Sinha Medical Teaching Practice

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Inadequate
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Sinha Medical Teaching Practice on 27 May 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice to be inadequate for providing well-led, effective, caring, safe and responsive services. It was also inadequate for providing services for the care provided to 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 and people experiencing poor mental health (including people with dementia).

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example there was a lack of staff safeguarding training, infection prevention and control was not being managed, there was no system to manage medicines within the practice, out of date emergency medicines, no emergency oxygen or defibrillator, no chaperone policy or procedures and no formal recruitment process.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- There was insufficient assurance to demonstrate people received effective care and treatment as there was an absence of audit and performance data available.
- There was an absence of leadership and management oversight in the practice no clear formal governance arrangements.
- Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

There were areas of practice where the provider needs to make improvements.

Summary of findings

Importantly the provider must:

- Take action to address identified concerns with infection prevention and control practice. Including ensuring the practice is clean and an infection control audit is undertaken.
- Ensure recruitment arrangements include all necessary checks for all staff.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines, including Gillick competency.
- Ensure staff have completed all mandatory training including basic life support, chaperoning and safeguarding.
- Ensure there are formal governance arrangements in place, including systems for assessing and monitoring risk.
- Ensure staff have appropriate policies and guidance to carry out their roles.
- Ensure all medicines are handled in accordance with current guidelines, and ensure all equipment for use in emergencies is available and maintained.
- Ensure that clinical systems are up to date and acted upon as per national guidelines. Including disease management registers, referrals and test results.

We found that the practice was in breach of regulation 12 (2)(a)(b)(h), regulation 17(b) and regulation 18 (2)(b) of the Health and Social Care Act (RA) Regulations 2014.

We believed that there was a serious risk to patients' lives, health or wellbeing so we took immediate enforcement action. The registration of Dr Sinah to provide Diagnostic and Screening Procedures, family planning, maternity and midwifery services, surgical procedures and Treatment of Disease Disorder or Injury, at this location, was cancelled with immediate effect by an order of the Court on 29 May 2015.

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 and improvements must be made.

Staff were not clear about reporting incidents, near misses and concerns. We found no evidence that the practice carried out investigations when things went wrong, lessons learned were not communicated and so safety was not improved. Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. For example there was a lack of staff safeguarding training, infection prevention and control was not being managed, there was no system to manage medicines within the practice, out of date emergency medicines, no emergency oxygen or defibrillator, no chaperone policy or procedures and no formal recruitment process. There was insufficient information to enable us to understand and be assured about safety because key staff were unavailable at the inspection and there was an absence of documentation.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made. We found no evidence that National Institute for Health and Care Excellence (NICE) guidance was routinely referenced and used. Patient outcomes were hard to identify as little or no reference was made to audits and there was no evidence that the practice was comparing its performance to others; either locally or nationally. There was minimal engagement with other providers of health and social care. There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required. Basic care and treatment requirements were not met

Are services caring?

Inadequate

The practice is rated as inadequate for providing caring services and improvements must be made. Patients were unsure what was going to happen to them during their care especially uncertainty over whether a referral to secondary care was being made. Patients did not know who to ask for help. Data showed that 54% said the last GP they spoke with was good at listening to them, which was below the CCG average of 83%. Patients said they were treated with compassion, dignity and respect but they were not always involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We

Summary of findings

saw that staff treated patients with kindness and respect ensuring confidentiality was maintained. The practice had an active Patient Participation Group (PPG) which met regularly to discuss practice concerns.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services and improvements must be made. There was no evidence that the practice reviewed the needs of their local population and engaged with the local Clinical Commissioning Group (CCG) to secure service improvements where these were identified. Patients reported that it was hard to access the practice and receive an appointment with a named GP due to locum doctors being used. There was no continuity of care. Patients requiring urgent appointments on the day were sent to the local walk in clinic if all routine appointments had been filled. The practice had good facilities and was well equipped to treat patients and meet their needs. There was an accessible complaints system with evidence that the practice responded quickly to issues raised. There was evidence of shared learning from complaints with staff within practice meetings.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. There was no clear vision or guiding values that staff were aware of. The governance arrangements and their purpose was unclear. There were policies for infection control and safeguarding with named lead individuals but no evidence of other defined policies to govern activity. There was no evidence of how the practice monitored its performance. Significant issues that threaten the delivery of safe and effective care were not identified or managed. There was minimal evidence of learning within the practice. We found no evidence of performance reviews for staff with objectives and training needs set.

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

Due to the issues identified within the practice the service is rated as inadequate for the care of older people.

The care of older people was not managed in a holistic way. Little attempt had been made to respond to older people's needs and access for those with poor mobility or who were housebound was limited. The leadership of the practice have little understanding of the needs of older people and were not attempting to improve the service for them**.** Services for older people were therefore reactive, and there was a limited attempt to engage with this patient group to improve the service. However each person over the age of 75 had a named GP, however the regular GPs were not present in the practice and all patients had to see locum doctors. We found no evidence of an older persons' register or of signposting older people to other organisations that could be of service.

People with long term conditions

Inadequate

Due to the issues identified within the practice the service is rated as inadequate for the care of people with long-term conditions.

Longer appointments and home visits were not always available when patients needed them. Very few of these patients had a named GP and personalised care plan. Structured annual reviews were not undertaken to check that patients' health and care needs were being met. There was no up to date long-term conditions registers evident. Those with long-term conditions were not being managed effectively due to the staffing issues at the practice. Locum doctors did not manage patients with long-term conditions.

We were unable to find any performance data on the management of long-term conditions within the practice.

Families, children and young people

Inadequate

Due to the issues identified within the practice the service is rated as inadequate for the care of families, children and young people.

There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk. Immunisation rates were also relatively low for a number of the standard childhood immunisations. For example in 2014, the practice vaccinated 72.8% for the MMR and the CCG average was 84.7%. There was no evidence of the practice working with health visitors or community midwives as part of a multi-disciplinary team.

Summary of findings

The practice undertook a full childhood immunisation programme but was performing below the Clinical Commissioning Group average. For example, The practice offered sexual health advice to young people.

Working age people (including those recently retired and students)

Inadequate

Due to the issues identified within the practice the service is rated as inadequate for the care of working age people (including those recently retired and students).

The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not reflect the needs of this group. Appointments could only be booked by telephone and extended opening hours were only available on Saturday's for working people. There was a low uptake for both health checks and health screening.

People whose circumstances may make them vulnerable

Inadequate

Due to the issues identified within the practice the service is rated as inadequate for the care of people whose circumstances make them vulnerable.

The practice did not hold an up to date register of patients living vulnerable circumstances. It was unable to identify the percentage of patients who had received an annual health checks.

The practice had not worked with multi-disciplinary teams in the case management of vulnerable people. Some staff knew how to recognise signs of abuse in vulnerable adults and children, but they were not aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.

People experiencing poor mental health (including people with dementia)

Inadequate

Due to the issues identified within the practice the service is rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

The practice was unable to identify patients experiencing poor mental health or those with dementia. It had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health. It did not carry out advance care planning for patients with dementia. The practice did not hold an up to date register of those patients experiencing poor mental health or living with dementia.

The practice had not told patients experiencing poor mental health about support groups or voluntary organisations. It did not have a

Summary of findings

system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Some staff had received training on how to care for people with mental health needs but no dementia training was available.

Summary of findings

What people who use the service say

During our inspection we spoke with five patients at the surgery and collected 17 comment cards that had been completed by patients.

Patients who completed the cards were happy with the service provided and said that they were treated with respect and well cared for. Patients told us that they were involved in the decision making process regarding their treatment, and were given information about all the treatment options available to help them make their choices. However patients who were receiving on-going treatment told us that they were not happy with the way their care was being managed as referrals were not being made and they could not see a regular doctor.

We viewed the national GP patient survey for 2014 and this showed that 89% of patients had confidence in the last nurse they spoke with, which was below the Clinical Commissioning Group (CCG) average of 93%. The survey also showed that 54% said the last GP they spoke with was good at listening to them, which was also below the CCG average of 83%.

Areas for improvement

Action the service MUST take to improve

- Take action to address identified concerns with infection prevention and control practice. Including ensuring the practice is clean and an infection control audit is undertaken.
- Ensure recruitment arrangements include all necessary checks for all staff.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines, including Gillick competency.
- Ensure staff have completed all mandatory training including basic life support, chaperoning and safeguarding.
- Ensure there are formal governance arrangements in place, including systems for assessing and monitoring risk.
- Ensure staff have appropriate policies and guidance to carry out their roles.
- Ensure all medicines are handled in accordance with current guidelines, and ensure all equipment for use in emergencies is available and maintained.
- Ensure that clinical systems are up to date and acted upon as per national guidelines. Including disease management registers, referrals and test results.

Sinha Medical Teaching Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission (CQC) Lead inspector. It included a GP advisor, nurse and a practice manager who were granted the same authority to enter the Sinha Medical Teaching Practice as the CQC inspector.

Background to Sinha Medical Teaching Practice

The Sinha Medical Teaching Practice is a surgery located in the London Borough of Newham. The practice is part of the NHS Newham Clinical Commissioning Group (CCG) which is made up of 61 practices. It currently holds a PMS contract and provides NHS services to 6480 patients. despite the name of the practice, it was not an NHS England designated teaching practice.

The practice serves a diverse population with many patients attending where English is not their first language. The majority of the practice population is between the ages of 20 and 39. The practice is situated within a purpose built centre. Consulting rooms are available on two levels and there is a lift available for those with impaired mobility. There are currently two GP partners (both male); two part time practice nurses; administrative staff and a practice manager employed in the service. At the time of the inspection the senior partner had retired from practice (the CQC had not been informed of this) and the second partner was suspended by the General Medical Council (GMC). The practice manager was on sick leave. The practice was occupied by two locum doctors, a nurse and administrative staff.

The practice is open from 8.30am to 6.30pm on weekdays and 10am to 4pm on Saturdays. Appointments are available from 9am to 1:30pm and then from 2.30pm to 6pm on Monday to Thursday; between 11.am to 1.30pm and 2.30pm to 6pm on Friday; and between 12.30pm to 4pm on Saturday. The Saturday opening is extended hours for those patients who could not attend during the week as they worked. The practice did not provide out of hours treatment but referred patients to the local out of hour's provider.

The practice had been inspected previously in August 2013 and was found to non-compliant in the areas of safeguarding people who use the service from abuse and supporting workers. The provider was found compliant at the follow up inspection in July 2014.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. The practice had been inspected previously in August 2013 and was found to

not be compliant in the areas of safeguarding people who use the service from abuse and supporting workers. The provider was found compliant at the follow up inspection in July 2014.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 27 May 2015, as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of service, and to provide a rating for the service under the Care Act 2014.

Please note that when referring to information throughout this report, for example any references to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations including Newham Clinical Commissioning Group (CCG) to share what they knew. We carried out an announced visit on 27 May 2015. During our visit we spoke with a range of staff including locum GPs, practice nurse and administration staff. We reviewed 17 completed Care Quality Commission (CQC) comments cards where patients and members of the public shared their views and experiences of the service. We also viewed patient notes. We asked the practice to provide pre inspection information regarding the service provided but this was not returned to us.

Inadequate

Are services safe?

Our findings

Safe track record

Safety was not a sufficient priority within the practice and there was limited monitoring of safety. Staff we spoke with were unaware of their responsibilities to raise concerns, and how to report incidents and near misses. We were unable to find an up to date policy to govern this. However, they said that if they were concerned over something they would raise it with the practice manager.

We found no evidence of safety records and incident reports recorded since 2012. This showed that the practice had not managed concerns consistently over time and could not evidence a safe track record.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. The practice had a significant events file however the last recorded event was in 2012. The policy stated that significant event forms were to be completed on the practice shared drive but no evidence was found of completed forms, analysis or learning from significant events.

There was no evidence that national patient safety alerts were disseminated by the practice manager to practice staff. Staff we spoke with were unaware of any formal process and stated that feedback would be given informally by the practice manager. However staff were unable to give examples of recent alerts that were relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

The practice had systems in place to review risks to vulnerable children, young people and adults. We viewed policies for both safeguarding children and vulnerable adults which identified a lead within the practice, however staff we spoke with were unaware of these policies or who the safeguarding lead was for the practice. Clinical staff had received adult safeguarding and level three child protection training. There was no evidence that administration staff had received training in safeguarding and child protection. Administration staff were unable to demonstrate knowledge of safeguarding issues.

The practice did not have a chaperone policy despite the service being offered to patients. Chaperone training had not been undertaken by staff that were required to act as chaperones which included receptionists. Non-clinical members of staff who acted as chaperones had not received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable)

The practice used the required codes on their electronic case management system to ensure that children and young people who were identified as at risk, including those who were looked after or on child protection plans, were easily identifiable. However these alerts had not been maintained and nor had the lists of vulnerable patients.

Medicines management

We checked medicines stored in the treatment rooms and within the medicine refrigerator and found they were stored in a disorganised manner. We found 12 boxes of expired flu vaccinations (exp 2014) in the bottom of the fridge covered in a thick coating of dust. The fridge also contained expired vitamin B12 (2014). We found one box of MMR vaccines stuck to the back of the fridge and a further box water damaged. A mould substance was visible at the back of the fridge. The fridge was locked with a small padlock attached to the side of the door despite the fridge having its own locking facility for which the key was missing. On opening the fridge, the temperature rose to 12 degrees immediately and continued to rise to 16 degrees where it settled. It took a further two minutes before the fridge alarm activated to warn of the high temperature. The fridge temperatures were intended to be logged on a daily basis however the records were incomplete. There was no record of temperatures for February and March 2015 and only three entries for April 2015. Recording started in May 2015 but none of the entries were signed.

We found an out of date prescribed inhaler (expired May 2014) within the nurse's room along with expired sterile dressing packs (expired 2010) and expired ultrasound gel (expired November 2005).

Processes were not in place to check medicines were within their expiry date and suitable for use. No check lists

were present to enable safe management of medicines within the practice. There was no log of batch numbers, expiry date, arrival in the practice or when the vaccine was given.

Vaccines were administered by the practice nurse in line with legal requirements and national guidance. We saw evidence that the practice nurse had received the appropriate training to administer vaccines.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were not handled in accordance with national guidance however as some prescriptions were used as 'scrap' paper by locum doctors to write patient referral details on. There was no evidence that prescription pad numbers were recorded before placing in printers.

Cleanliness and infection control

We observed most of the premises to be clean and tidy. However, we found that the nurse's room was dirty with the window ledge containing expired surgical instruments and medicines covered in a thick layer of dust. Open boxes of insulin syringes and needles which had expired were found under the couch. We found the consulting rooms to be cluttered and dirty. Patients we spoke with on the day confirmed that this was an ongoing occurrence and they also found the consulting rooms to be dirty. We saw no evidence of cleaning schedules in place or that cleaning records were kept. It was unclear from talking with staff who carried out the cleaning and when it was undertaken. We were unable to locate a cleaning cupboard within the practice.

We found evidence of an infection control policy however staff were unable to confirm its existence and who the infection control lead was. We found no evidence of paperwork for an infection control audit being carried out and follow up actions being taken. However an invoice was present stating that infection prevention and control training and audit was undertaken at the practice in 2014 but there was no evidence in the infection control file or in staff training records to confirm this.

We found no formal policy for staff to follow when handling specimens brought to the practice. Staff informed us that specimens were kept in a box behind the reception desk and picked up during the morning session. Staff did not use gloves when handling specimens but applied hand gel afterwards.

There was no policy for handling needle stick injuries present and no posters or procedures to follow were evident in the clinical rooms or reception area.

The practice had a policy for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw records that confirmed that legionella risk was assessed in July 2014.

Equipment

Staff we spoke with told us they had equipment to enable them to carry out diagnostic examinations, assessments and treatments. We found evidence that all equipment was tested and maintained regularly. A schedule of testing was in place. We saw evidence of calibration of relevant equipment; for example baby scales, diagnostic set, digital blood pressure monitors, spirometers, thermometers, ultrasound and vaccine fridges. Calibration last took place in 2014. We found no evidence that portable appliance testing (PAT) had been carried out.

Staffing and recruitment

We looked at staff records for both clinical and non-clinical staff. Staff files for clinical staff contained evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks through the Disclosure and Barring Service (DBS). However the staff files for non-clinical members of staff did not contain evidence that recruitment checks had been carried out. We were informed by reception staff that they handed in a CV and received an interview before starting. They did not know if references had been requested and there was no evidence in the files to clarify this. There was no evidence of DBS checks. There was no evidence that the practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff.

There was no evidence to show that arrangements had been made for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We found that the practice was being run on locum doctors, a nurse and two new reception staff on the day of inspection. We found that there were substantial staff shortages, for example the lack of a management team available on the day of inspection and poor management of locum doctors which increased the risk to people who used the service.

Inadequate

Are services safe?

Monitoring safety and responding to risk

The practice did not assess, monitor or manage risks to people who used the service. We found no evidence of checks of the building and environment, medicines management and staffing. We found that opportunities to minimise or prevent harm were being missed.

We were unable to identify how staff would respond to changing risks to patients including deteriorating health and well-being due to the lack of staff present on the day. Those asked were unable to give examples of how this would be achieved.

Arrangements to deal with emergencies and major incidents

The practice had limited arrangements in place to manage emergencies. Records showed that newer members of staff had not received training in basic life support. Emergency oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency) were not available at the practice.

Emergency medicines were available within the nurse's room. However staff were unaware of the location. These included those for the treatment of cardiac arrest, anaphylaxis (a life threatening allergic reaction that can develop rapidly) and hypoglycaemia (low blood sugar level). There was no process in place to ensure that emergency medicines were within their expiry date and suitable for use. We found that the adrenaline had expired in 2013, hydrocortisone had expired in 2014, piriton had expired in 2014 and all of the airways were out of date. There was also a container of plasma present in the emergency medicine kit which had expired in 2014.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Each risk was rated and mitigating actions recorded to reduce and manage the risk. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. The document also contained relevant contact details for staff to refer to (for example, contact details of a heating company to contact if the heating system failed).

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Fire extinguishers were last serviced in March 2014 and were overdue a service. No records were available to show that staff were up to date with fire training and that they practised regular fire drills. The practice had a fire safety log book and tested the fire alarms.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GPs and nursing staff we spoke with could clearly outline the rationale for their approaches to treatment. However we found no evidence that current best practice guidance, guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners was being routinely used. We reviewed minutes of staff meetings and found that new guidelines were not discussed and disseminated to staff. There was no evidence of the implications of guidelines on practice performance being discussed.

Patients were treated by locum doctors who would assess the patient's current need and refer to appropriate secondary care. We found no evidence of the day to day management of long term conditions and no long term condition registers were found. Staff present showed no knowledge of the management of long term conditions within the practice. We found no formal system for referrals to be made. Each locum doctor used their own system of requesting a referral, either through the practice computer record system, on 'scraps' of paper or on the back of blank prescriptions. The referral requests were then collated by the reception team to be processed. There was no clinical input on the prioritising of referral letters. We observed that the secretary had a pile of 70 outstanding referrals that had not been prioritised or processed. One such referral was for a patient with a painful scar that was not healing. The patient was referred on by the locum doctor to a surgeon in May 2015 and the referral was still to be processed. We also observed two week cancer referrals which were eight weeks overdue and still to be processed.

There was no clear system for the processing of actioning pathology results. Reports would be forwarded by the locum doctors to the secretary who would forward the results to the nominated GP for actioning. Locum doctors did not process pathology results and the nominated GP was only employed for two clinical sessions a week. We were told by the GP that he was requested to undertake two clinical sessions at the request of NHSE however we received information from NHSE that this was not the case.

We found 355 unmatched test results on the system dating back to the beginning of April 2015. Staff at the practice were unaware of what to do with these results as they were not patients of the practice.

We found no evidence of a risk stratification tool being used to identify high risk patients.

Management, monitoring and improving outcomes for people

There was limited monitoring of the outcome of people's care and treatment. Necessary action was not taken to improve people's outcomes.

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews, and managing child protection alerts and medicines management. However when staff were absent for long periods of time it was apparent that these roles were not carried out.

The practice had a system in place for completing clinical audit cycles and we were informed that it was the responsibility of the practice manager to complete these. We found evidence of an antipsychotic medicines review audit which was first undertaken in November 2014 and then repeated in March 2015. The purpose of the audit was to identify the number of patients on antipsychotic medicines with the view to ensure that patients were on the correct physical checks and medicines. It was found that in the November 2014 that six patients had not received the required blood tests and an action plan was established to ensure this was carried out. We were unable to confirm whether this had taken place. For patients with schizophrenia it was found that the number of patients being monitored in primary care following guidance from secondary care had doubled from four patients in November 2014 to eight patients in March 2015. We found no evidence that the results of the audit were discussed within practice meetings.

We found that the practice did not hold current chronic disease registers. The registers were last updated and reviewed in 2014. We were also unable to find any evidence that dementia screening had been undertaken.

We were unable to obtain any data regarding information that the practice sent to the Quality and Outcomes Framework (QOF) which compared data from the practice and the local Clinical Commissioning Group (CCG) as a

Inadequate

Are services effective?

(for example, treatment is effective)

whole against the national average prior to the inspection visit. We were informed that the practice manager undertook QOF but we found no evidence of this being undertaken on either the electronic system or in files.

Staff checked that patients receiving repeat prescriptions had been reviewed by the GP.

Effective staffing

Patients did not receive care from staff who had the skills and experience needed to deliver effective care. Staff were not always supervised or managed effectively.

The practice was managed by two partners, one of which had retired from practice and the other was currently suspended from practice by the General Medical Council (GMC). The practice also had a practice manager who was off sick at the time of the inspection visit. We were informed that at the request of NHS England a further GP regularly undertook clinical two sessions a week at the practice (on a Thursday and Friday morning). However we were later informed that NHS England did not request this. No time was allocated for management duties.The rest of the time it was staffed by locum GPs. On the day of inspection, two locum doctors, a nurse and two receptionists were present. The receptionists informed us that they had not received training for the role (including basic life support and infection control), and were unaware of safeguarding procedures, unaware of whistleblowing policy and had no access to any other policies and procedures. The reception team was required to act as chaperones but none of these staff had received training or Disclosure and Barring Service (DBS) checks.

Working with colleagues and other services

We found no evidence that the practice engaged with other health services to ensure a multi-disciplinary approach to the care and treatment of those with complex care issues.

Blood tests, X ray results, hospital letters, information from out of hour's providers and the 111 service were received by the practice electronically, reviewed by the administration staff and passed to the nominated GP. However these were left until the GP undertook sessions as these were not handled by the locum doctors.

We found no evidence that the practice was involved in multidisciplinary team meetings to discuss individual patient cases.

Information sharing

We found that information was shared with other health providers by post. However we found evidence that this was not done in a timely way with up to three months wait for pathology results and referral letters to be processed. The communication was recorded on the electronic patient notes but there was no evidence of any follow up undertaken for any delay in communication.

Consent to care and treatment

Staff at the practice had not received training in the Mental Capacity Act 2005 and the Children's and Families Act 2014. The locum doctors and nurse that were present were able to demonstrate the key parts of the legislation and gave an example of what they would do if a patient with a learning disability refused to have a smear test, for example. Nursing staff were unable to demonstrate a clear understanding of Gillick competencies (these help clinicians to identify children aged under 16 who have legal capacity to consent to medical examination and treatment), however. We were unable to find a policy to guide staff for determining the capacity of patients under 16 to give consent and the procedure for the practice to follow.

We were unable to locate a policy for obtaining consent for minor surgery. Although the practice is registered to carry out minor surgery, this practice was not being undertaken.

Health promotion and prevention

We were informed that all new patients were offered a consultation with the practice nurse to discuss the patient's lifestyle and to provide information to help improve their lifestyle. Data was collected from the consultation and used to assess their health needs. Healthy eating and exercise leaflets and smoking cessation advice was offered. Chlamydia testing and advice was also offered as part of the initial patient consultation for those patients within the age range for this testing. Sexual health advice was offered to young people and those that may be vulnerable. The practice also offered a full children's immunisation programme. Immunisation rates were below the Clinical Commissioning Group (CCG) rate, however. For example, in 2014, the practice vaccinated 72.8% for the MMR and the CCG average was 84.7%. The practice telephoned patients who did not attend for vaccinations as a reminder and to encourage attendance. There was no evidence of the practice working with health visitors and community midwives.

Inadequate

Are services effective?

(for example, treatment is effective)

The practice was currently running a 'firefighting' service of treating initial patient symptoms and referring on to other health providers for further treatment due to the lack of regular GPs.

All people over the age of 75 received a named GP; however the GP was not present at the practice and locum GPs did not take on that responsibility. There was no evidence of the practice signposting patients to other organisations that could provide support.

We were unable to find any further specific information at the practice in relation to how health was promoted within the various population groups, including the current flu vaccination and cervical screening figures.

Inadequate

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national patient survey, CQC patient comments cards and NHS Choices website. The evidence from these sources showed patients were not always positive about the service they received. Data from the national GP patient survey (454 surveys were sent out and 57 surveys were returned) showed that 89% of patients had confidence in the last nurse they spoke with, which was below the Clinical Commissioning Group (CCG) average of 93%. The survey also showed that 54% said the last GP they spoke with was good at listening to them, which was below the CCG average of 83%.

We found no evidence that the practice had undertaken its own patient survey.

Patients completed CQC comment cards to provide us with feedback on the practice. We received seventeen completed cards and the majority were positive about the service experience. Patients commented staff were friendly and helpful.

We also spoke with five patients in the waiting room on the day of inspection. They were generally unhappy with the service being provided, with many voicing issues regarding waiting times, not being able to see a regular GP and referrals not being made.

Staff told us that all consultations were carried out in the privacy of the consulting room. Disposable curtains were provided in consulting rooms so that patient dignity was maintained during examinations. We noted that the doors to the consulting rooms were closed during a consultation to increase confidentiality. The practice provided a chaperone for any patient that made a request for one. Information on the chaperone service was on display in the reception area. However chaperones were not trained or Disclosure and Barring Service (DBS) checked.

We noted that there was a small distance between the waiting area and the reception desk to ensure patients were not overheard at the desk by those waiting for an appointment. We were informed that a side room would be made available for any patient that wished to talk to a member of staff in private before their consultation.

Care planning and involvement in decisions about care and treatment

Patient survey information that we viewed showed patients did not respond positively to questions about their involvement in the planning of their care. For example, the national GP patient survey showed that 56% of patients said that the GP was good at involving them in their care, and 57% said that the GP was good at explaining test results and treatments. Both results were below the Clinical Commissioning Group (CCG) average.

Patients we spoke with on the day had concerns over involvement in their treatment. They expressed concern that they were not going to be treated effectively and that referrals were not going to be made because there were no regular GPs at the practice.

Staff told us that translation services were available for patients who did not have English as their first language. Patients were asked by the receptionist if they required a translator and the interpreter service was also publicised in reception.

Patient/carer support to cope emotionally with care and treatment

The survey information we viewed showed that people were positive about the emotional support that was provided by the practice. People told us that when they needed emotional support the practice would offer support through providing information on how they could access relevant support groups and counselling services.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found there was no evidence at the practice to show the practice was responsive to patient needs or had systems in place to maintain the level of service provided. Long term condition management registers were not maintained and the care to these patients was not being managed due to the practice being run by locum doctors who were treating symptoms as patients appeared on the day.

We were unable to establish how the practice engaged with the clinical commissioning group (CCG) to discuss local needs and service improvements that needed to be prioritised. We saw minutes of practice meetings and found examples of where physiotherapy referrals were to be made for patients with recurring back problems but no evidence that this had been followed through since the regular GPs departed from the practice. There was no evidence that the practice worked with Public Health England to monitor the effectiveness of their service to patients.

The practice had implemented suggestions for improvements following patient participation group (PPG) feedback. This included extending the length of time that patients could book appointments to two weeks in advance.

Tackling inequity and promoting equality

The practice had recognised the needs of different groups in the planning of its services. The practice had access to face to face, online and telephone interpreting services (including British Sign Language) that could be pre booked for appointments if patients requested to use the service.

The premises and services had been adapted to meet the needs of patient with disabilities. The practice had lift access and all consultation rooms were on the same level. Wider doorways were in place to accommodate wheelchairs. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for easy access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice and there were baby changing facilities.

Access to the service

The practice was open from 8.30am to 6.30pm on weekdays and from 10am to 4pm on Saturdays. Appointments were available from 9am to 1:30pm and then from 2.30pm to 6pm on Monday to Thursday; 11am to 1.30pm and 2.30pm to 6pm on Friday; and 12.30pm to 4pm on Saturday. The Saturday opening was extended hours for those patients who could not attend during the week as they worked.

Information was available to patients within the practice leaflet. This included how to book an appointment. 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. We witnessed patients being sent to the local walk in clinic for emergency appointments because all of the appointments had been booked for that day at the practice.

We were informed by the reception staff that longer appointments were available for patients who needed them or where an interpreter or advocate may be required. However, home visits and telephone appointments were currently not being made to those patients who needed them due to staff shortage.

Patients expressed concern regarding the appointments system. They stated that it was difficult to see the same GP for continuity of care and it depended on which locum was working as to whether they were able to see a same sex doctor. There was a long waiting time to see a doctor once in the waiting room. Patients also stated that they were not informed when doctors were running late. We observed this as both the locum doctors and nurse ran 40 minutes late.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system including a complaints leaflet which was available in six languages. Patients we

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever made a formal complaint about the practice.

We looked at four complaints received in the last 12 months and found that these were handled appropriately in line with the practice complaints policy.

We found no evidence that the practice reviewed complaints annually to detect themes or trends. However we reviewed the minutes of practice meetings and found that individual complaints had been discussed for learning purposes. There was no evidence that policies had been changed as a result of the outcome of complaints.

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

There was no clear vision or guiding values evident within the practice. Staff we spoke with were not aware of a vision for the practice or values. We were unable to find evidence of any detailed or realistic plans to achieve any vision or long term strategy.

Governance arrangements

The practice had a number of standard policies and procedures in place to govern activity. However these were template documents and had not been personalised for the practice. For example, the name of the practice had not been completed and contact details of responsible people were missing. None of the policies we looked at had review dates. We were informed that the administration staff did not have access to these policies on the shared drive. The only policy that was up to date was safeguarding where an up to date policy with a named responsible person was available. The responsible person was unavailable at the practice.

There was no clear leadership structure with named members of staff in lead roles. There was a lack of clarity about authority to make decisions within the practice and staff were left to carry out the day to day running of the practice unsupervised. We found that general practice correspondence was not being responded to, for example referral notes and pathology results. We also found evidence that a number of financial invoices had been left unpaid.

Leadership, openness and transparency

We saw that full team meetings were held monthly up until the GP partnership became absent from the practice. Meetings had not been held involving the locum doctors or the provider appointed GP. Staff told us that there was an open culture within the practice and they had the opportunity and were happy to raise issues at team meetings. However at the time of inspection there was no leadership within the practice for staff to raise concerns with.

Staff we spoke with were unaware of practice policy towards infection control, chaperoning and whistleblowing. We were unable to find evidence of the existence of these policies. Staff we spoke with were also unaware of the reasons why the GP partners were not present at the practice.

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

There was a limited approach to obtaining the views of patients who used the practice and other stakeholders. The practice used the complaints policy and a compliments book located in the reception area to obtain patient feedback.

The practice had an active patient participation group (PPG). The PPG included representatives from all the various population groups. There was no evidence found that the PPG had carried out annual surveys. However the group met every quarter. The PPG had provided feedback on the service and how to improve. For example, it was suggested that the practice offered a telephone consultation for minor ailments. The practice took this on board and the minutes stated that this would be started. This service was currently not being provided however.

The practice had gathered feedback from staff through staff meetings. Staff told us they felt comfortable giving feedback and discussing any concerns or issues with management. However they shared concerns over the lack of regular GP's and the unrest they faced from the patient population. They were also concerned that they had not been told why the GP partners were absent.

Management lead through learning and improvement

There was little innovation or service development evident at the practice. The practice was left to provide a basic service to patients through the locum doctors and nurse. We found no evidence of learning and reflective practice undertaken by the management team.