

Dr Rashid Kadhim

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rashid Kadhim, also known as the Avicenna Health Centre, on 10 May 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 and processes were not in place to keep them safe. This included a lack of appropriate risk assessments, completed audits, staff appraisals, staff training and concerns with infection control practice.
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff following any investigation. Significant events were not appropriately recorded.
- The practice did not have a system in place to file test results once they had been actioned. There was a risk that some may be overlooked as some 12000 results were stored in the electronic mail inbox.

- We found that correspondence from external health professionals (i.e. hospitals or labs) was scanned into patients' records without being seen by the GP. It would be followed up only if the sender or the patient alerted the GP.
- We found the system used to determine which patients were given an 'on the day' appointment placed patients at risk, as it was dependent on the degree of information given to the receptionists and their written interpretation of it.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Most of the patients we spoke with during the inspection were positive about their interactions with staff and said they were treated with compassion and dignity. The majority of CQC comment cards completed prior to the inspection were also positive.

Summary of findings

- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.
- The provider was not aware of and did not have systems in place to ensure compliance with the requirements of the duty of candour.
- The practice had no system for documenting, analysing and learning from complaints.

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.
- Take action to address identified concerns with infection prevention and control practice.
- Put in place appropriate systems and processes to enable it to respond to medical emergencies.
- Complete clinical 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, including health and safety risk assessments, electrical testing and regular calibration of equipment.
- Put in place governance arrangements to deal with all incoming clinical correspondence in a timely way, which includes appropriate review by a GP.
- Securely store patient records.
- Maintain a clear audit trail to indicate when patient test results have been actioned.
- Provide all clinical staff with child protection and safeguarding training to Level 3; and confirm that staff are aware how to report concerns to external authorities.
- Introduce a whistleblowing policy and procedure and ensure that staff understand it and their duty to escalate safety concerns if necessary.
- Put into place a documented process to enable the GP to effectively and safely triage patients based on information gathered by non-clinical staff.
- Keep Patient Group Directions up to date in accordance with legislation
- Provide staff with appropriate, up to date policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Establish and operate effective systems and processes to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Provide staff with annual appraisals and appropriate training, for example, training in infection prevention and control, the Mental Capacity Act 2005, basic life support and fire safety.
- Confirm staff are familiar with the duty of candour and their responsibilities in relation to it.
- Introduce a system to document, analyse and learn from complaints.
- Review the security of blank prescriptions.

The areas where the provider should make improvement are:

- Introduce systems to ensure all clinicians are kept up to date with national guidance and safety alerts.
- Provide the clinical team with more opportunities to review incidents, unusual cases and complaints and share learning.
- Introduce a cleaning schedule.
- Review the security of the building to prevent unauthorised access to restricted areas.
- Review the process for care planning and annual reviews.
- Update the business continuity plan.
- Introduce a Patient Participation Group.
- Review the outcomes of the 2016 national GP patient survey to determine appropriate action with a view to improving the patient experience.

On 16 May 2016 we took urgent enforcement action to suspend Dr Rasheed Kadhim from providing general medical services at Avicenna Health Centre under Section

Summary of findings

31 of the Health and Social Care Act 2008 ("the Act") for a period of three months as a minimum to protect patients. We will inspect the practice again prior to the end of the three month suspension.

I am also 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 and improvements must be made.

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

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

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

Inadequate



Are services caring?

The practice is rated as inadequate for providing caring services, and improvements must be made.

Inadequate



Summary of findings

- Data from the 2016 national GP patient survey showed patients rated the practice lower than others for some aspects of care including how well the GP listened; how much time they gave them and how well the GP explained tests and treatment. For example:
- 64% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 89%.
- 62% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 60% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 66% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 80% and the national average of 86%.
- The patients we spoke with on the day of the inspection said they were treated with compassion, dignity and respect.
- We received 21 comment cards 13 of which were positive about the standard of care received.
- We saw carers were offered an annual flu vaccination and were been signposted to the local council's carer support line.
- Staff told us that if families had suffered bereavement, the GP contacted them.

Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services, and improvements must be made.

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

Inadequate



Summary of findings

- The practice did not make use of the locally available hub system to improve availability of appointments for patients.
- Patient satisfaction with how they could access care and treatment was below local and national averages.

Are services well-led?

The practice is rated as inadequate for being well-led and improvements must be made.

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

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs, however not all patients were aware that home visits were available.

Inadequate



People with long term conditions

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

- Performance for diabetes related indicators was slightly worse than the national average.
- Longer appointments and home visits were available when patients needed them.
- Patients did not have a personalised care plan.
- Annual reviews were undertaken opportunistically by the GP during consultations but there was not a structured annual review process.

Inadequate



Families, children and young people

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

- Immunisation rates for the standard childhood immunisations were mixed. For example 1.8% of children aged 12 months were given the Men C vaccination compared to 6% nationally. However the percentage of five year olds receiving Infant PCV vaccination was 96% compared to 91% nationally.
- Appointments were available outside of school hours.
- The practice's uptake for the cervical screening programme was 76%, which was above the Clinical Commissioning Group (CCG) average of 72.5% and the national average of 74%.

Inadequate



Summary of findings

Working age people (including those recently retired and students)

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

- The practice had a higher percentage of patients aged between 25 and 49 compared with the England average, but the services available did not fully reflect the needs of this group. For example, the availability of health checks was not promoted.
- Appointments could be booked in advance and there were extended opening hours for patients who worked or students.

The practice provided an online appointment booking system and an electronic repeat prescription service.

Inadequate



People whose circumstances may make them vulnerable

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

- The practice worked with multi-disciplinary teams in the case management of vulnerable people but on an ad hoc basis. There was no programme for regular meetings.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, but they were not aware how to contact relevant agencies outside of the practice.
- The practice identified carers on the electronic records system and signposted carers to local support groups and other relevant agencies. The proportion of carers identified by the practice was low compared to the patient list size.

Inadequate



People experiencing poor mental health (including people with dementia)

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

- The practice maintained a register of patients
- Performance for mental health related indicators was comparable to national averages with the exception of the number of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015). The practice achieved 33% compared to 84% nationally.

Inadequate



Summary of findings

- The practice did not carry out advance care planning for patients with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below local and national averages. Three hundred and eighty seven survey forms were distributed and 117 were returned. This represented 4% of the practice's patient list.

- 53% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 50% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 54% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 46% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards 13 of which were positive about the standard of care received. Patients commented that they found staff professional; they treated them with dignity and respect and were friendly and welcoming. Eight patients made negative comments, half of which related to long waiting times once they had arrived for their appointment. Two patients commented about the poor environment in the waiting room.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring, however several commented on the need for more clinical staff.

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.
- Take action to address identified concerns with infection prevention and control practice.
- Put in place appropriate systems and processes to enable it to respond to medical emergencies.
- Complete clinical 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, including health and safety risk assessments, electrical testing and regular calibration of equipment.
- Put in place governance arrangements to deal with all incoming clinical correspondence in a timely way, which includes appropriate review by a GP.
- Securely store patient records.
- Maintain a clear audit trail to indicate when patient test results have been actioned.
- Provide all clinical staff with child protection and safeguarding training to Level 3; and confirm that staff are aware how to report concerns to external authorities.
- Introduce a whistleblowing policy and procedure and ensure that staff understand it and their duty to escalate safety concerns if necessary.
- Put into place a documented process to enable the GP to effectively and safely triage patients based on information gathered by non-clinical staff.
- Keep Patient Group Directions up to date in accordance with legislation
- Provide staff with appropriate, up to date policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.

Summary of findings

- Establish and operate effective systems and processes to ensure compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
 - Provide staff with annual appraisals and appropriate training, for example, training in infection prevention and control, the Mental Capacity Act 2005, basic life support and fire safety.
 - Confirm staff are familiar with the duty of candour and their responsibilities in relation to it.
 - Introduce a system to document, analyse and learn from complaints.
 - Review the security of blank prescriptions.
 - Provide the clinical team with more opportunities to review incidents, unusual cases and complaints and share learning.
 - Introduce a cleaning schedule.
 - Review the security of the building to prevent unauthorised access to restricted areas.
 - Review the process for care planning and annual reviews.
 - Update the business continuity plan.
 - Introduce a Patient Participation Group.
 - Review the outcomes of the 2016 national GP patient survey to determine appropriate action with a view to improving the patient experience.
- Action the service SHOULD take to improve**

- Introduce systems to ensure all clinicians are kept up to date with national guidance and safety alerts.

Dr Rashid Kadhim

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Rashid Kadhim

Dr Kadhim's practice provides services to approximately 3100 patients in south east London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Southwark Clinical Commissioning Group (CCG) which has 45 member practices serving a registered patient population of approximately 300,000. Dr Kadhim's practice provides a number of enhanced services including minor surgery; remote care monitoring; unplanned admissions and rotavirus & shingles immunisation.

The staff team at the practice consists of one full time male GP, a part time female practice nurse (one day per week), two part time receptionists and a secretary who was also trained as a phlebotomist. There had not been a practice manager in post for the past 18 months. A locum female GP provides two sessions per week for patients who wish to see a female doctor. The service is provided from this location only, and is located in a purpose built property. The premises are accessible for patients with mobility difficulties with consulting rooms on the ground floor of the two storey building.

The practice is open between 8.00am and 6.30pm Monday, Thursday and Friday, and between 8.00am and 7.30pm on

Tuesdays and Wednesdays. Appointments are available between 9.15am – 1pm and 3pm – 6.30pm on Mondays, Thursdays and Fridays; and between 9.15am – 1pm and 3pm – 7.30pm on Tuesdays and Wednesdays. This falls below the expected core appointment hours of 8.00am – 6.30pm. Patients who wish to see a GP outside of these times are referred to an out of hour's service. The number for the out of hour's service displayed on the notice board outside the property was incorrect. The practice provides an online appointment booking system and an electronic repeat prescription service.

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

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

The population in this CCG area is 54% white British. The second highest ethnic group is black or black British (27%). The practice sits in an area which rates within the second most deprived decile in the country, with a value of 35.8 compared to the CCG average of 29.5 and England average of 21.8 (the lower the number the less deprived the area). The patient population is characterised by a below England average for patients, male and female, over the age of 55; and an above England average for male patients between the ages of 25 and 49 and female patients between the ages of 25 and 44.

Detailed findings

We previously inspected this practice on 3 February 2014 at which time the provider was not meeting the standards with regard to the care and welfare of people who used the service and requirements relating to workers. We followed this up in September 2014 when the provider was found to have made improvements.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

This inspection was prioritised due to concerns expressed by NHS England who had served several breach of contract notices for failure to submit data.

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 10 May 2016. During our visit we:

- Spoke with a range of staff, including GPs, receptionists and the secretary, and spoke with patients who used the service.
- Observed how patients were being cared for 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 no system in place for reporting and recording significant events. We asked to see a copy of the significant events log. The GP told us that he recorded events on 'scraps of paper', none of which were available for us to review. Subsequent to the inspection the GP sent us details of three significant events however these all related to 2014.

- Staff told us they would inform the GP of any incidents and there was a hard backed book in the reception area in which they noted details. This was contrary to the practice's incident reporting policy which said a specific form needed to be completed for each incident. Six incidents had been reported in the year preceding this inspection. Five of these related to appointment disputes and patients becoming aggressive. No analysis of these incidents had been undertaken to assess if there was action the practice could take to reduce such incidents re-occurring. The incident recording book did not support the recording of notifiable incidents under the duty of candour, and none of the staff were aware of this duty. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP told us if a patient was affected by an incident they would be contacted but there were no specific examples of this having taken place.
- The practice did not carry out any analysis of the significant events. Staff meeting minutes did not contain evidence that significant events were discussed, lessons learnt or action taken even though staff told us these issues were discussed.
- The GP told us he monitored all incoming patient safety alerts; however the only ones retained on file were nearly two years old. There was a policy in place relating to acting on and sharing medical device alerts and safety alerts. It had not been reviewed since 2014, and the log for recording alerts was blank.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Non-clinical staff had recently undergone computer based safeguarding training however they were unable to describe the action they would take if they had safeguarding concerns and the safeguarding lead was not available. There was a safeguarding policy in place but it did not detail local arrangements – such as the contact details for children's services. The GP, who was the designated safeguarding lead, told us he had undergone level 3 child protection and adult safeguarding but could not provide written proof. A practice nurse worked at the surgery one day per week. We examined their staff file however it did not contain any safeguarding certificates or other proof that training had been undertaken. The locum doctor had undergone Level 3 safeguarding training in April 2016.
- The GP told us he attended safeguarding meetings if he could, and that an alert would pop up on a patient's record if there were concerns. We saw evidence of this in a patient record and the GP was able to talk through the action he had taken in this specific case.
- The practice had carried out two safeguarding audits, one in 2013, the other 2014. We found two safeguarding system issues that were identified as an amber risk in 2013 had progressed to a red risk by 2014, indicating that the issues identified were not actioned. No further audits had taken place and the practice could not provide evidence to show the previously identified issues had been resolved.
- There was a safeguarding policy and procedure in place however it was incomplete. It did not outline who to contact for further guidance if staff had concerns about a patient's welfare, and had not been reviewed since 2014. The practice did not have a whistleblowing policy.
- A notice in the waiting room advised patients that chaperones were available if required. We saw that it was recorded in a patient's record if they were offered a chaperone and whether or not they had accepted. All staff who acted as chaperones had received training for the role from the practice nurse, and had undergone a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)

Are services safe?

The practice did not maintain appropriate standards of cleanliness and hygiene.

- We observed stained carpets in corridors and consulting rooms, and some of the chairs in the waiting room had stained fabric covers. The GP was the infection control clinical lead, however there was no record to indicate they or any of the staff had undergone appropriate recent training in infection prevention and control.
- An infection control audit had been carried out by the local Clinical Commissioning Group (CCG) in September 2015. This had highlighted a number of issues, including 0% compliance relating to personal protective equipment, vaccines and specimen handling and transportation, and the practice achieved 17% compliance overall. A re-audit in May 2016 by the CCG showed that minimal action had been taken to address the issues, with compliance having improved to just 25%. Nothing had been done in relation to the aforementioned three issues.
- The GP told us that there was a cleaning schedule kept electronically, however the cleaner had never been asked to sign any records of the cleaning they carried out. Cleaning materials, including control of substances hazardous to health (COSHH) substances, were stored haphazardly in an unlocked cupboard.
- We found some single use equipment was out of date (syringes and lancets).
- Not all sharps bins were dated on assembly and locking.
- Waste arrangements were not adequate. Pedal bins were clearly marked 'clinical waste' however the lining bags were white plastic and the same as the lining bags used for non-clinical waste.
- High level dust was found – particularly in the air vents.

Some of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not sufficiently robust to ensure patients safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We saw that blank prescriptions were loaded into a printer in the administration area behind reception. If there was no-one at the reception desk the security of the prescriptions was compromised. No log was kept of prescription pad numbers, therefore it was not possible to carry out any audits to ensure they were sufficiently monitored.

- The practice had carried out two medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The audit cycles had not been completed with a re-audit.
- We saw that staff had put to one side out of date vaccines however the practice did not have a medicine disposal policy or procedure in place to guide staff to dispose of these safely.
- Patient Group Directions (PGDs) had been adopted by the practice to allow the nurse to administer medicines in line with legislation, however they were all out of date. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) We were told that as the nurse (who worked part time at this practice) had current PGDs at the other practice where they worked, they had (incorrectly) assumed this practice would be covered by the same PGDs.
- The practice did have an adequate system in place to review medicines. One (non-clinical) member of staff managed reviews and repeat prescribing. They would issue a prescription if the patient's reviews were up to date and they had not exceeded the authorised number of repeats. If there were any questions the repeat request would be referred to the GP. Requests for high risk medicines were referred to the GP. We did note that there were two repeat prescribing policies in place, but both of these were out of date.
- We checked both of the fridges used to store medicines. Staff checked the temperatures daily and this was recorded. Neither fridge was overstocked and the contents were all in date.

We reviewed four personnel files. Staff had been recruited prior to the current legislation coming in to force when less stringent checks were undertaken. The practice did not have a recruitment process in place in the event additional staff were to be employed. Staff had however undergone the appropriate checks through the Disclosure and Barring Service. This had been arranged by the former practice manager.

Monitoring risks to patients

Risks to patients were not assessed or well managed.

- There were no procedures in place for monitoring and managing risks to patient and staff safety.

Are services safe?

- Neither portable electrical equipment nor clinical equipment was checked to ensure it was safe to use and was working properly.
- Parts of the floor covering in the waiting room were torn and presented a trip hazard.
- The practice did not have up to date fire risk assessments and staff did not carry out regular fire drills. The fire alarm and fire extinguishers were checked annually (the last check being March 2015) by an external contractor but staff did not carry out any checks in the interval. A number of rooms were cluttered with numerous boxes, and we found a number of fire doors were wedged open. The practice did not have a fire evacuation procedure.
- The practice did not have other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), blinds cords, health and safety, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We found the outer pane of a window in one of the treatment rooms was shattered. This window was directly above an examination couch and a baby changing mat. One of the vaccine fridges could only be reached by staff standing on a chair which put them at risk of falling.
- We found a number of doors propped open, including the door to the computer server; and the key pad giving access to the first floor of the building was out of order. This represented a security risk.
- A notable crack had appeared in the building subsequent to major construction work taking place next door to the practice. The GP was in negotiation with the building contractors to resolve this issue.

- There were no formal arrangements in place for planning and monitoring the number of staff. On our arrival we found the practice open but no staff at the reception desk. This represented a security risk.
- The practice used the same locums where at all possible. Three had been used by the practice for the past three years. The GP told us that for the first year they worked at the practice he oversaw their performance.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents. The GP told us there was a disaster recovery and business continuity plan in place however this had not been revised since 2014. The GP confirmed the practice was not part of a CCG wide contingency plan.

- 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, although this was not carried out annually. The locum GP had the most up to date training, having undergone it in January 2016.
- The practice did not have a defibrillator available on the premises, and had not carried out an assessment of the risks to patients associated with this decision. Oxygen with adult and children's masks was available, as were a first aid kit and accident book.
- Emergency medicines were easily accessible to staff in one of the treatment rooms of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had limited evidence to demonstrate how it 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 did not have systems in place to keep all clinical staff up to date. The GP told us he received NICE guidelines on his mobile phone however he could not show us how this information was disseminated to locum GPs or other staff or put into practice.
- The practice did not monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GP told us he attended monthly GP group meetings at the CCG and also that he had been part of a peer support group for 19 years. This group met every six weeks. There were no available minutes from these meetings.
- We reviewed five patient records. We found the GP used medicines reviews to manage long-term conditions as well as opportunistic screening. No formal care plans were in place. Formal annual reviews were not carried out but took place during consultations in the course of the year. We found that the GP was carrying out the expected health checks within this period.
- Our data indicated that this practice was providing an unplanned admission enhanced service however the GP said that they were not currently operating such a scheme.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The practice achieved 82.6% of available points compared to the CCG average of 92.7% and England average of 94.8%. The practice had a higher exception rate for depression (37.5%) than the CCG and England average (25% and 24.5%)

(exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The GP told us that QOF topics were allocated to named staff to follow up, although none of the staff we spoke with were aware of this. Some benchmarking was achieved through an annual visit from the CCG pharmacist, however the practice did not attend any regular meetings with the CCG.

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

- Performance for diabetes related indicators was slightly worse than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 64% compared to 78% nationally. The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 86% compared to 94% nationally.
- Performance for mental health related indicators was comparable to national averages with the exception of the number of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015). The practice achieved 33% compared to 84% nationally.
- The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) was 0.33 which varied considerably from the national ratio of 0.71.

There was little evidence of quality improvement including completed clinical audits.

- We requested copies of any completed clinical audits completed in the last year. None were available. Subsequent to the inspection the GP sent us copies of two audits carried out as part of his appraisal. One, carried out in October 2015, was an audit of medicines, prescribed to hypertensive patients, as the practice was noted to have above average number of prescriptions of Doxazosin, a medicine used to treat hypertension, by the CCG pharmacist during the practice's annual prescribing review. The audit showed that 12% of

Are services effective?

(for example, treatment is effective)

relevant patients were prescribed this medicine. As a result, the practice said it had reviewed the NICE guidelines and now sought to prescribe recommended alternatives. A re-audit had not yet been undertaken.

- Another audit, performed between August and October 2015, had reviewed the level of diabetes screening in hypertensive patients. The GP commented that he had thought all patients were screened however the audit found 12% were not. He attributed this to locum GPs not following his model of consultation, which was to opportunistically identify such patients if they came to the practice for another issue. As a result the GP said the practice was now targeting these patients, however the new process had not been re-audited to see if improvements had been made.

Effective staffing

Staff were not supported through appropriate training to deliver effective care and treatment.

- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff. For example, the phlebotomist had not undergone any refresher training since their initial training in 2004.
- 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 on line resources and discussion at practice meetings.
- Staff did not have their learning needs identified. None had received an appraisal in the preceding 18 months. One to one meetings and supervision did not take place. Training opportunities were limited. Staff commented that with the departure of the practice manager there had been no manager to assess their learning needs and arrange appropriate training.
- Non-clinical staff had received e-learning training in safeguarding and information governance within the previous 12 months. No other training had taken place.

Coordinating patient care and information sharing

- The GP told us that no formal multi-disciplinary meetings were held to discuss patient care planning. Meetings were arranged on an ad-hoc basis as and when required. There were no minutes of these meetings available for us to review.
- Where appropriate, patients were referred through the urgent two-week wait system. Electronic templates were used to fax referrals across and responses were scanned into the patient record. Patients were advised to contact the practice if they had not received an appointment within the two weeks.
- We found that there was an adequate system in place for handling abnormal test results. Reception staff had specific responsibility to follow up abnormal results following clinical prioritisation by the GP, and they telephoned patients to book an appointment with the GP.
- The practice did not have a robust system in place for dealing with external post consultation correspondence. We found that consultation information sent to the practice from external health providers such as the out of hours service, were scanned directly into the patient's record without being seen by the GP. The GP told us that he relied on the external provider to call him if he needed to carry out any follow up; or waited until the patient called in the check on results.
- The practice did not have a system in place to file test results once they had been actioned. There was a risk that some may be overlooked as some 12000 results were stored in the electronic mail inbox.

Consent to care and treatment

Staff sought patients' consent to care and treatment.

- Staff understood the need to obtain a patients consent to treatment, but were unaware of the content and implications of the Mental Capacity Act 2005 and had not received training in this.
When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance, including Gillick competencies.
- We saw that consent was sought and recorded when, for example, administering vaccines.

Supporting patients to live healthier lives

Are services effective?

(for example, treatment is effective)

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

- Patients at risk of developing a long-term condition, such as diabetes.
- The practice maintained a register of those patients identified as being at risk. For example, there were 33 patients on the mental health register; the same number on the chronic obstructive pulmonary disease (COPD) register, five patients on the dementia register, eight on the learning disability register and 166 patients on the diabetic register.
- The GP told us that when necessary, the practice liaised with the palliative care nurses, although at the time of this inspection there were no patients on the palliative care register.

- The practice's uptake for the cervical screening programme was 76%, which was above the CCG average of 72.5% and the national average of 74%.
- Childhood immunisation rates for the vaccinations given varied from 10% below the CCG average to 6% above. For example, 1.8% of children aged 12 months were given the Men C vaccination compared to 6% nationally. The percentage of children aged 24 months who were given the Men C booster was 78% compared to 88% nationally. However the percentage of five year olds receiving Infant PCV vaccination was 96% compared to 91% nationally; whilst the percentage of children aged 24 months receiving Dtap/IPV/Hib vaccination was 100% compared to 94% nationally.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. None of the consultation rooms were fitted with privacy curtains or screens.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

More than half of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the GP took the best possible interest in their care; was always there when he was needed; offered a professional service and staff were helpful, caring and treated them with dignity and respect. The practice did not have a Patient Participation Group.

Results from the 2016 national GP patient survey showed the practice was below both local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 64% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 84% and the national average of 89%.
- 62% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 82% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 60% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the 2016 national GP patient survey showed patients responded less than positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 66% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 80% and the national average of 86%.
- 60% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language – either by phone or in person. There were no notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified five patients as carers (0.1% of the practice list). We saw in one patient record that they had been identified as a carer, offered an annual flu vaccination and had been signposted to the local council's carer support line.

Are services caring?

Staff told us that if families had suffered bereavement, the GP contacted them. 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 did not engage with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice was open for extended hours on Tuesdays and Wednesdays for working patients and others who could not attend during normal opening hours.
- It was not routine to offer longer appointments to patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice although not all patients we spoke with during the inspection were aware these options were available (where appropriate). Similarly, some patients were unaware that telephone consultations were possible.
- Same day appointments were available for children and those patients with medical problems that required same day consultation (provided the GP assessed them as necessary following information provided to the receptionists).
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities and translation services available.

Access to the service

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

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent, same day appointments were also available for people that needed them. However, patients who wanted an 'on the day' appointment had to call the practice, where reception staff would take down details of the patient's concerns. A list would then be given to the GP who would then determine which patients needed an appointment that day, and

which patients could wait. There was a risk that some patients who required medical attention that day may not be offered an appointment if they had not conveyed sufficient detail to the receptionists.

The local CCG offered an Extended Primary Care Service which was free for the practice to use and offered appointments to patients between 8am and 8pm seven days a week, if their own GP did not have the capacity to see them. Dr Kadhim's practice did not make use of this service. Outside of practice opening hours, patients were advised to contact the out of hour's provider. The number displayed on the (fallen down) notice board outside the practice was out of date. Receptionists assured us that if a patient telephoned outside of opening hours the answer message would provide the correct number. We checked and found that this was the case.

Results from the 2016 national GP patient survey showed that patients' satisfaction with how they could access care and treatment was below local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 53% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 50% of patients said the last time they wanted to see or speak to a nurse they were able to get an appointment compared to the national average of 76%.
- 82% of patients said they had to wait too long to be seen compared to the national average of 34%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them although there was often a long wait once they had arrived for their appointment. We were told the lead GP often arrived late for his appointments, and overran patient consultations. Several patients commented that they felt there needed to be more clinical staff.

Listening and learning from concerns and complaints

The practice did not have an effective system in place for handling complaints and concerns.

- The practice did have a complaints policy however it was incomplete.
- The lead GP was the designated responsible person who handled all complaints in the practice however he

Are services responsive to people's needs? (for example, to feedback?)

could not recall if there had been any in the past two years. We asked to review the practice's complaints log, but there was not one in place. Reception staff told us

that if a patient complained this would be passed to the lead GP but they could not recall if there had been any in the preceding 12 months. Complaint forms were available at the reception desk.

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 lead GP told us of their vision to deliver high quality primary care services to the local community. This had been a long standing vision and the health centre had been built with a multi-disciplinary hub in mind. Whilst in its initial years the vision had been a reality, for the past several years the centre had become under-utilised.

The lead GP was responsible for the strategic direction of the practice and made all of the decisions regarding the practice. We found that other staff members were aware of the practice history, but were unaware how the vision could be recreated, although they told us they were committed to providing good quality care.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of the strategy and good quality care.

- There was little documented business planning and no written analysis of current risks to the service and how these would be managed, for example, the capacity of the GP to run this practice whilst at the same time taking the lead in premises management, health and safety, safeguarding, infection control, staff development and other administrative functions of a practice.
- Whilst non-clinical staff were aware of their own roles and responsibilities, the lack of a practice manager had impacted on all aspects of the service. Systems and processes put into place by the practice manager has ceased being used when that manager had left some 18 months prior to this inspection. The lead GP had nominally taken on the role but he did not have the capacity to carry out all the required duties, leaving staff without guidance and any form of governance structure.
- Practice specific policies were available to all staff, however most of these were incomplete and out of date.
- There was no programme of continuous clinical and internal audit to monitor quality and to make

improvements. The GP did, subsequent to the inspection, provide us with examples of audits carried out as part of his appraisal, but there was no ongoing programme in place.

- There were no arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example we found some patient records were insecurely stored in an unlocked cupboard in the nurses' room. In this cupboard we found a patient hospital discharge summary and also a district nurse's folder containing another patient's personal details and care plan. In the (door open) GP consulting room we found a bundle of patient records. The storage room where a considerable number of records were kept was unlocked.
- We found correspondence from external health professionals (i.e. the out of hour's provider, hospitals or laboratories) was scanned into patients' records without the GP seeing it. The lead GP relied on the other professionals calling him if any follow up was needed.
- We found the lead GP kept test results stored in his email inbox. Whilst there was nothing to suggest he had not appropriately actioned them, nevertheless there was a risk that he may overlook some, as there were 12000 records stored in this fashion.
- None of the information requested prior to the inspection was provided, although some data was sent to CQC post the inspection.

Leadership and culture

On the day of inspection the provider could not demonstrate they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care however the lack of systems and processes compromised this.

The provider was not aware of and did not have systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.) The practice did not have systems in place to ensure that when things went wrong with care and treatment they gave affected people reasonable support, truthful information and a verbal and written apology.

Are services well-led?

Inadequate 

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

We saw from minutes that the practice held fortnightly all staff meetings, however the clinical team did not meet regularly to review significant events, complaints, unusual cases, safeguarding and share other clinical matters. This seriously limited opportunities for learning and improvement. An open, reporting culture was not well-embedded in the practice.

Staff were not involved in discussions about how to run and develop the practice, and expressed concerns as to the practice's future.

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

The practice sought feedback from patients through an NHS Friends and Family test box in reception however there was nothing to indicate how patient comments influenced changes to practice. The practice did not have an active Patient Participation Group.

The locum GP told us they felt well supported by the principal GP, who they stated was happy to assist with patients and to handle any follow ups that were needed. Non-clinical staff told us they did not always feel able to raise concerns or issues with the GP, there was little management structure to direct them in their day to day work, and training was not available.

Continuous improvement

The provider recognised the practice was experiencing problems and accepted he needed to identify priorities, risks and areas for improvement. However, the practice had failed to address identified risks over a period of time and its capacity for continuous improvement was very limited.