kidney disease.

The practice did not hold regular meetings where performance, quality and risks had been discussed. Clinical audits and significant events were not discussed at meetings. We did not see evidence that meetings were held which enabled staff to keep up to date with practice developments and facilitated communication between the GP and the staff team. Staff told us that they wanted to have regular meetings however they had not had a meeting since February 2015. They all commented that the GP would make themselves available if they had any concerns and that he was approachable and supportive.

Leadership, openness and transparency

Management roles were not clearly defined within the practice. For example staff referred to a named person as providing the practice management lead and the person they would go to for advice. However this was not the person identified as the practice manager and it was unclear who was responsible for the management of staff, record keeping and training.

We saw that team meetings had not been held in some time, the last was held in February 2015. The practice manager, nurses and the lead GP had no regular forum or meeting to discuss complaints, incidents and risks. We were told that informal discussions took place but these were not recorded. The lead nurse told us that they met with the nursing team on a regular basis however they did not minute these meetings. Members of the nursing team confirmed that meetings did take place.

We were told that the practice had a number of human resource policies and procedures in place to support staff, including equality and diversity, complaints and whistleblowing. Most of these were not available at the time of the inspection and could not be located by the practice manager. Staff were aware of the principles of raising and reporting concerns however a number of staff did not refer to whistle blowing until prompted and did not know where they could find this guidance. We saw a whistle-blowing policy however most staff had not read this or know how to find it.

Are services well-led?

Inadequate

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

They told us they knew it was their responsibility to report anything of concern and knew the management of the practice and their clinical colleagues would take their concerns seriously.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had gathered feedback through patient feedback conducting patient surveys in 2013/2014. These surveys were positive. There were no plans to conduct a survey this year. The practice had a PPG in operation however these mainly concentrated on the services provided at the branch surgery. Results from the GP patient survey showed that the practice had performed above both the local and national average in a number of areas.

The practice had no systems to gather feedback from staff as meetings and appraisals did not take place. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Management lead through learning and improvement

Staff told us that the practice supported them to maintain their clinical professional development through training. Appraisals did not take place and staff did not have personal development plans. The meant that the practice could not demonstrate that they consistently supported staff to develop and maintain their skills.

The practice had completed reviews of significant events and other incidents. However these were not shared generally with staff at meetings to ensure the practice improved outcomes for patients and staff.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider had failed to ensure that the risks to patients from staff undertaking tasks who did not hold a DBS were fully assessed. The provider failed to ensure the premises and equipment was safe to be used by patients and staff. The provider had failed to ensure infection control procedures were up to date and the risk of the spread of infect was minimised. This was a breach of regulation 12 (1)(2) (a)(b)(d)(e)(f) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment How the regulation was not being met: We found that the registered provider had not ensured systems and processes were established and operated effectively to prevent abuse of service users. This was in breach of regulation 13 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Requirement notices

Surgical procedures Treatment of disease, disorder or injury	How the regulation was not being met: The provider had not ensured all staff were aware of significant information to improve the quality of the service. Regular practice meetings were not held. Systems to assess and learn from incidents and complaints were not in place. Records related to the training and development of staff were not accurately maintained. This was a breach of regulation 17 (2) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the regulation was not being met: We found that the registered provider had not ensured that persons employed in the provision of a regulated activity had received appropriate support, training, professional development and appraisal to enable them to carry out the duties they were employed to perform. This was in breach of regulation 18 (1) (2) (a)(b)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The provider had failed to ensure the medicine management systems were robust and safe.** **This was a breach of regulation 12 (1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** **The provider had failed to ensure the recruitment procedure was robust and satisfactory information was not available for staff employed by the practice. This included information set out in schedule 3 of the act.** **This was a breach of regulation 19 (1)(2)(3)(4) and schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014**