

# P.A.Patel Surgery

## Quality Report


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

## Ratings

### Overall rating for this service

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Requires improvement 

Are services caring?

Inadequate 

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 P.A.Patel on 10 November 2015. 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 and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment and systems were not in place to ensure the safe storage of vaccines.
- There was not an effective system in place to ensure patients received appropriate and timely reviews.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.

- Data showed patient outcomes were low for the locality. There was not a programme of continuous clinical and internal audit to ensure the practice monitored quality and to make improvements
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Appointment systems were working well and patients received timely care when they needed it.
- The practice had a number of policies and procedures to govern activity, but not all were being implemented and many did not have a review date in place.

The areas where the provider must make improvements are:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Embed a system to ensure patients receive appropriate and timely reviews.

# Summary of findings

- Take action to address identified concerns with infection prevention and control training.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure chaperones are subject to a disclosure and barring check or that a risk assessment is in place to address this issue.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines. Such information needs to be implemented to ensure patients receive appropriate care and reviews.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff implement policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Put measures in place to ensure clinical competencies are being checked.
- Ensure all staff wear appropriate personal protective equipment.
- Provide curtains in all consultation rooms to provide privacy for patients undergoing examinations.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements

The areas where the provider should make improvement are:

- Introduce a structured method of sharing information with all staff such as staff meetings to address any training needs, to discuss complaints and serious incidents, to learn from such events and to drive improvement within the practice.
- Continue to attend multidisciplinary meetings and to ensure these meetings are minuted and provide care plans for patients.
- Risk assess the need for a defibrillator to be located within the practice.

I am placing this practice in special measures. Practices 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 practice 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 vary the provider's registration to remove this location or cancel the provider's registration. Special measures will give people who use the practice 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 and improvements must be made.

- Staff were not clear about reporting incidents, near misses and concerns. The practice did not recognise significant events therefore investigations were not carried out, lessons which may have been learnt were not communicated and so safety was not improved.
- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. This included recruitment, infection control, and medicines management.
- There was insufficient attention to vulnerable adults. Registers of such patients, e.g. those with learning difficulties were incomplete, health checks were not being completed and training had not been undertaken by staff.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data showed patient outcomes were low for the locality for example in diabetes and mental health.
- The use of national guidelines to deliver care was inconsistent, and medication reviews were not undertaken in line with guidance.
- Clinical staff had an understanding of the Mental Capacity Act and were gaining consent appropriately.
- There was very little evidence that audit was driving improvement in performance to improve patient outcomes.
- The practice provided health promotion information. Childhood immunisation rates and uptake for cervical screening were comparable to national averages.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Requires improvement



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice much lower than others for several aspects of care, for example 61.7% said the GP was good at listening to them compared to the CCG average

Inadequate



# Summary of findings

of 83.2% and national average of 88.6%. The practice scored higher in other aspects of care, for example 100% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 90.4%.

- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group to secure improvements to services where these were identified, e.g. the practice was aware they needed to consider succession planning and engaged with the CCG about future plans.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent and non-urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- It had a vision and a strategy and staff were aware of this and their responsibilities in relation to it.
- Some staff had lead roles but were not adequately trained, e.g. infection control.
- The practice had a number of policies and procedures to govern activity, but many of these did not have review dates in place and staff were unable to confirm if they had read and implemented them, the practice did not have a record of staff acknowledging policies or procedures.
- Not all policies and procedures were being adhered to, for example the storage of vaccines.

Inadequate



# Summary of findings

- The practice did not have an active patient participation group (PPG) but were trying to establish one. The practice did not have a patient survey to gain feedback other than through national data.
- All staff had received annual appraisals but there were no staff meetings or events to allow structured feedback or to involve staff in improving the practice.
- The clinical governance lead was unable to ensure there was effective clinical care or a programme of continuous clinical and internal audit to ensure the practice monitored quality and to make improvements.
- There were not robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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

- Care and treatment of older people reflected current evidence-based practice, but not all older people had care plans where and when necessary.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were poor. The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the national averages. .
- The practice relied on patients self-presenting for vaccination, although some letters were sent to patients as a reminder, this service was not actively promoted.
- Longer appointments and home visits were available for older people when needed, however this was not promoted. The leadership of the practice had started to engage with this patient group to look at further options to improve services for them.

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

- Nursing staff had lead roles in chronic disease management.
- Nationally reported data showed the total percentage of points scored for diabetes was lower than the national average, however in 2015 the practice nurse had started diabetic reviews and since April 2015 had completed 111 reviews out of 158 patients on the practice diabetic register.
- Longer appointments and home visits were available when needed.

Inadequate



# Summary of findings

- Structured annual reviews had not been undertaken to check that patients' health and care needs were being met. The practice nurse was focusing on making improvements in this area.

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

- There were no systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances were not identified or followed up.
- Immunisation rates were comparable to CCG averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening rates were in line with national data.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was unable to provide any examples of joint working with midwives, health visitors and school nurses.

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included extended hours on Tuesdays and work with the local GP Alliance to provide appointments at weekends.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group.

Inadequate





# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients with a learning disability; these patients had not received annual health checks.
- There were no policies for people with no fixed address to register or be seen at the practice. The practice told us of one such patient demonstrating that they were able to provide this service.
- Staff provided us with examples of helping vulnerable people in the local vicinity who were not registered as patients but needed immediate help.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people, at the time of inspection there had only been one meeting in the past 12 months and the minutes were incomplete.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Inadequate



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

- Only 37.5% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate. This was lower than the national average of 88.3%

Inadequate



# Summary of findings

- The practice had started to work with multi-disciplinary teams but it was unclear due to a lack of information recorded, if this included patients experiencing poor mental health or dementia.
- It did not carry out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice did not actively follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Clinical staff had received training on how to care for people with mental health needs.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 02 July 2015. The results showed the practice was performing very well for accessing appointments in comparison with local and national averages. 277 survey forms were distributed and 115 were returned. This was a response rate of 41.5%.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 70% and a national average of 73.3%.
- 96.7% found the receptionists at this surgery helpful compared to a CCG average of 87.5%, national average of 86.8%.
- 97.8% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86.8%, and a national average of 85.2%.
- 95.6% said the last appointment they got was convenient to them compared to a CCG average of 93.3%, and national average of 91.8%.

- 97.7% described their experience of making an appointment as good compared to a CCG average of 73.6%, and national average of 73.3%.
- 79.9% said they usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 74.3%, and national average of 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all very positive about the standard of care received, access to appointments and friendly, caring staff.

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

## Areas for improvement

### Action the service MUST take to improve

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Embed a system to ensure patients receive appropriate and timely reviews.
- Take action to address identified concerns with infection prevention and control training.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure chaperones are subject to a disclosure and barring check or that a risk assessment is in place to address this issue.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines. Such information needs to be implemented to ensure patients receive appropriate care and reviews.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff implement policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Put measures in place to ensure clinical competencies are being checked.

# Summary of findings

- Ensure all staff wear appropriate personal protective equipment.
- Provide curtains in all consultation rooms to provide privacy for patients undergoing examinations.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements

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

- Introduce a structured method of sharing information with all staff such as staff meetings to address any training needs, to discuss complaints and serious incidents, to learn from such events and to drive improvement within the practice.
- Continue to attend multidisciplinary meetings and to ensure these meetings are minuted and provide care plans for patients.

Risk assess the need for a defibrillator to be located within the practice.

# P.A.Patel Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor and a CQC Inspector Manager.

## Background to P.A.Patel Surgery

P.A.Patel Surgery is a small practice located in Benfleet; it is located within a residential area. At the time of inspection, there were 2573 patients on the practice list. The practice has a General Medical Services contract in place.

The practice has one male GP, one nurse, a practice manager and four receptionists. The practice had recently gained a locum GP who worked one afternoon a week.

The practice is open between 8am and 6pm on Mondays and Wednesdays to Fridays, with extended hours on Tuesdays from 8am to 7:45pm. Appointments are from 9am to 11:30am and 4pm to 6:30pm daily. Extended hours surgeries are offered until 7:45pm on Tuesdays. The practice is able to offer patients appointments at weekends through the GP Alliance, these appointments were at an alternative location with locum GPs.

When the practice is closed patients are directed to the 111 service

## 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

## How we carried out this inspection

We carried out an announced visit on 10 November 2015. During our visit we:

- Spoke with a range of staff including a GP, nurse, practice manager and receptionists and spoke with patients who used the service.
- Observed how people were being cared for.
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people

## Detailed findings

- 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 also a recording form available on the practice's computer system.
- The practice had not recorded any significant events since 2013.

There was only one significant event available to view which was dated 2013. This related to a telephone call to the practice from a patient. There was a description of the event, details of interviews held, decisions made and actions taken. There was evidence of under-reporting significant events as three staff members told us of incidents including pharmacy irregularities and an issue regarding releasing information about a child to a parent. These incidents had not been reported, recorded or investigated.

We saw that national patient safety alerts were being received by the GP and we were told that the GP actioned these as appropriate, however there was no evidence of this information being shared.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, this was the practice nurse. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. However, the practice did not have a system in place to follow up children that had a high rate of attendance at accident and emergency. The GP was trained to safeguarding children level 3. While there was no evidence of staff having had vulnerable adult training they had a basic understanding of how to identify a vulnerable adult.
- At the time of inspection there was no notice informing patients of a chaperone service was on display in the practice. We discussed this with the practice manager who told us they would rectify this immediately. Some staff who acted as chaperones were trained for the role but had not received a disclosure and barring 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). A risk assessment had not been carried out to identify if DBS checks were required.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead but had not had any training in this area, nor had any other staff. Clinical staff were not wearing a uniform to protect against contamination whilst treating patients, we were told they did have a uniform but were not wearing it on the day of inspection. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Clinical waste was stored in a locked shed and collected once a week by an external contractor.
- The arrangements for managing medicines, including vaccinations, in the practice posed a risk to patient safety (including recording, handling, storing and security of medicines). The practice had prescribing audits which were carried out by the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored but there were no systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a policy for the safe storage of vaccinations including a cold chain policy, but this policy was not being followed. Fridge temperatures had not been reset and the maximum temperature was at 20oC, this had not been recognised or addressed. A second vaccine fridge did not have a method of recording minimum or maximum temperatures.
- There were no arrangements in place to assure the ongoing competency of the nurse. The nurse was attending practice nurse meetings where peer reviews were available.

## Are services safe?

- We reviewed four personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. For example, proof of identification, references, qualifications, and the appropriate checks through the Disclosure and Barring Service had not always been carried out; this included the most recently recruited member of staff, a GP locum. After discussion with the practice manager, they agreed to undertake DBS checks for all staff.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and had carried out a fire drill in the last 12 months. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. There was not a legionella risk assessment in place, there were plans to address this.
- 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 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 staff received basic life support training. There were emergency medicines, including an anaphylaxis kit, available in the treatment room.
- The practice had oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- The practice did not have a defibrillator in place or a risk assessment to assure themselves it was not required.
- 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 fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice accessed relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. These guidelines were not being used consistently to ensure patient needs were assessed or that excellent care was being delivered.

- The practice had systems in place to keep clinical staff up to date. Staff had access to guidelines from NICE and received National Patient Safety Alerts and alerts from the Medicines and Healthcare products Regulatory Authority.
- The practice did not monitor that these guidelines were followed through risk assessments, audits or random sample checks of patient records.
- There was not a robust system in place to ensure all patients were being effectively recalled for medication reviews.

### 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 for 2014/15 were 60.3% of the total number of points available, with 5.7% exception reporting. Data from 2014/15 showed;

- Performance for diabetes related indicators was below that of the CCG and national averages. The practice achieved 48.8% of the total points available in this domain compared to a CCG average of 81.5% and a national average of 89.2%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 69.1% which was lower than the CCG average of 79.4% and the national average of 83.6%.

- Performance for mental health related indicators was below that of the CCG and national averages. The practice achieved 50% of the total points available in this domain compared to a CCG average of 86.5% and a national average of 92.8%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 95.2% which was higher than the CCG average of 79.8% and national average of 84%.

When we spoke to the practice nurse, she informed us that she had a role in diabetes reviews and wanted to improve this service; since April 2015 she had seen and reviewed 111 out of the 158 patients with diabetes on the diabetic register.

One clinical audit carried out demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, one of these was a completed audit regarding the prescribing of non-steroidal anti-inflammatory drugs and co-prescribing of proton-pump inhibitors. This audit showed improvement and where the improvements made were implemented and monitored. The other three audits were incomplete.

### Effective staffing

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

- The practice had a comprehensive induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding children, emergency procedures, health and safety and confidentiality.
- The practice had a comprehensive induction program for GPs that covered clinical aspects of their work.
- The practice could demonstrate how they ensured role-specific training for relevant staff e.g. for those administering vaccinations and taking samples for the cervical screening programme. Once this training was complete there was an absence of on-going clinical supervision.
- Staff received training that included: safeguarding children, basic life support, chaperoning and information governance awareness. Staff had access to and made use of e-learning training modules and

# Are services effective?

## (for example, treatment is effective)

in-house training. Not all training needs such as infection control and vulnerable adults had been identified. The staff were able to discuss their learning needs with the practice manager on an informal basis as any issues arose. All non-clinical staff had had an appraisal by the practice manager within the last 12 months. The practice nurse received an appraisal from the GP.

### 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 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 people to other services.

Staff had started to work with other health and social care services to understand and meet the range and complexity of people's needs and to assess ongoing care and treatment. This included when people moved between services and when they were referred. We saw evidence that one multi-disciplinary team meetings had taken place in the last 12 months. However minutes of this meeting did not provide evidence of care plans or actions to be taken.

### 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, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives and those with a learning disability. Patients were then signposted to the relevant service.
- Patients needing weight management advice were signposted to a local support group.
- Smoking cessation advice was offered by the practice nurse.

The practice's uptake for the cervical screening programme was 82.69%, which was comparable to the national average of 81.88%. The practice nurse worked with the receptionists to offer reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example:

- The percentage of childhood Meningitis C vaccinations given to under two year olds was 94.4% compared to the CCG percentage of 96.6%.

The percentage of childhood infant Meningitis C vaccinations given to under one year olds was 100% compared to the CCG percentage of 98%. Flu vaccination rates for the over 65s were 62.4%, and at risk groups 45.71%. These were below national averages which were 73.24% and 52.29% respectively.

Patients had access to health assessments and checks. These included health checks for new patients and NHS health checks for people aged between 40 and 74 years.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- Curtains were not provided in all consulting rooms, but the doors were lockable to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that 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.

All of the 15 patient CQC comment cards we received were very 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.

Results from the national GP patient survey from 02 July 2015 showed patients felt they were treated with compassion, dignity and respect by nursing staff and receptionists. The practice was above average for its satisfaction scores on consultations with nurses. For example:

- 100% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 90.4%.
- 96.7% said they found the receptionists at the practice helpful compared to the CCG average of 87.5% and the national average of 86.8%.

However the practice was below average for its satisfaction scores on consultations with GPs. The practice were dismissive of these results as they felt they were unjustified so had not taken any action to make improvements.

- 18.2% said the GP was poor at listening to them compared to the CCG average of 5.3% and national average of 3.8%.

- 11.7% said the GP did not give them enough time compared to the CCG average of 3.7%, and national average of 3.8%.
- 21.1% said they had no confidence or trust in the last GP they saw compared to the CCG average of 6%, and national average of 4.8%.
- 20.1% said the last GP they spoke to was poor at treating them with care and concern compared to the CCG average of 5.5%, and national average of 4.3%.

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

Patients told us that 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 to questions about their involvement in planning and making decisions about their care and treatment. Results fell below local and national averages. For example:

- 10.1% said the last GP they saw was poor at explaining tests and treatments compared to the CCG average of 4.4% and national average of 3.3%.
- 8.4% said the last GP they saw was poor at involving them in decisions about their care compared to the CCG average of 6.4%, and national average of 4.7%.

Staff told us that translation services were not currently available for patients who did not have English as a first language as there had not been any demand for this service. The practice did not have information available to access translation services should they have needed it.

### 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.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified one patient as a carer on this system and told us they felt this was incomplete. 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, the GP contacted them by phone. This call was either followed by a patient consultation and the GP gave 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice manager and GP had engaged with the CCG over recent months as they were concerned about single-handed GPs in the area approaching retirement age and the potential for losing services in the immediate vicinity.

- The practice offered extended hours on a Tuesday evening until 7pm for working patients who could not attend during normal opening hours. Weekend appointments were offered through the GP Alliance.
- Same day appointments were bookable as well as appointments in advance up to six weeks ahead.
- Home visits were available for older patients/patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were accessible facilities available.
- The practice was considering the installation of a lift to improve access. At the time of our inspection those who could not access the first floor nurse's treatment room were seen on the ground floor in an alternative treatment room.
- No hearing loop was provided at the practice.
- Translation services were not available

### Access to the service

- The practice was open between 8.30am and 6.30pm Monday to Friday, appointments were available until 7pm each Tuesday evening. Appointments were from 8.30am to 12pm every morning and 4pm to 6.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. Weekend appointments were offered through the GP Alliance.

Results from the national GP patient survey, 02 July 2015, showed that patients satisfaction with how they could access care and treatment was above local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 84.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 74.6% and national average of 74.9%.
- 100% patients said they could get through easily to the surgery by phone compared to the CCG average of 70%, and national average of 73.3%.
- 97.7% patients described their experience of making an appointment as good compared to the CCG average of 73.6%, and national average of 73.3%.
- 79.9% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 74.3%, and national average of 64.8%.

### 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.
- We saw that information was available to help patients understand the complaints system via a leaflet in reception called 'Compliments and Complaints'

We looked at four complaints received in the last 12 months and these were satisfactorily handled, dealt with in a timely way, there was openness and transparency with dealing with the complaint and apologies were given when appropriate. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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 to deliver quality care and promote good outcomes for patients.

- The practice had a statement of purpose with clear aims and objectives which staff understood. These aims and objectives included providing a good standard of care, being committed to patient needs and ensuring that every person received equal treatment regardless of race, gender, disability or age.
- The practice was engaging with the CCG about succession planning and the practice were actively trying to find a potential partner to support them.

### Governance arrangements

The practice did not have a robust governance framework which supported the delivery of the strategy patient care. This outlined the structures and procedures in place and ensured that:

- The practice had a clinical governance lead in place to promote quality care within the practice. This was the practice manager who did not have sufficient clinical training to ensure patient care and treatment was in line with best practice.
- There was a staffing structure and staff were aware of their own roles and responsibilities, there were lead members of staff for safeguarding, Quality and Outcomes Framework, infection control and clinical governance. Not all leads had appropriate training, e.g. infection control.
- Most practice specific policies were implemented and were available to all staff. Policies regarding the storage of vaccines were not being followed. Not all policies had a review date in place to ensure these were up to date.
- There was not a programme of continuous clinical and internal audit to ensure the practice monitored quality and to make improvements
- There was minimal evidence of learning.
- There was little innovation or service development
- There were not arrangements for identifying, recording and managing risks, issues and implementing

mitigating actions. Significant issues that threatened the delivery of safe and effective care were not identified or adequately managed. Some risk assessments were missing e.g. legionella and although there was a system in place to report and record significant events, these events were not being appropriately recorded

### Leadership, openness and transparency

The practice prioritised compassionate care and access to services but did not ensure all aspects of clinical care were consistently being met. The GP was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of 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 but there was not any evidence that safety incidents were being recorded or reported.

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

- Staff told us that the practice did not hold regular team meetings; they said they felt able to discuss issues informally as they came up.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues and were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. These discussions were held on an informal basis and were not documented.
- The GP did not have the necessary experience, knowledge, capacity or capability to lead effectively and relied upon the practice manager to be in touch with events during day-to-day services.

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

The practice encouraged and valued feedback from patients, the public and staff on a day to day basis:

# Are services well-led?

Inadequate 

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

- The practice did not have a PPG group as they have not been able to engage patients. The practice manager was trying to set up a virtual PPG and this was being promoted by staff and posters in the waiting area.
- The practice had gathered feedback from staff on an ad-hoc basis, this was not documented. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management including the new locum GP. Staff told us they felt involved and engaged to improve how the practice was run.



## 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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found that the registered person had not protected against the risk of inappropriate or unsafe care due the lack of efficient systems to assess, monitor and mitigate the risks relating to their health, safety and welfare. Significant events were not being reported or investigated appropriately so that learning could be shared with staff. The registered person had not ensured that staff had sufficient infection control training. The registered person had not ensured the proper and safe management of medicines. This was in breach of regulations 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. There were not sufficient systems and processes such as regular audits of the service provided to access, monitor and improve the quality and safety of the service. There was not an effective communication system in place for stakeholders to share information regarding the provider.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

Regulated activity	Regulation
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This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Family planning services

Treatment of disease, disorder or injury

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered person had not protected against the risk of inappropriate or unsafe care due to appropriate recruitment checks, e.g. proof of ID, DBS checks where appropriate, registration checks and references not being carried out for staff. Staff acting as chaperones had not been subjected to the appropriate DBS checks. This was in breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014