

# Dr Rashid Kadhim

## Quality Report

The Avicenna Health Centre  
2 Verney Way,  
London SE16 3HA  
Tel: 020 7237 1685  
Website:

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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?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Inadequate



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rashid Kadhim on 10 May 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Rashid Kadhim on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 9 January 2017. Overall the practice remains rated as Inadequate.

Our key findings were as follows:

- A programme of continuous clinical and internal audit to monitor quality and to make improvements had been commenced however audits had not yet been completed therefore it was not possible to determine what, if any, improvements to patient care had occurred as a result.
- The practice was still in the process of developing an overarching governance framework to support the delivery of the strategy and good quality care. We saw that structures and procedures had been put into place; however, there was insufficient evidence to indicate that the improvements made were substantial enough or sustainable.
- The practice did not offer online appointment booking although it was working to resolve this. It did provide electronic repeat prescriptions.
- The practice provided a nurse for just one day each week which impacted on patient access as it limited the day they could attend. The nurse offered appointments up to 5pm on alternate weeks to accommodate working people and school age children. Following the inspection the practice told us that the local extended primary care service also offered weekend nursing appointments which were available to this practice and bookable in advance.

# Summary of findings

- Record keeping in general had significantly improved; however, there were still some gaps identified – for example equipment cleaning, staff files and GP call backs to patients.
  - The practice had an up to date fire risk assessment and carried out regular fire drills and monthly testing of fire alarms. We noted that the fire risk assessment had highlighted a considerable number of areas of concern. We were told that the practice was taking steps to address these; however, these actions had not been documented.
  - Neither the cleaner, who handled clinical waste bags, nor the lead GP had up to date hepatitis B immunisation.
  - Data from the Quality and Outcomes Framework (QOF) showed patient outcomes had improved since the inspection in May 2016, but were still 3% below the CCG average and 4% below the England average.
  - Childhood immunisation rates for the vaccinations given to two year olds were between 3% and 21% below the 90% national target.
  - Almost all of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced; however, some commented on areas they felt needed to be improved. Predominant amongst these comments was the need to reduce the waiting time once patients had arrived for their appointment. This was reiterated by patients we spoke with on the day, who also commented on the need for more clinical staff and the difficulty in getting an appointment with a female doctor.
  - Data from the 2016 national GP patient survey published in July 2016 showed patients rated the practice substantially lower than others for some aspects of care including how well the GP listened; how much time they gave them and how well the GP explained tests and treatment. Patients' satisfaction with how they could access care and treatment were also, in many instances, considerably below local and national averages even though some had improved from the data published in January 2016.
  - Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. We saw that meetings now took place with other health care professionals on a regular basis.
  - There was now a system in place for reporting and recording significant events.
  - Lessons were shared to make sure action was taken to improve safety in the practice.
  - The practice had good facilities and was well equipped to treat patients and meet their needs.
  - The practice had recently appointed a salaried GP although this had not led to an increase in GP capacity as the number of locum sessions had reduced since our May 2016 inspection.
  - Information about how to complain was available. The practice now maintained a complaints log. This had been updated to include three complaints from early 2016, but there had not been any complaints since then so we were unable to assess how well the new system had been embedded.
  - Since the last inspection the practice had put a recruitment policy and procedure into place.
- There were areas of practice where the provider needs to make improvements.
- Importantly, the provider must:
- Ensure there are an adequate number of practice nurse sessions so as to meet patient demand.
  - Demonstrate there is an effective quality improvement programme in place, for example two cycle, completed audits.
  - Ensure accurate records are maintained in relation to, for example, fire safety, cleaning of clinical equipment, staff records and the action taken in regard to GP call backs to patients.
  - Provide patients with access to online booking.
  - Monitor the practice performance and its adherence to guidance; and take action on evidence of poor or deteriorating performance, and to improve performance.
- In addition the provider should:
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
  - Enable staff, where appropriate, to obtain hepatitis B immunisation.
  - Revise the chaperone policy, and continue to review the practice's policies and procedures.
  - Ensure that locum GPs are provided with information relevant to working at this practice.

# Summary of findings

- Continue to review the staffing levels at the practice, particularly with regard to the availability of a practice nurse, so that the needs of the practice patient list can be met.
- Review and implement strategies to improve the practice child immunisation performance.
- Continue to develop a governance framework to enable recent improvements to be sustained.
- Continue to review the outcomes of the national patient survey and implement measures to improve the patient experience.
- Monitor the punctuality of appointments and patient waiting times.
- Monitor that people who express a preference get adequate access to a GP of the gender of their preference.
- Consider developing a practice website and a practice leaflet.

This service was placed in special measures in July 2016. Insufficient improvements have been made such that there remains a rating of inadequate for caring, responsive and well led. The service will therefore remain in special measures and kept under review. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

Following our previous inspection in May 2016 the practice had made improvements:

- There was now a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and in most cases well managed. We noted the health and safety risk assessment did not include risks associated with blinds cords. The practice had an up to date fire risk assessment however the assessment had highlighted a considerable number of areas of concern and there was no record to indicate these concerns had/were being addressed.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy.
- Neither the cleaner, who handled clinical waste bags, nor the lead GP had up to date hepatitis B immunisation.
- Since the last inspection the practice had put a recruitment policy and procedure into place.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.

**Requires improvement**



### Are services effective?

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

Following our previous inspection in May 2016 the practice had made some improvements:

**Requires improvement**



# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes had improved since the inspection in May 2016, but were still 3% below the CCG average and 4% below the England average.
- Childhood immunisation rates for the vaccinations given to two year olds were between three and 21% below the 90% national target.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A programme of continuous clinical and internal audit to monitor quality and to make improvements had been commenced; however, audits had not yet been completed therefore it was not possible to determine what, if any, improvements to patient care had occurred as a result.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff had received an appraisal within the last six months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. We saw that meetings now took place with other health care professionals on a regular basis.

## Are services caring?

The practice is rated as inadequate for providing caring services.

Whilst the practice had made some improvements following our previous inspection in May 2016 there remained a number of areas of concerns, particularly regarding the outcome of the most recently published national patient survey:

Data from that survey published in July 2016 showed patients rated the practice considerably lower than others for some aspects of care including how well the GP listened; how much time they gave them; and how well the GP explained tests and treatment. These results had in some instances improved from those achieved in the data published in January 2016, although they remained below the CCG and national averages. For example:

- 64% (same as previously) of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 85% and the national average of 87%.
- 67% (increased from 62%) of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 86% (down from 88%) of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 93%.

**Inadequate**



# Summary of findings

- 64% (increased from 60%) of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 72% (down from 78%) of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 69% (up from 66%) of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 82% and the national average of 86%.
- 62% (down from 70%) of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.
- We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Almost all of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they found staff were helpful; they treated them with dignity and respect and were friendly and welcoming. Some commented that the service had improved considerably.

## Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- Whilst the practice had made some improvements following our previous inspection in May 2016 there remained a number of areas of concerns, particularly regarding the limited access to a practice nurse and the lack of online appointment facilities. A practice nurse was available just one day per week. The nurse offered appointments up to 5pm on alternate weeks to accommodate working people and school age children. Following the inspection the practice told us that the local extended primary care service also offered weekend nursing appointments which were available to this practice and bookable in advance.
- The practice did not provide an online appointment booking system although it was working to resolve this.
- Practice staff reviewed the needs of its local population and now engaged regularly with the Clinical Commissioning Group and other stakeholders to secure improvements to services where these were identified.

Inadequate



# Summary of findings

- The practice had recently appointed a salaried GP although this had not led to an increase in GP capacity as the number of locum sessions had reduced since our May 2016 inspection.
- The practice now made use of the Extended Primary Care Service which was free for the practice to use and offered appointments to patients between 8am and 8pm seven days a week, if their own GP did not have the capacity to see them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available. The practice now maintained a complaints log.
- Urgent appointments were available the same day and extended hours were offered on Tuesday and Wednesday evenings.

Results from the July 2016 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were in many instances considerably below local and national averages even though some had improved from the data published in January 2016. For example:-

- 70% (down from 71%) of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 55% (improved from 53%) of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.
- 47% (down from 50%) of patients said the last time they wanted to see or speak to a GP or nurse they were able to get an appointment compared to the CCG average of 72% and national average of 76%.
- 84% (increased from 82%) of patients said they had to wait too long to be seen compared to the CCG average of 45% and national average of 34%.

We spoke with six patients during the inspection. Generally, they said they were satisfied with the care they received and thought they were listened to, involved in their care, given enough time and treated with dignity and respect. They also felt it was easy to get an appointment. However, five commented on the need for more clinical staff; and several commented on the long waiting times once they had arrived for their appointment and the difficulty in getting an appointment with a female doctor. We saw that the practice had put an action plan into place to address the below average results, and had recently appointed an additional (female) GP.



# Summary of findings

## Are services well-led?

The practice is rated as inadequate for providing well led services.

- Whilst the practice had made some improvements following our previous inspection in May 2016 there remained a number of areas of concerns, particularly regarding insufficient evidence to indicate that the improvements made were substantial enough or sustainable. A programme of continuous clinical and internal audit to monitor quality and to make improvements had been commenced; however, audits had not yet been completed therefore it was not possible to determine what, if any, improvements to patient care had occurred as a result.
- The practice was still in the process of developing an overarching governance framework to support the delivery of the strategy and good quality care. We saw that structures and procedures had been put into place and work was continuing to make the framework comprehensive and sustainable.
- Record keeping in general had significantly improved however there were still some gaps identified – for example equipment cleaning; staff files and GP call backs to patients.
- Most practice specific policies had been reviewed and updated and were available electronically to all staff; however, some were still awaiting review therefore it was not possible to evidence that all the procedures were being implemented efficiently and that this improvement was sustainable.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff knew and understood the values of the practice and commented that there was a new culture of learning, openness and transparency.
- Regular clinical and all staff meetings were held. We saw minutes to evidence this.
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. This included training for all staff on the duty of candour.
- The practice had started a patient participation group. Members spoke positively on the practice's willingness to involve them and listen to their comments.

Inadequate



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as inadequate for providing caring, responsive and well led care; and requires improvement for providing safe and effective care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had developed closer working links with the community matrons and district nurses to enable more proactive intervention.

Inadequate



### People with long term conditions

The practice is rated as inadequate for providing caring, responsive and well led care; and requires improvement for providing safe and effective care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months), was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 80%, the same as the national average.
- The percentage of patients with asthma, on the register, who had had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions (01/04/2015 to 31/03/2016) was 84% compared to the CCG and national average of 75%.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 74% compared to 78% nationally.

Inadequate



### Families, children and young people

The practice is rated as inadequate for providing caring, responsive and well led care; and requires improvement for providing safe and effective care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- Childhood immunisation rates for the vaccinations given were below standard with regard to the percentage of children aged 2 with pneumococcal conjugate booster vaccine; the percentage of children aged 2 with haemophilus influenzae

Inadequate



# Summary of findings

type b and meningitis C booster vaccine; the percentage of children aged 1 with full course of recommended vaccines and the percentage of children aged 2 with measles, mumps and rubella vaccine. The practice offered a walk in baby clinic.

- Children were prioritised for appointments, and appointments were available outside of school hours.
- The practice's uptake for the cervical screening programme was 76%, comparable to the CCG average of 77% and the national average of 81%.

## Working age people (including those recently retired and students)

The practice is rated as inadequate for providing caring, responsive and well led care; and requires improvement for providing safe and effective care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice did not provide an online appointment booking system although they were working to resolve this.
- Appointments could be booked in advance and there were extended opening hours for patients who worked or students.
- Telephone consultations were available.
- Healthy lifestyle was promoted and patients were referred to services to help them achieve this.
- NHS health checks were promoted.

Inadequate



## People whose circumstances may make them vulnerable

The practice is rated as inadequate for providing caring, responsive and well led care; and requires improvement for providing safe and effective care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- The practice now attended regular meetings with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, and were aware of how to contact relevant agencies outside of the practice.
- The practice identified carers on the electronic records system and signposted carers to local support groups and other relevant agencies. The proportion of carers identified by the practice was, however, still low compared to the patient list size.

Inadequate



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for providing caring, responsive and well led care; and requires improvement for providing safe and effective care. The concerns which led to this rating apply to everyone using the practice, including this population group.

- Information on mental health services was displayed in the waiting area.
- All staff had undergone training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.
- Performance for mental health related indicators was comparable to national averages. For example the number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 83% compared to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2015 to 31/03/2016) was 82% compared to the national average of 89%.

Inadequate



# Summary of findings

## What people who use the service say

The most recent national GP patient survey results were published in July 2016. The results showed the practice was still performing below local and national averages in several areas. Three hundred and thirty two survey forms were distributed and 101 were returned. This represented a 30% response rate compared to the England average of 38%. This represented 3% of the patient list.

- 55% of patients found it easy to get through to this practice by phone compared to the national average of 73%. The practice performance had improved from 53% (the national average remained the same).
- 47% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%. The practice performance had dropped from 50% since the results published in January 2016 (the national average remained the same).
- 59% of patients described the overall experience of this GP practice as fairly or very good compared to the national average of 85%. The practice performance had improved from 54% (the national average remained the same).
- 44% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%. The national average had remained the same however the practice performance had dropped by 2%.

- 62% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%. The national average had remained the same however the practice performance had dropped by 8%.
- 64% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%. The practice performance had improved from 60% (the national average remained the same).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 46 comment cards 40 of which were positive about the standard of care received. Patients commented that they found staff were helpful; they treated them with dignity and respect and were friendly and welcoming. Some commented that the service had improved considerably. Six patients commented on areas they felt needed to be improved. Predominant amongst these comments was the need to reduce the waiting time once patients had arrived for their appointment.

We spoke with six patients during the inspection. Generally, they said they were satisfied with the care they received and thought they were listened to, involved in their care, given enough time and treated with dignity and respect. They also felt it was easy to get an appointment. However, five commented on the need for more clinical staff, and several commented on the long waiting times and the difficulty in getting an appointment with a female doctor.

## Areas for improvement

### Action the service MUST take to improve

- Ensure there are an adequate number of practice nurse sessions so as to meet patient demand.
- Demonstrate there is an effective quality improvement programme in place, for example two cycle, completed audits.
- Ensure accurate records are maintained in relation to, for example, fire safety, cleaning of clinical equipment, staff records and the action taken in regard to GP call backs to patients.
- Provide patients with access to online booking.
- Monitor the practice performance and its adherence to guidance; and take action on evidence of poor or deteriorating performance, and to improve performance.

# Summary of findings

## Action the service **SHOULD** take to improve

- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Enable staff, where appropriate, to obtain hepatitis B immunisation.
- Revise the chaperone policy, and continue to review the practice's policies and procedures.
- Ensure that locum GPs are provided with information relevant to working at this practice.
- Continue to review the staffing levels at the practice, particularly with regard to the availability of a practice nurse, so that the needs of the practice patient list can be met.
- Review and implement strategies to improve the practice child immunisation performance.
- Continue to develop a governance framework to enable recent improvements to be sustained.
- Continue to review the outcomes of the national patient survey and implement measures to improve the patient experience.
- Monitor the punctuality of appointments and patient waiting times.
- Monitor that people who express a preference get adequate access to a GP of the gender of their preference.
- Consider developing a practice website and a practice leaflet.

# Dr Rashid Kadhim

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

## Background to Dr Rashid Kadhim

Dr Kadhim's practice provides services to approximately 3100 patients in south east London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Southwark Clinical Commissioning Group (CCG) which has 45 member practices serving a registered patient population of approximately 300,000. Dr Kadhim's practice provides a number of enhanced services including Childhood Vaccination and Immunisation Scheme; Extended Hours Access; Unplanned Admissions and Rotavirus & Shingles Immunisation.

The staff team at the practice consists of one full time male GP, a part time female practice nurse (one day per week), two part time receptionists and a secretary who is also trained as a phlebotomist. There has been an interim practice manager in post since the inspection in May 2016. A locum female GP provides two sessions per week for patients who wish to see a female doctor, and a salaried female GP has just commenced working at the practice for two sessions per week. The lead doctor provided nine sessions per week, plus two extended hour sessions. The service is provided from this location only, and is located in a purpose built property. The premises are accessible for

patients with mobility difficulties with consulting rooms on the ground floor of the two storey building. We noted that there was no external signage to indicate that this was a GP practice.

The practice is open between 8.00am and 6.30pm Monday, Thursday and Friday, and between 8.00am and 7.30pm on Tuesdays and Wednesdays. Appointments are available between 9.15am – 1pm and 3pm – 6.30pm on Mondays, Thursdays and Fridays; and between 9.15am – 1pm and 3pm – 7.30pm on Tuesdays and Wednesdays. Patients who wish to see a GP outside of these times are referred to an out of hour's service; however, there was no information on display outside of the practice to inform patients of this. The practice does not provide an online appointment booking system although it is working to resolve this.

The provider is registered with the Care Quality Commission as an individual, to carry on the regulated activities of maternity and midwifery services, treatment of disease, disorder or injury, family planning, surgical procedures, and diagnostic and screening procedures.

The practice has a lower percentage than the national average of people with long standing health conditions (46% compared to a national average of 54%). It has a higher percentage of unemployed people compared to the national average (19% compared to 5.4%). The average male and female life expectancy for the CCG area and the practice is in line with the national average for both males and females.

The population in this CCG area is 54% white British. The second highest ethnic group is black or black British (27%). The practice sits in an area which rates within the second most deprived decile in the country, with a value of 35.8 compared to the CCG average of 29.5 and England average of 21.8 (the lower the number the less deprived the area). The patient population is characterised by a below

# Detailed findings

England average for patients, male and female, over the age of 55; and an above England average for patients aged up to 14; and for male patients between the ages of 25 and 49 and female patients between the ages of 25 and 44.

We previously inspected the practice on 10 May 2016. CQC gave the practice an overall rating of inadequate. In July 2016, CQC placed the practice in 'special measures' for a period of six months during which time the provider was expected to make improvements to meet all required regulations.

Special measures is a process designed to ensure a timely and co-ordinated response to practices providing inadequate care. Practices in special measures are offered support from NHS England and the local Clinical Commissioning Group. Practices can choose to get further peer advice and support from the Royal College of General Practitioners. Being placed into special measures means that a practice must improve within the specified period to avoid having its registration cancelled by CQC.

## Why we carried out this inspection

We undertook a comprehensive inspection of Dr Rashid Kadhim on 10 May 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months from July 2016.

Services provided by the practice were suspended for three months from May 2016. We re-inspected the practice in August 2016 when we deemed sufficient improvement had been made to allow the service to resume, although 'special measures' remained in effect. Reports of both the aforementioned inspections can be found by selecting the 'all reports' link for Dr Rashid Kadhim on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook a further announced comprehensive inspection of Dr Rashid Kadhim on 9 January 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations share what they knew. We carried out an announced visit on 9 January 2017. During our visit we:

- Spoke with a range of staff including GPs, receptionists and the secretary, and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

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



# Are services safe?

## Our findings

At our inspection on 10 May 2016 we found that:

- Documentation relating to significant events or unintended or unexpected safety incidents was poor, lessons learned were not communicated and so safety was not improved.
- Patients did not receive reasonable support or a verbal and written apology.
- Patients were at risk of harm because systems and processes were not in place. Areas of concern included infection control, medicines management and dealing with emergencies.
- There was insufficient attention to safeguarding children and vulnerable adults. Staff were not aware of who to contact if the safeguarding lead was not present. The GP could not provide evidence to confirm he had undergone Level 3 child protection and safeguarding training.

These arrangements had improved when we undertook a follow up inspection on 9 January 2017. The practice is now rated as requires improvement for providing safe services.

### Safe track record and learning

There was a new system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We reviewed the two events that had been logged since our inspection in May 2016. We saw

they had been investigated and the practice manager had given a presentation to staff to inform them of the event and outcomes. Staff had also received training in managing significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the GP and non-clinical staff were able to discuss with us a recent incident where a baby immunisation was given at the wrong interval. As a result a new policy had been implemented and additional checks were put into place. We also saw meeting minutes where staff had discussed how a patient had been wrongly identified and provided with another patient's information. The learning from this was to take more rigorous steps when identifying a patient, and to request at least three pieces of information from a patient to confirm identity.

At the previous inspection, safety alerts had been logged on a spreadsheet, but no action taken. On this inspection we saw that staff were now taking appropriate action – for example an alert regarding the Zika virus had been circulated in early 2016. The practice had now printed the alert and it was displayed in the GP consulting rooms.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff, and had recently been updated. This included a new policy for safeguarding adults which provided guidance for staff on identifying vulnerable adults, including carers. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare and staff had been provided with a quick reference printout of the local safeguarding team contact details. The lead GP was the lead member of staff for safeguarding. They attended safeguarding meetings and a three-monthly forum with other GP colleagues who were also safeguarding leads. Staff demonstrated they understood their responsibilities and all had received training on

## Are services safe?

safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection level 3. Non-clinical staff had received level 1 training.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (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 had a chaperone policy; however, it did not outline the role of the chaperone, where they should position themselves or whether an entry should be made into a patient's notes if chaperone duties had been carried out. Staff were able to demonstrate, however, that they knew where to position themselves when acting as a chaperone.
- The practice generally maintained appropriate standards of cleanliness and hygiene. We observed most of the premises to be clean and tidy. All clinical rooms were clean. A cleaning schedule had been put in place and was signed by the cleaner. The cleaner also undertook the cleaning of clinical equipment however there was no record of this. Cleaning materials were appropriately stored and waste disposal policies and guidelines were in place for staff. The practice was now using appropriate bags for clinical waste. We found that the cleaner handled clinical waste bags; however, their hepatitis B immunisation was not up to date. This was also the case for the lead GP who was the infection control lead for the practice.
- There was an infection control protocol in place and all staff had received up to date training. We found sharps bins had been appropriately assembled and dated. All single use equipment that we checked was in date. The flooring in the waiting area had been replaced, as had the dirty stained chairs, and a deep clean of carpets had been carried out. The broken glass in a window in one of the treatment rooms had been replaced.
- The Clinical Commissioning Group had completed an infection control audit in September 2015 where the practice achieved 17% compliance, including 0% compliance relating to personal protective equipment, vaccines and specimen handling and transportation. A re-audit on 5 May 2016 found little had improved, with

the practice achieving 25% compliance, and nothing done in relation to the aforementioned 0% compliance issues. At our visit in August 2016 we found that the practice had started to address the issues identified and on this visit we saw that they had continued this work. Outstanding issues included a schedule of cleaning of clinical equipment and an up to date record of staff immunisation status.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. For example, psychotropic drugs were given for a maximum of one month at a time. We saw the GP reviewed patients' notes before signing repeat prescription requests for patients with long term conditions. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. These were in date and appropriately signed. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- We reviewed four personnel files. Permanent staff had been recruited prior to the current legislation coming in to force when less stringent checks were undertaken. We noted none of the permanent staff had a contract in place. We were told these were currently being drafted, even though the staff had been in post for a number of years. Since the last inspection the practice had put a recruitment policy and procedure into place.
- The practice used regular locums and the practice manager maintained a computerised list of the checks made with the agency supplying locum clinical staff, to determine if the agency had carried out the required vetting procedures. It did not have practice specific written information for locums; however, staff told us that they were given a verbal induction.

### Monitoring risks to patients

## Are services safe?

Risks to patients were assessed and in most cases well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and a health and safety risk assessment had been carried out. We noted that this did not include risks associated with blinds cords. The practice told us they carried out this assessment immediately following the inspection but have not, to date, provided us with a copy. The practice had an up to date fire risk assessment and now carried out regular fire drills and monthly testing of fire alarms. We noted that the fire risk assessment had highlighted a considerable number of areas of concern. We were told that the practice was taking steps to address these however nothing had been documented although we saw, for example, that fire doors were now being kept closed.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The vaccine refrigerator that had been fixed to a wall above head height had been moved to ground level.
- Improved arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Whilst an additional GP had

been recruited, both patients and staff commented that there still needed to be more clinicians, particularly a nurse as the practice had one available for just one day each week which impacted on patient access as it limited the day they could attend. Non-clinical staff worked part time and covered for each other when necessary, albeit if the practice was very busy this could become challenging.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency, although this had never been tested by staff.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a draft business continuity plan in place. This was being worked on at the time of this inspection.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our inspection on 10 May 2016 we found that:

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement 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. Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.
- The practice's performance in the Quality and Outcomes Framework was 10% below the CCG average and 12% below the national average.
- The practice's system for filing test results and dealing with correspondence incoming from other health providers put patients at risk.

These arrangements had improved when we undertook a follow up inspection on 9 January 2017. The practice is now rated as requires improvement for providing responsive services.

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Links had been set up on the computer system to enable staff to easily access to guidelines from NICE and they used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The practice achieved 83% of available points compared to the CCG

average of 93% and England average of 95% (2014/15 data). The most recent (2015/16) data indicated the practice's performance had risen to 91%, which was 3% below the CCG average and 4% below the England average.

The practice's total clinical exception rate for 2015/16 was 4%, which was 2% below the CCG average and 5% below the England average (exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The GP told us that QOF topics were allocated to named staff, and regularly discussed. Some benchmarking was achieved through an annual visit from the CCG pharmacist; and the practice had begun to attend regular meetings with the CCG.

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

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 74% compared to the national average of 78% and CCG average of 70%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months), was 5 mmol/l or less (01/04/2015 to 31/03/2016) was 80%, the same as the national average and 1% below the CCG average.
- Performance for mental health related indicators was comparable to national averages. For example the number of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2015 to 31/03/2016) was 83% compared to the national average of 84% and CCG average of 86%.

We saw evidence that some clinical and internal audit to monitor quality and to make improvements had been commenced, for example an audit of two week wait referrals had been undertaken; however, audits had not yet been completed therefore it was not possible to determine what, if any, improvements to patient care had occurred as a result.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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

- The practice had a low staff turnover; no new permanent staff had been engaged for a number of years. The (interim) practice manager, locum GP, the new salaried GP and the practice nurse were not directly employed by the practice. There was an induction policy in place which included a checklist that new staff were taken through verbally.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. For example, we saw the practice nurse had attended update training in both of these areas in 2016. The practice secretary who was also a phlebotomist had attended training for the first time since 2004.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. Non-clinical staff had received an appraisal within the last 12 months. The interim practice manager received support from the (Community Interest) Company (CIC) from which she had been seconded to work at this practice. The practice nurse worked just one day a week at the practice, and also received support externally. The lead GP had recently undergone his annual appraisal.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, health and safety and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. We found the practice's system for filing test results and

dealing with correspondence incoming from other health providers had been improved. On the day of the inspection the only test results that had not been actioned were ones that had come in that day. There was no backlog. As an additional safety check the practice manager regularly reviewed the electronic mail inbox to ensure no correspondence had been overlooked.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

We saw that the practice had improved its liaison with other health and social care professionals, and attended regular meetings with, for example, the community matrons, to assist them to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff attended monthly best practice meetings with peers from other local surgeries, hosted by the CCG.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Staff had undergone training in the last year in the Mental Capacity Act 2005 and deprivation of liberty safeguards.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients at risk of developing a long-term condition, such as diabetes.
- The practice maintained a register of those patients identified as being at risk. For example, there were 33 patients on the mental health register; 24 on the chronic



# Are services effective?

(for example, treatment is effective)

obstructive pulmonary disease (COPD) register, three patients on the dementia register, eight on the learning disability register and 156 patients on the diabetic register.

- The GP told us that when necessary, the practice liaised with the palliative care nurses, although at the time of this inspection there were no patients on the palliative care register.
- The practice's uptake for the cervical screening programme was 76%, comparable to the CCG average of 77% and the national average of 81%.

This practice was an outlier for national clinical targets in relation to childhood immunisations. Data showed:

- Childhood immunisation rates for the vaccinations given were below the 90% target with regard to the percentage of children aged 2 with pneumococcal

conjugate booster vaccine (82%); the percentage of children aged 2 with haemophilus influenzae type b and meningitis C booster vaccine (82%); the percentage of children aged 1 with full course of recommended vaccines (69%) and the percentage of children aged 2 with measles, mumps and rubella vaccine (87%).

- Measles, mumps and rubella vaccinations for children aged 5 years were comparable to the CCG and England average for the first dose (93%, the same as the CCG average and compared to 94% nationally); but below (84%) for the second dose (CCG average 91%, England average 88%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.

# Are services caring?

## Our findings

At our inspection on 10 May 2016 we found that:

- Data from the 2016 national GP patient survey published in January 2016 showed patients rated the practice lower than others for some aspects of care including how well the GP listened; how much time they gave them and how well the GP explained tests and treatment.

Whilst the practice had made some improvements following our previous inspection in May 2016 there remained a number of areas of concerns, particularly regarding the outcome of the most recently published national patient survey. The practice remains rated as inadequate for providing caring services.

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and helpful to patients and treated them with dignity and respect.

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. None of the consultation rooms were fitted with privacy curtains but screens had now been provided.
- The reception area was open, which made confidentiality difficult. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Almost all of the 46 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients commented that they found staff were helpful, they treated them with dignity and respect and were friendly and welcoming. Some commented that the service had improved considerably. Six patients commented on areas they felt needed to be improved. Predominant amongst these comments was the need to reduce the waiting time once patients had arrived for their appointment. The practice had formed a Patient Participation Group since our May 2016 inspection.

Results from the 2016 national GP patient survey published in July 2016 showed the practice was significantly below

both local and national averages for a number of its satisfaction scores on consultations with GPs and nurses, even though a number of averages had improved from the figures published in January 2016. For example:

- 64% (same as previously) of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 85% and the national average of 87%.
- 67% (increased from 62%) of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 86% (down from 88%) of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 93%.
- 64% (increased from 60%) of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 72% (down from 78%) of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 77% (down from 79%) of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

Results from the 2016 national GP patient survey (published in July 2016) showed patients responded less than positively to questions about their involvement in planning and making decisions about their care and treatment. Some results were considerably below local and national averages, even though a number of averages had improved from the figures published in January 2016. For example:

- 69% (up from 66%) of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 82% and the national average of 86%.
- 61% (up from 60%) of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.

## Are services caring?

- 62% (down from 70%) of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

The practice had drafted an action plan as a result of the below average national GP patient survey outcomes. Discussions had been held with clinical staff and with the PPG to see they had any suggestions as to how patient experiences could be improved.

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

- Staff told us that translation services, including sign language, were available for patients who did not have English as a first language. There were no notices in the reception areas informing patients this service was available.
- The practice did not have a hearing loop. Staff told us that if necessary they would communicate in writing, and we observed this to be the case.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified just 5 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Carers were offered flu jabs, and the practice liaised with a voluntary benefits advisor to give guidance to carers if needed.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. However there was no information regarding bereavement in the reception area.

The practice had had just one patient in the past year on the palliative care register. This patient had had an end of life care plan in place, and had been enabled to spend their last days at home.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our inspection on 10 May 2016 we found that:

- The practice did not engage with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services.
- Staff told us that all complaints were passed to the GP however no log was maintained and no-one was able to confirm how many complaints had been made in the preceding year or what investigations and action had been taken.
- Patient access to on the day appointments was dependent on the information they passed to the receptionists and how this was then recorded for the GP to triage.
- The practice did not routinely offer longer appointments to patients with a learning disability.
- The practice did not make use of the locally available GP hub system to improve availability of appointments for patients.
- Patient satisfaction with how they could access care and treatment was below local and national averages.

Whilst the practice had made some improvements following our previous inspection in May 2016 there remained a number of areas of concerns, particularly regarding the limited access to a practice nurse and the lack of online appointment facilities. The practice remains rated as inadequate for providing responsive services.

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered a 'Commuter's Clinic' on a Tuesday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.

- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday, Thursday and Friday, and between 8.00am and 7.30pm on Tuesdays and Wednesdays. Appointments were available between 9.15am – 1pm and 3pm – 6.30pm on Mondays, Thursdays and Fridays; and between 9.15am – 1pm and 3pm – 7.30pm on Tuesdays and Wednesdays.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent, same day appointments were also available for people that needed them. In response to patient feedback the practice had changed its appointment system and now approximately 50% of appointments were reserved for same day appointments. Additional GP capacity had been created with the recent appointment of a salaried GP.

Changes had been made to the triage system, and, once all appointment slots had been filled, we found that reception staff now simply compiled a list of patients who requested an urgent appointment and the GP would call each one back to determine if they needed to be seen that day. We reviewed the call back list for one day. There were 17 patients on the list and we saw records to indicate that 15 had been called back. After discussion with the GP it transpired that all patients had been called but the GP had not recorded details of two of the call backs. The practice did not offer online booking although it was working to resolve this.

A practice nurse was available just one day per week. The nurse offered appointments up to 5pm on alternate weeks to accommodate working people and school age children. Following the inspection the practice told us that the local extended primary care service also offered weekend nursing appointments which were available to this practice and bookable in advance.

The local CCG offered an Extended Primary Care Service which was free for the practice to use and offered appointments to patients between 8am and 8pm seven

# Are services responsive to people's needs?

## (for example, to feedback?)

days a week, if their own GP did not have the capacity to see them. Dr Kadhim's practice now made use of this service. Outside of practice opening hours, patients were advised to contact the out of hour's provider.

Results from the July 2016 national GP patient survey showed that patients' satisfaction with how they could access care and treatment were in many instances considerably below local and national averages even though some had improved from the data published in January 2016.

- 70% (down from 71%) of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 55% (improved from 53%) of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.
- 47% (down from 50%) of patients said the last time they wanted to see or speak to a GP or nurse they were able to get an appointment compared to the CCG average of 72% and national average of 76%.
- 84% (increased from 82%) of patients said they had to wait too long to be seen compared to the CCG average of 45% and national average of 34%.

We spoke with six patients during the inspection. Generally, they said they were satisfied with the care they received and thought they were listened to, involved in their care,

given enough time and treated with dignity and respect. They also felt it was easy to get an appointment. However, five commented on the need for more clinical staff; and several commented on the long waiting times and the difficulty in getting an appointment with a female doctor.

We noted that the practice did not have its own website and there was no practice leaflet.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example there was a poster in the reception area and complaint leaflets were available.

The practice now maintained a complaints log. This had been updated to include three complaints from early 2016, but there had not been any complaints since then so we were unable to assess how well the new system had been embedded.

# Are services well-led?

Inadequate 

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

## Our findings

At our inspection on 10 May 2016 we found that:

- The practice did not have a clear vision and strategy.
- There was no clear leadership structure and staff did not always feel supported by management.
- The practice had a number of policies and procedures to govern activity, but these were over two years old and had not been reviewed since.
- The practice did not hold regular governance meetings and there was a lack of systems and processes to enable the practice to run efficiently.
- Other than the NHS Friends and Family Test the practice had not proactively sought feedback from staff or patients and did not have a Patient Participation Group.
- Staff were not aware of the duty of candour.
- Staff told us they had not received regular performance reviews and did not have clear objectives.

Whilst the practice had made some improvements following our previous inspection in May 2016 there remained a number of areas of concerns, particularly regarding overall governance and the lack of evidence to indicate that the improvements made were substantial enough or sustainable. The practice remains rated as inadequate for providing well led services.

### Vision and strategy

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

- Staff knew and understood the values of the practice and commented that there was a new culture of learning, openness and transparency.
- The lead GP was responsible for the strategic direction of the practice and continued to make all of the decisions regarding the practice. However, the GP was now seeking input feedback and guidance from external stakeholders such as the local Clinical Commissioning Group. The interim practice manager led on system changes and improvement, staff management and monitoring of complaints and significant events.
- The lead GP told us they were reviewing future possibilities for the practice, and exploring options that could assist an individual GP practice.

### Governance arrangements

The practice was still in the process of developing an overarching governance framework to support the delivery of the strategy and good quality care. We saw that structures and procedures had been put into place however there was limited evidence to show that these arrangements were sufficiently comprehensive or sustainable.

- Record keeping in general had significantly improved; however, there were still some gaps identified – for example equipment cleaning; staff files and GP call backs to patients. We were able to establish that all patients (on the day we reviewed) had received a call back through appointments booked by the reception staff as a result of the call back. There was insufficient detail in the relevant patients' medical records however. We were not provided with confirmation clinical staff had appropriate indemnity insurance in place; however, this was supplied after the inspection.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities. It had been accepted by the provider that it was not feasible for one GP to run this practice whilst at the same time taking the lead in premises management, health and safety, safeguarding, infection control, staff development and other administrative functions of a practice. A practice manager had been appointed on a part time basis to help address this and a salaried GP had just commenced work at the practice.
- Most practice specific policies had been reviewed and updated and were available electronically to all staff; however, some were still outstanding therefore it was not possible to evidence that all of the procedures were being implemented effectively and that this improvement was sustainable.
- The lead GP and the practice manager had implemented systems to enable them to gain and maintain a better understanding of the performance of the practice. For example, an analysis had been made of the results of the national patient survey and an action plan put into place to improve patient experiences.
- A programme of continuous clinical and internal audit to monitor quality and to make improvements had been commenced however audits had not yet been completed therefore it was not possible to determine what, if any, improvements to patient care had occurred

# Are services well-led?

Inadequate 

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

as a result. We were told at the inspection that the practice had completed, with a second cycle, several audits; however, in spite of several requests for these, the practice did not provide them.

- Regular clinical and all staff meetings were held. We saw minutes to evidence this.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions; however, these were not always effective. For example, there was a detailed fire risk assessment with a number of required actions arising from it. The practice did not have any record to indicate which actions it had addressed. We requested this information several times post the inspection but it was not forthcoming.

## Leadership and culture

On the day of inspection the lead GP demonstrated they had they had recognised and accepted that change and improvement was necessary, in order to provide care of a high quality.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on the duty of candour. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a leadership structure in place and staff felt more supported by management.

- Staff told us the practice held regular team meetings.

- Staff told us they had the opportunity to raise any issues with the (interim) practice manager and felt confident and supported in doing so.

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

The practice told us they encouraged and valued feedback from patients, the public and staff. They had reviewed the results of the national patient survey and had plans to conduct their own survey based on similar questions so as to gain a more up to date indication of patients' views. There was a suggestion box and a feedback questionnaire on the reception desk.

- The practice had started a patient participation group (PPG). We met with three of the members and they commented positively on the practice's willingness to involve them and listen to their comments. For example, the PPG had fed back that the chairs in the waiting area needed to be replaced and the signage outside the practice needed to be improved. The practice had removed the old chairs and replaced them whilst the old broken sign outside the practice had been removed (albeit not yet replaced).
- Information about the PPG was on display in the waiting area.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would give feedback and discuss any concerns or issues with the practice manager.

## Continuous improvement

Whilst the practice had made improvements since the May 2016 inspection, these were reactive and in response to our findings. There was no indication that the practice had a proactive continuous improvement agenda in place.

## 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	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not ensures that the care and treatment of service users met their needs and reflected their preferences. The practice did not provide online appointment booking.</p> <p>This was in breach of Regulation 9 (1) of the Health and Social Care Act 2008 Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person had not ensured that quality improvement initiatives were embedded in the practice in order to monitor and improve the quality of care delivered.</p> <p>The registered person did not have rigorous systems in place to ensure all records of action taken were accurate and up to date.</p> <p>The registered person had put an action plan into place as a result of below average patient feedback however the identified required improvements had not all been acted upon.</p> <p>The registered person had not monitored the practice performance and its adherence to guidance ;or taken action on evidence of poor or deteriorating performance, and to improve performance.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**How the regulation was not being met:**

The registered person had not ensured that the practice had a sufficient numbers of suitably qualified, competent, skilled and experienced persons. Patients could only access a practice nurse on one day each week.

This was in breach of Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.