

Dr Jamil Khan

Quality Report

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Date of inspection visit: 16 June 2016
Date of publication: 08/12/2016

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?

Good



Are services responsive to people's needs?

Good



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 Jamil Khan/The Coulsdon Medical Practice on 16 June 2016. Overall the practice is rated as Inadequate.

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

- Patients were at risk of harm because systems the practice did not have suitable arrangements to respond to a range of medical emergencies. For example, the practice had no defibrillator or oxygen and did not have a full range of emergency medicines.
- The practice had a system in place for reporting and recording significant events, although we found the analysis of significant event not always thorough.
- 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 other practices; either locally or nationally. There was no system for staff to receive a regular appraisal and not all staff have completed mandatory training.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said that there was continuity of care, with urgent appointments available the same day.
- The practice had a leadership structure and staff felt supported by management; however the practice had limited governance arrangements.

There were areas of practice where the provider must make improvements:

- Ensure the practice has suitable systems in place to deal with and monitor risks to patients to include: availability of equipment and medicines to respond to medical emergencies, including access to oxygen and a full range of emergency medicines and a defibrillator or to have completed a risk assessment identifying how they would deal with medical emergencies requiring one; a robust system in place for monitoring patients on high risk medicines; carrying out health and safety, fire, legionella and asbestos risk

Summary of findings

assessments and for any recommendations following these risk assessments to be actioned and that the recommendations from the infection control audit are actioned.

- Ensure that the business continuity plan is up to date and contains information staff need to respond to a range of situations.
- Ensure that all staff complete mandatory training including child protection and ensure all staff have a regular appraisal.
- Ensure quality monitoring processes are in place that include: clinical audit being performed to identify and monitor improvements to patients and that requisite changes are made following the completion of audits and monitored through re-audits including the use of antibiotics and for the development of systems to seek and act on feedback from service users, including establishing a Patient Participation Group (PPG).

There were areas of practice where the provider should make improvements:

- Review the practice procedures to ensure that accurate coding is used on the electronic record system so that patients are monitored effectively.
- Review systems in place to ensure that patients with a learning disability are regularly reviewed.
- Review practice procedures to ensure that patients who are eligible for NHS health checks are offered the opportunity to be screened.
- Review the practice procedures to ensure all patients with unplanned admissions have care plans in place.

- Review how they identify and record patients with caring responsibilities to ensure information, advice and support is made available to them.
- Ensure that the practice policies and procedures are reviewed and regularly updated.
- Ensure that patients are made aware of how to make a complaint.

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

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for providing safe services.

- A number of risks to patients were not assessed and well managed including those relating to health and safety of the premises, legionella, asbestos and fire safety.
- The practice had not made arrangements for the management of medical emergencies. There was no medical oxygen, no defibrillator, no benzyl penicillin and practice had not completed a risk assessment to consider how they would deal with medical emergencies requiring these items. While medicines were well managed, the monitoring of patients on high risk medicines was not consistent and there was no safety netting system in place for the recall of these patients.
- There was a system in place for reporting and recording significant events; however they had no systems in place to report incidents to National Reporting and Learning System.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services.

- Clinical audits were not undertaken in order to demonstrate an improvement in quality of the service provided.
- There was no system for staff to receive an annual appraisal and not all staff had completed mandatory training including child protection, fire safety and infection control.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average for the locality and compared to the national average.
- Staff did not always assess needs and deliver care in line with current evidence based guidance.
- The practice had no systems in place to accurately code patients in their electronic record system so that patients with long term conditions were monitored effectively.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Inadequate



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice above average for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities to treat patients and meet their needs.
- Learning from complaints was shared with staff and other stakeholders; evidence showed the practice responded quickly to issues raised; however the patients we spoke to were not aware of how to make a complaint.
- The practice ran open surgeries each day and prioritised older people and children.
- The practice provided a phlebotomy service at the practice to encourage older patients who may have difficulty in getting to the hospital and to improve monitoring of patients with long term conditions.

Are services well-led?

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

Inadequate



- There was a leadership structure and staff felt supported by management; however the practice had limited governance arrangements.
- The practice had a governance structure; however it did not adequately support the delivery of the strategy and good quality care. They had no robust arrangements to monitor and improve quality and identify risk. Arrangements were not in place to manage medical emergencies; the practice did not have medical oxygen, a defibrillator or benzyl penicillin.
- The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of

Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice had no active Patient Participation Group (PPG) and we were informed that the practice was in the process of starting a virtual PPG. The practice had not proactively sought feedback from staff or patients.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for the care of older people.

The provider was rated as inadequate for safe, effective and well-led and good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group.

- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs visited a local care home on a weekly basis, supporting the needs of the 35 elderly residents.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions.

The provider was rated as inadequate for safe, effective and well-led and good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group.

- The monitoring of patients on high risk medicines and long term medicines was not consistent and there was no safety netting system in place for the recall of these patients.
- During the inspection we found that the practice had many patients who were not appropriately coded to ensure patients are monitored effectively.
- Nursing staff had lead roles in chronic disease management.
- The national Quality and Outcomes Framework (QOF) data showed that 83% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 98% which was above the CCG average of 86% and national average of 88%.
- The national QOF data showed that 86% of patients with asthma in the register had an annual review, compared to the CCG average of 75% and the national average of 75%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.

Inadequate



Summary of findings

- The practice provided a phlebotomy service, electrocardiography and spirometry to improve monitoring of patients with long term conditions.

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people.

The provider was rated as inadequate for safe, effective and well-led and good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group.

- The practice had alerts set up for patients on the child protection register to make this information available to staff.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 86%, which was above the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students).

The provider was rated as inadequate for safe, effective and well-led and good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services and a range of health promotion and screening relevant to this group; however the practice had no website.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable.

Inadequate



Summary of findings

The provider was rated as inadequate for safe, effective and well-led and good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group.

- The practice offered longer appointments and extended annual reviews for patients with a learning disability; however none of the 20 patients with learning disability had received a health check in the last year.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children; however there was no evidence to indicate that all had received training relevant to their role and patient records did not have an indicator to inform staff if they were on a child protection register.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

The provider was rated as inadequate for safe, effective and well-led and good for caring and responsive. The issues identified as inadequate overall affected all patients including this population group.

- The number of patients with dementia who had received annual reviews was 74% which was below the Clinical Commissioning Group (CCG) average of 85% and national average of 84%.
- 93% of patients (25 patients) with severe mental health conditions had a comprehensive agreed care plan in the last 12 months which was above the CCG average 85% and national average of 88%. However the practice had no systems in place to monitor patients on lithium (high risk medicine).
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Inadequate



Summary of findings

What people who use the service say

The National GP patient survey results were published on 7 January 2016. The results showed that the practice was performing in line with local and national averages. Two hundred and sixty two survey forms were distributed and 113 were returned. This represented 3% of the practice's patient list.

- 97% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 73%, national average of 73%).
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84%, national average 85%).
- 92% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).

- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards which were mostly positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with eight patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Dr Jamil Khan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a Practice Manager specialist advisor and an Expert by Experience.

Background to Dr Jamil Khan

The Coulsdon Medical Practice provides primary medical services in Coulsdon to approximately 3600 patients and is one of 59 practices in Croydon Clinical Commissioning Group (CCG). The practice population is in the third least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children and working age people are lower than the CCG and national averages; the practice population of older people is higher than the local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 67% are White British, 8% are Other white and 7% are Indian.

The practice operates in converted premises. All patient facilities are wheelchair accessible. The practice has access to one doctor consultation room and two nurse consultation rooms on the ground floor.

The clinical team at the surgery is made up of one full-time male lead GP, two part-time regular female locum GPs and two part-time female practice nurses. The non-clinical practice team consists of a practice manager, a deputy practice manager, and six administrative and reception staff members. The practice provides a total of 13 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice reception and telephone lines are open from 8:00am till 6:30pm Monday to Friday. Appointments are available from 8:30am to 10:00am and 4:00pm to 5:30pm every day. Extended hours surgeries are offered on Thursdays from 6:30pm to 8:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8am and directs patients to the out-of-hours provider for Croydon CCG.

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

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 June 2016.

During our visit we:

- Spoke with a range of staff including two reception and administrative staff, the practice manager, deputy practice manager, lead GP, locum GP and two practice nurses, and we spoke with eight patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events and maintained a log on the computer system; they had a protocol in place which detailed the steps to take while reporting incidents.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there had been an incident where vaccines were left in a pharmacy bag in the reception area for 36 hours. The practice contacted the pharmacy regarding this and was informed that storage of these vaccines in room temperature for up to 48 hours was acceptable. Following this incident the practice asked the staff to immediately check the contents of the pharmacy bag and store the medicines appropriately. This incident was discussed at a practice meeting; however we saw no evidence of this incident being reported to National Reporting and Learning System (NRLS).

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- There were some arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their

responsibilities; however there was no evidence to indicate that all clinical and non-clinical staff had received training relevant to their role. Staff had received a briefing on safeguarding adults and children provided by the local Clinical Commissioning Group in the last two years; the lead GP was appropriately trained. (GPs should be trained to Child Protection level 3, nurses should be trained to Child Protection level 2 and non-clinical staff should be trained to Child Protection level 1.)

- Notice in the clinical rooms 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 check (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 maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. None of the practice staff had infection control training except the lead practice nurse. An infection control audit was recently undertaken but these had not been carried out on a regular basis. The recent audit identified some areas for action, in particular identifying the chairs in the waiting area are not wipe clean, there was no cleaning schedule for these and there was no indication that the practice had considered replacing them. We found that the practice had four sterile dressing packs which were out of date.
- Processes were in place for handling repeat prescriptions; however we found that the practice had not regularly monitored some of the patients on high risk medicines and had no recall system in place for these patients. For example a patient taking lithium had not had their blood tested at the required intervals in line with best practice guidelines. We also saw patients who were on medicines to ease the symptoms of rheumatoid arthritis not being monitored in line with best practice guidelines. Prescription 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. (PGDs are

Are services safe?

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 10 personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice used long-term locum GPs and completed all the required pre-employment checks.

Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. However the practice had no fire risk assessment undertaken and had not carried out any fire drills. The practice had a fire marshal; however none of the staff had any fire training. 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 risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control; however the practice had not performed regular infection control audits and risk assessments for asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had limited 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.
- All permanent staff had received annual basic life support training; however there was no evidence of training for one locum GP. There were emergency medicines available in the treatment room.
- The practice had no defibrillator or oxygen available on the premises and had not completed a risk assessment as to how they would respond to medical emergencies requiring these. A first aid kit and accident book was available.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage; however it was out of date and did not contain details of contractors for staff to contact should they not be able to use the building for any reason.

Are services effective?

(for example, treatment is effective)

Our findings

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 most recent published results were 82.4% of the total number of points available, with 12.9% clinical exception reporting. Unpublished QOF results for 2015/16 indicated a further decline in overall QOF results. During the visit we reviewed a sample of records of patients who had been reported as an exception and found that they were appropriately reported. We also found that some of these patients were incorrectly coded and the practice was made aware of this during the inspection for example, patients taking a medication for osteoporosis did not have the appropriate code for diagnosis on their records. (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.) Data from 2014/15 showed:

- Performance for diabetes related indicators was above the Clinical Commissioning Group (CCG) and national average. For example, 83% (10% exception reporting) of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 72% and the national average of 78%. The number of patients who had received an annual review for diabetes was 98% which was above the CCG average of 86% and national average of 88%. The practice had 50% exception reporting for patients with diabetes who were treated with a medicine for renal problems. The practice

also had 71.4% exception reporting for newly diagnosed diabetic patients being referred to a structured education programme within 9 months after entry on to the practice's diabetes register.

- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100% (0% exception reporting), which was above the CCG average of 98% and national average of 98%.
- Performance for mental health related indicators was above the CCG and national averages; 93% (46% exception reporting) of patients had received an annual review compared with the CCG average of 85% and national average of 88%. During the inspection we found that the practice had nine patients who were reported as an exception had care plans, however these patients were not appropriately coded.
- The number of patients with dementia who had received annual reviews was 74% which was below the CCG average of 85% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 92% (25% exception reporting) compared with the CCG average of 92% and national average of 90%. The practice had 50% exception reporting for patients with COPD in whom the diagnosis has been confirmed by spirometry between three months before and 12 months after entering on to the practice's register.
- The practice had not performed any clinical audits in the last two years.
- The percentage of patients who were treated with antibiotics was 12%, which was significantly above the CCG average of 5% and national average of 5%; the practice was sixth highest in the CCG in the prescription of antibiotics. Due to the high prescribing of antibiotics the practice had many leaflets and notices in the waiting area explaining to patients about the effects of antibiotics.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff; however there was no robust system in place to ensure that mandatory training including topics such as safeguarding, infection prevention and control, fire safety and health and safety are undertaken.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- Staff had access to some training to meet their learning needs; however there was no effective system in place to ensure all staff had access to relevant and updating training to enable them to carry out their role. There was no evidence of regular appraisals and personal development plans for non-clinical staff.
- Staff received mandatory update training; however not all clinical and non-clinical staff had received all training including safeguarding, infection control and fire safety. Staff had access to and made use of e-learning training modules and in-house training. There was no evidence of the provider checking if the locum GP training was up to date.

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice only had care plans for 24 patients out of 148 patients who had unplanned admissions in the last year.

Staff worked together and with other health and social care services to understand and meet the range and complexity

of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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.
- 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's uptake for the cervical screening programme was 86%, which was above the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 87% to 93% and five year olds from 69% to 92%. Flu immunisation rates for diabetes patients were 86% which was below the CCG and national averages.

The practice did not offer NHS health checks for patients aged 40-74 and had no system in place to monitor this; only 45 patients out of 589 patients had received a health check in the last five years.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Most of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with eight patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. For example:

- 91% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 86%; national average of 89%).
- 86% said the GP gave them enough time (CCG average 83%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 91% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 94% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment with GPs. The practice was above average for consultations with GPs and nurses. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 84% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 88% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had identified 0.3% (10 patients) of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

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.

- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- Homeless people were able to register at the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice provided a phlebotomy service at the practice to encourage older patients who may have difficulty in getting to the hospital and to improve monitoring of patients with long term conditions.
- Patients had access to a female GP if required.
- The practice offered a daily walk-in surgery (mornings and afternoons) where all patients were seen on the day on a first come first served basis.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 8:30am to 10:00am and 4:00pm to 5:30pm daily. Extended hours surgeries were offered on Thursdays from 6:30pm to 8:00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The lead GP offered a daily walk-in surgery (mornings and afternoons) where all patients were seen on the day on a first come first served basis. Pre-booked appointments were only available with the two part-time female locum GPs.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were above the local and national averages in many aspects.

- 88% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 74%; national average of 75%).
- 97% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 92% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had an effective 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.
- There was no complaints poster available on the waiting area for patients but there was a complaints leaflet available in the reception.

We looked at two complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient's relative had complained about the doctor not properly addressing patient concerns. The practice investigated this incident, apologised to the patient and the relative and appropriately dealt with the patient's concerns. This complaint was discussed in meetings to avoid something like this happening in the future.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had a vision and strategy; however staff were not clear about their responsibilities in relation to the vision or strategy.

Governance arrangements

The practice had a governance structure; however it did not adequately support the delivery of the strategy and good quality care.

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- While there was a range of policies available to all staff, these were not practice specific; there was no evidence to indicate when these policies were updated as there were no review dates.
- There was an understanding of the performance of the practice; however there was no evidence to indicate that benchmarking information was used to monitor performance.
- The monitoring of patients on high risk medicines was not consistent and there was no safety netting system in place for the recall of these patients; they could not ensure that the patients receiving interventions for long term conditions were in line with local and national achievement.
- monitoring of patients on high risk medicines was not consistent and there was no safety netting system in place for the recall of these patients
- Systems for identifying and monitoring risks were not embedded in the culture of the practice, for example, risks related to health and safety were not assessed. The practice had not considered how they would manage a range of medical emergencies and did not have oxygen, a defibrillator or benzyl penicillin.
- The practice did not have a system in place to ensure quality of the service was monitored and improved. No clinical audits were undertaken over the last two years.

- Systems for monitoring staff training and development were not in place and not all clinical and non-clinical staff were up to date with training in child protection and fire safety.
- Practice meetings took place on a monthly basis with all practice staff where management, staffing issues, clinical issues, complaints, significant events and strategy were discussed.

Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice; however this was not supported by a robust governance structure. The lead GP was visible in the practice and staff told us the lead GP was approachable.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident in doing so.
- Staff said they felt respected, valued and supported.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- The practice had no active Patient Participation Group (PPG); the practice informed us that they were in the process of starting a virtual PPG.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The provided had not ensured that the quality of care is monitored and improved through audits.</p> <p>The provider had not ensured to seek and act on feedback from service users.</p> <p>This was in breach of regulation 17(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 Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The provider could not demonstrate that all clinical and non-clinical staff were trained to the appropriate level in child protection.</p> <p>The provider had not ensured there was an effective process to ensure regular appraisals were performed for all practice staff.</p> <p>This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>