

Dr Sibani Basu

Quality Report

St Thomas Medical Centre
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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

Dr S Basu has a practice population of approximately 1360 patients who live in Dudley, Tividale and Sandwell areas.

We carried out an announced comprehensive inspection at Dr Basu also known as St Thomas Medical Centre on 21 January 2015 to explore the standards of care and treatments patients received.

We have rated each section of our findings for each key area. The overall rating was requires improvement. This was because improvements were required for how safe, effective, responsive and well led the service was. The service was rated as good for caring for the population it served.

Our key findings were as follows:

- We found that patients were treated with respect and their privacy and dignity were maintained. Most

patients informed us they were satisfied with the care they received. Patients we spoke with told us they were able to make informed decisions about their care and treatment.

- There were systems in place for ensuring patients received appropriate treatments but patients experienced difficulties in making appointments when they felt they needed to. The provider was failing to carry out comprehensive health checks of patients who had a learning disability.
- Comprehensive clinical audits were not being carried out that resulted in improvements in patient care.
- We found that the practice was visibly clean. Patients who we spoke with were satisfied with the standards of hygiene at the practice. However, there was no formal system in place for protecting patients from risks of unnecessary infections.

Summary of findings

- Effective systems were in place for reporting safety incidents. Significant events were investigated and where possible improvements made to prevent similar occurrences.
- Documentation that demonstrated staff provided safe care was not in place. Oxygen was not available to enable practice staff to effectively deal with medical emergencies.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Implement infection prevention and control audits to ensure that risks of infections are minimised.
- Ensure that all staff annual appraisals to monitor their performance and training needs are recorded and retained within the practice. Develop a procedure for recording the continued registration of nurses with their relevant professional body to evidence they are working legally.
- The provider must carry out risk assessments for fire safety and for areas of the premises.

- The provider must carry out comprehensive health checks of patients who had a learning disability.

In addition the provider should:

- Review the appointments system made available to ensure it meets patients needs.
- Retain all relevant recruitment documentation and recordings from meetings held within the practice so that it is accessible and can be shared appropriately.
- Engage with patients by carrying out annual surveys to gather feedback on the quality of the service provided and respond to them in order to make improvements in service delivery.
- The practice should ensure that clinical audit cycles are completed in order to demonstrate improved outcomes for patients.
- Have oxygen available for immediate use in emergency medical situations.
- The provider should hold a register of people who had carer responsibilities to enable clinical staff to offer them support or signpost them to relevant services.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for safe as there are areas where improvements must be made. There was a process and policy in place for safeguarding children and vulnerable adults from abuse. There were reliable systems in place to manage prescribed medicines effectively. Arrangements had been made to ensure the premises and medical equipment were safe for use.

A procedure for checking the continued registration of nurses with their relevant professional body had not been implemented. Fire safety risk assessments had not been carried out to prevent risks of injuries to patients and staff.

Requires improvement



Are services effective?

The practice is rated as requires improvement for effective as there are areas where improvements must be made. Most patients told us they were involved in decisions about their care and treatment. New patients were offered a health check to help clinical staff understand their current health needs, and where necessary to make plans for future treatments. Staff received appropriate training to provide them with the knowledge and skills to carry out their roles effectively.

Clinical audits failed to demonstrate that these had led to improvements in patients care. There was no documentary support that regular meetings with palliative care professionals were held.

Requires improvement



Are services caring?

The practice is rated as good for caring. Patients described the staff as friendly and helpful, and felt they treated them with dignity, respect and spoke with them politely. We saw that patient's privacy, dignity and confidentiality were maintained. We observed staff being respectful when dealing with patients. Patients who we spoke with told us that clinical staff obtained their consent before any care or treatment, and that staff acted in accordance with legal requirements where patients did not have the capacity to give consent.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for responsive. Some patients told us they were satisfied with the appointment system, and were able to book an appointment at their preferred times. Systems were in place for handling and responding appropriately to complaints made by patients or people acting on their behalf.

Requires improvement



Summary of findings

Of the patients who communicated with us 22.5% informed us they were unable to book an appointment when they needed one. There was no documentary support that regular meetings with palliative care professionals were held. The last patient survey was dated 2012 to 2013, no survey had been carried out for 2013 to 2014 to gain patients opinions about the quality of the service.

Are services well-led?

The practice is rated as requires improvement for well-led. Staff worked well together as a team and had opportunities to share information, express their views and to make suggestions for improvements. The members of staff we spoke with were clear about their responsibilities. Staff said they enjoyed working at the practice. The practice had a number of accessible policies and procedures to govern staff activities.

Clinical audits had not been carried out that demonstrated improvements had been made to patient care and treatment. There was lack of governance arrangements, evidence of staff support and staff recruitment files and recordings of meetings that clinical staff may have been attended.

Requires improvement



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 requires improvement for the care of older people. This is because the practice requires improvement in order to provide safe, effective, responsive, well lead care for its patients and that includes this population group.

Reminder letters were sent to patients aged 65 years and over offering them annual health checks. All patients aged over the age of 75 years had been informed of their named and accountable GP. Care and treatment of older patients reflected current evidence-based practice. The practice was responsive to the needs of older patients, including offering home visits and rapid access appointments and home visits for those with enhanced needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the population group of people with long term conditions. This is because the practice requires improvement in order to provide safe, effective, responsive, well lead care for its patients and that includes this population group.

The practice staff held a register of patients who had long term conditions. Clinical staff offered reviews for these patients to check their health and medication needs were being met. Patients with long term conditions were reviewed by the GPs and the nurses to assess and monitor their health condition so that any changes could be made. Emergency processes were in place and referrals made for patients in this group that had a sudden deterioration in health.

The practice achievement for Quality Outcomes Framework (QOF) was similar to or lower than average the national average. The QOF is a voluntary performance monitoring tool. We were not given assurances that multidisciplinary meetings were held to ensure this patient group received co-ordinated care.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for population group of families, children and young people. This is because the practice requires improvement in order to provide safe, effective, responsive, well lead care for its patients and that includes this population group.

The practice staff worked with local health visitors in providing child immunisations and delivering the Healthy Child Programme. Community midwives held ante natal clinics at the practice every

Requires improvement



Summary of findings

week. Appointments were available outside of school hours, early evening Mondays, Tuesdays and Fridays. Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the working-age people (including those recently retired and students). This is because the practice requires improvement in order to provide safe, effective, responsive, well lead care for its patients and that includes this population group.

The practice had an above average patient population who were of working age. Patients were offered telephone consultations at any time during the practice opening hours of 8:30am until 7:00pm. The practice was open extended hours until 6pm on Mondays and Fridays and 6:45pm Tuesdays. However, there were no early morning appointments and no online appointment booking or repeat prescription service available which might accommodate the needs of working age patients.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the population group of people whose circumstances may make them vulnerable. This is because the practice requires improvement in order to provide safe, effective, responsive, well lead care for its patients and that includes this population group.

Reminder letters were sent out to patients when their health reviews were due. GPs carried out regular home visits to patients who were housebound and to other patients on the day they had been requested. Although efforts had been made to complete annual health checks of patients who had learning disabilities the recordings made were not comprehensive to confirm that full health checks had been carried out.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the population group of people experiencing poor mental health (including people with dementia). This is because the practice requires improvement in order to provide safe, effective, responsive, well lead care for its patients and that includes this population group.

Patients who presented with anxiety and depression were assessed and managed in with the National Institute for Clinical Excellence (NICE) guidelines. NICE provide guidance for GPs to work with to

Requires improvement



Summary of findings

ensure patients receive appropriate care and treatment. Clinical staff worked within the Mental Capacity Act 2005 when dealing with patients with dementia. Patients who were reluctant to attend their annual health checks were supplied with short term prescribed medicines and requested to attend the practice for a medicine review.

Summary of findings

What people who use the service say

During the inspection we spoke with six patients. We received mixed information about the service they had received. Three patients told us they could make appointments when they needed them and three said they had to wait until another day to obtain an appointment because all booking had been taken. Some patients complained that there were not enough appointments available to meet their needs and that they waited a long time from their appointment time before being seen by the GP.

One patient informed us they were happy with the care and treatments they received from GPs and nurses. The remaining five patients told us they were satisfied with their care.

Those patients who had referrals told us they had been able to choose which hospital they wished to go to. Patients advised us the GPs explained their health needs in a way that they understood. One patient told us they had to request information but were able to ask questions. They told us reception staff were polite and helpful.

Prior to the inspection we provided the practice with comment cards inviting patients to tell us about their care. We received 25 completed cards. Positive comments were provided by 19 patients. However, there were some

negative comments in a range of areas. One patient had used the walk-in centre numerous times because they were unable to book an appointment. A further three patients said they could not book appointments on the day they needed them. Two patients commented that they felt the service was poor. One patient commented that staff don't listen and another that staff don't understand some situations. A further comment complained that they had to wait too long after their appointment time to be seen.

The practice did not have a Patient Participation Group (PPG) or a Patient Reference Group (PRG). These are an effective way for patients and practice staff to work together to improve services and promote quality care.

The National Patient Survey results from 2013 informed us that the results were average or below national average. They were; 63.2% of respondents would recommend the practice, 89.4% for the last time patients wanted to speak with or see a GP or nurse and get an appointment. Also, 80% were satisfied with the opening times, 86.9% felt it was easy to get through by telephone, 77.9% had good or very good experience of making an appointment and 74.9% reported their overall experience was good or very good.

Areas for improvement

Action the service **MUST** take to improve

- Implement infection control and prevention audits to ensure that risks of infections are minimised.
- Ensure that all staff annual appraisals to monitor their performance and training needs are recorded and retained within the practice. Develop a procedure for recording the continued registration of nurses with their relevant professional body to evidence they are working legally.
- The provider must carry out risk assessments for fire safety and for areas of the premises.
- The provider must carry out comprehensive health checks of patients who had a learning disability.

Action the service **SHOULD** take to improve

- Review the appointments system made available to ensure it meets patients needs.
- Retain all relevant recruitment documentation and recordings from meetings held within the practice so that it is accessible and can be shared appropriately.
- Engage with patients by carrying out annual surveys to gather feedback on the quality of the service provided and respond to them in order to make improvements in service delivery.
- The practice should ensure that clinical audit cycles are completed in order to demonstrate improved outcomes for patients.

Summary of findings

- Have oxygen available for immediate use in emergency medical situations.
- The provider should hold a register of people who had carer responsibilities to enable clinical staff to offer them support or signpost them to relevant services.

Dr Sibani Basu

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor.

Background to Dr Sibani Basu

Dr S Basu practice serves approximately 1360 patients.

The opening hours of the practice are 8:30am until 7:00pm. The practice held nine patient clinical sessions per week. There were no early appointments available but patients could speak with a GP during the opening hours.

The practice has opted out of providing out-of-hours services to their own patients. This service is provided by a walk-in centre, by phoning 111 or attendance at the Accident and Emergency Department at the local hospital.

The practice staffing levels includes a senior GP (female) a salaried GP (male) who works for one full day each week. Locum GPs are also employed to cover during absences. There are two practice nurses who work part time. The practice manager was recently appointed and had been promoted from the position of lead receptionist. The practice was looking to recruit a receptionist to fill the practice manager's previous post.

The practice has a higher than national average population of younger adults, whose children may also be registered with the practice.

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. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired)

Detailed findings

- People living in vulnerable circumstances
- People experiencing poor mental health (including people with dementia)

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 21 January 2015. During our visit we spoke with a range of staff including the salaried GP, the practice manager and

two receptionists. We also spoke with six patients and received comment cards from 25 patients. We observed how people were being cared and how staff interacted with them but did not observe any aspects of patient care or treatment. We reviewed personal care or treatment records of patients and other relevant documentation was also checked.

Are services safe?

Our findings

Safe track record

We spoke with six patients about their experience at the practice. None of them reported any safety concerns to us.

The practice was able to demonstrate it had a good track record for safety. Practice staff used a range of information to identify risks and improve quality in relation to patient safety. For example, reported incidents and national patient safety alerts. Staff we spoke with were aware of their responsibilities to raise concerns, and how to report incidents and near misses. The practice manager showed us that there were effective arrangements in line with national and statutory guidance for reporting safety incidents.

We reviewed safety records and incident reports which demonstrated that the practice manager recorded incidents and ensured they were investigated.

Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events, incidents and accidents. Staff recorded incidents when they occurred and investigations were carried out. For example, an error concerning child immunisation. The reception staff promptly identified the problem and systems were put in place to prevent recurrences.

Practice staff had notified the Clinical Commissioning Group (CCG) of individual events. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' and buying health and care services.

We reviewed a sample of significant event reports. These clearly stated the investigations carried out, the resultant actions and which staff the information had been cascaded to. The records we saw told us they had been completed in a comprehensive and timely manner.

Reliable safety systems and processes including safeguarding

Safeguarding information was readily available for staff and records we looked at showed that staff had completed safeguarding training. We saw comprehensive guidelines

for reporting safeguarding concerns in the policies available to staff on the shared drive accessible on each computer. Staff who we spoke with knew where they were kept.

Training records demonstrated that clinical staff had received safeguarding training for children appropriate for their role and other staff had also received training. Staff we spoke with were aware of their roles and responsibilities with regards to protecting people from abuse or the risk of abuse. They were able to tell us how to recognise the signs of abuse and demonstrated how they would respond to safeguarding concerns.

We were told there was a GP lead for safeguarding for children and vulnerable adults. The GP who assisted with the inspection and the practice manager were unable to tell us what level of safeguarding training the lead GP had attended and there was no documentary confirmation available in the practice.

A chaperone policy was in place and visible in the waiting area. Chaperoning was provided by clinical staff and if they were not available, non-clinical staff carried out this role. Non-clinical staff had not received training. The practice manager told us that training for reception staff had been organised for the following month. We spoke with a receptionist who demonstrated they would carry out the role appropriately.

Medicines management

Vaccines were stored in lockable medicine fridges. Temperatures had been recorded once or sometimes twice daily. Staff ensured that vaccines were stored in line with manufacturer's instructions and were safe and effective for administration. No controlled medicines were held at the practice.

Processes were in place to check medicines were within their expiry date and safe for use. All the medicines we checked were within their expiry dates.

There was a protocol for repeat prescribing which was in line with national guidance and was followed by practice staff. Patients who had repeat prescriptions received regular reviews to check they were still appropriate and necessary.

Cleanliness and infection control

Are services safe?

We saw that all areas of the practice were visibly clean and tidy. There were cleaning schedules in place but cleaning records were not kept to confirm the work had been carried out. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

There was a lead GP for infection control. We were not able to verify if the lead GP had received appropriate training for this role. All other staff had received training in infection control.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. For example, personal protective equipment (PPE) including disposable gloves, aprons and coverings were available for examination couches. Staff confirmed there were always good stocks of PPE within the practice.

The policy was accompanied by an audit tool for assessing the whole of the premises for standards of hygiene. We asked the practice manager if annual in depth audits had been carried out. We were told they were no. They told us that regular visual checks were carried out. We asked if these were recorded and were told there was no documentation. The practice manager told us that the local Clinical Commissioning Group (CCG) had not carried out an audit. The CCG is the NHS body responsible for commissioning local NHS services.

We found that Legionella testing had not been carried out but we saw that arrangements had been made for a quote to be obtained on 26 January 2015. Legionella is a term used for a particular bacteria which can contaminate water systems in buildings.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly and we saw equipment maintenance logs and other records that confirmed this. All portable electrical equipment was routinely tested and appropriate recordings maintained. We were shown evidence of this.

Staffing and recruitment

The practice manager told us that reception staff worked part time and were willing to work extra shifts to cover staff

holidays and other absences. They advised they would also provide cover when needed. There were occasions when locum GPs covered permanent GP absences. We asked reception staff if locum GPs were used routinely. We were told that since the salaried GP had commenced working one full day per week in October 2014 that Locum GPs usually covered one clinical session per week.

The practice manager told us they had no system in place to check the continued registration of the nurses with their respective professional body to ensure they were practicing legally.

There were two practice nurses who worked part time and did not provide cover for each other when they were absent due to annual leave or sickness. This was because they were also employed elsewhere and did not have capacity. The practice manager told us they were not replaced with agency staff but patient's appointments were arranged around nurse's availability.

The practice manager told us that since their promotion from receptionist they were looking to recruit a replacement receptionist. Staff told us that once the post was filled there would be enough reception staff to maintain the smooth running of the practice and there were always enough staff on duty to ensure patients were kept safe.

We were shown a copy of the staff recruitment policy which, was comprehensive. However, we found no records held at the practice to evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and criminal records checks via the Disclosure and Barring Service (DBS). We saw a recent DBS check for one of the practice nurses but none for the remaining staff. Reception staff carried out chaperone duties but did not have appropriate risk assessments or DBS checks in place.

We spoke with a receptionist who was the latest recruit. They told us they had completed an application form and provided suggested references to check their suitability for the role. We were not shown any documents to confirm this. We asked the practice manager if the documents were stored anywhere within the practice and we were told that they were not. However, at a later date we received this information electronically.

Are services safe?

Monitoring safety and responding to risk

Risk assessments were not in place for areas of health and safety associated with fire and the general environment. For example, fire escapes routes. The practice manager confirmed these had not been carried out. They would minimise risks of injuries to patients and staff.

A routine request had been made by Dudley Pharmaceutical Public Health Team in respect of prescribing a specific medicine. This was to ensure the most appropriate medicine was prescribed for patients. We were not provided with any records of any actions taken by the clinicians at this practice.

Arrangements to deal with emergencies and major incidents

There was a business continuity plan. The document detailed the actions that should be taken in the event of a major failure and contact details of emergency services who could provide assistance. Copies of the document were held off site by senior staff. The document covered eventualities such as loss of computer and essential utilities. The plan was clear in providing staff guidance about how they should respond. It included the contact details of various services who may be required at short notice.

Firefighting equipment had been checked regularly to ensure it remained fit for purpose. Records showed that staff had received fire training and further training had been booked for 23 February 2015 when all staff were expected to attend.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. They consisted of epipens for use during severe patient allergic reactions and a nebuliser that had recently been purchased. There were no other emergency medicines, oxygen or defibrillator kept on site for treating patients who had heart attacks or severe illness. Having immediate access to medicines and a functioning emergency oxygen cylinder kit helps people survive during medical emergencies. The National Resuscitation Council states 'current resuscitation guidelines emphasise, and this should be available whenever possible'. The practice manager told us if a patient needed it they borrowed oxygen from the nearby ambulance station. In the case of a heart attack appropriate and prompt treatment is essential. There was no defibrillator held at the practice. According to current external guidance and national standards, practices are encouraged to have automated external defibrillators for dealing with heart attacks. An Automated External Defibrillator (AED) is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore normal heart rhythm.

Staff had received training in how to treat patients who required urgent treatment whilst they were on the premises and arrangements were in place for further training on 6 March 2015 when all staff were expected to attend.

The patient leaflet and the telephone when the practice was closed gave information about how to access urgent medical treatment when the surgery was closed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Care Excellence (NICE) and from local commissioners. We were not made aware of any internal operational or clinical staff meetings for dissemination of information to other relevant staff.

Dementia screening for all patients over 65 was available at the practice. This enabled patients to receive appropriate treatment and support if they were developing symptoms of dementia.

We saw no evidence of discrimination when making care and treatment decisions. Our interviews with the GP showed that the culture in the practice was that patients were referred on the basis of need and that age, sex and race was not taken into account in this decision-making.

The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. We were shown the process the practice used to review patients recently discharged from hospital and the actions taken if they required follow-up care.

Management, monitoring and improving outcomes for people

The Quality and Outcomes Framework (QOF) is a voluntary performance monitoring tool linked to remuneration. It helps to further improve the quality of health care delivered by practice staff. We found that the latest results were below, comparable and in some cases above the national average. We looked at the most up to date QOF results. The practice was below the national target for patients with two types on long term conditions. The senior GP was not available to tell us if efforts were in place to redress this. One of the practice nurses' carried out health checks for some patients who had long term conditions but the number of attendances did not match expected QOF results.

We were shown two clinical audits. One had been requested by Dudley Pharmaceutical Public Health Team but did not include details about actions taken as a result of the findings. The second audit we were shown was

regarding a health condition affecting male patients and did not indicate what improvements had been achieved or when the audit may be repeated to monitor sustained improvements.

We asked to be shown other audits but were told that none were available. On a later date we received details of two more audits electronically that had been carried out but they were dated 2013. They consisted of statistics and did not detail any improvements that had been made. They did not demonstrate that full cycle clinical audits had been carried out.

Effective staffing

Staff we spoke with told us they received support and guidance to ensure they were able to undertake their role effectively and safely. There was a comprehensive induction programme for all new staff. We spoke with the member of staff most recently recruited who informed us they had received a full induction. We looked at the induction records for the staff member and saw that no recordings had been made in the induction tool.

All staff received time for education and learning and had attended a training programme that was commensurate with their roles. Staff interviews confirmed that the practice was proactive in providing training and funding for relevant courses. This was confirmed when we looked in staff personnel records.

The GP who had recently commenced working at the practice had completed their yearly continuing professional development (CPD) requirements and had recently been revalidated. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by NHS England can the GP continue to practice and remain on the performers list with the General Medical Council). Both GPs had up to date annual appraisals but we were not able speak with the senior GP about their revalidation. Prior to the inspection we carried out a check with the General Medical Council and this confirmed there were no areas of concern.

We were not shown any recent annual appraisals for any of the staff employed to work at the practice. The latest appraisals seen were dated 2012. Staff we spoke with during the inspection told us they had received annual

Are services effective?

(for example, treatment is effective)

reviews. The practice manager told us they were held off site. We asked the practice manager to send us evidence electronically that staff had received their appraisals but we did not receive any.

Working with colleagues and other services

We asked the practice manager if the senior GP attended multidisciplinary meetings, they said they were not aware of this. There was no documentary support that regular meetings with palliative care professionals were held.

We were shown the meeting minutes that had been made where the senior GP had attended monthly 'Commissioning Locality Forum' meetings. We saw that the recordings included initiatives and clinical matters.

We asked the GP present on the day of the inspection if the senior GP attended other clinical meetings. They told us the senior GP attended weekly meetings with local GPs and consultants from the local hospital. We were not shown any meeting minutes.

The GP also told us that a Health Visitor attended the practice monthly and held a meeting with Dr Basu. We spoke with the practice manager who told us they were not aware of meetings with health visitors. We contacted the health visitor who provided a service for patients registered at the practice. They told us they did not hold meetings with the senior GP but maintained contact by phone.

Information sharing

The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to co-ordinate, document and manage patient care. Relevant staff told us they were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved into the system for future reference. The system included a facility to flag up patients who required closer monitoring such as children at risk.

For patients who had attended an out of hours service or following discharge from hospital we were told that the respective GP reviewed the information provided to them on a daily basis. The GP told us that if patient's required follow up they would send a request to the patient for them to make an appointment. If necessary a referral would be made to a hospital or physiotherapist.

Consent to care and treatment

We spoke with six patients and most of them confirmed they felt in control of their care because they had been well informed about their illnesses and treatment options. One patient told us they had to request information and were able to ask questions.

The GP who was present on the day of the inspection was aware of the requirements within the Mental Capacity Act (MCA) 2005. This was used for adults who lacked capacity to make informed decisions. They explained how a patient's best interests were taken into account if a patient did not have capacity.

We asked the GP about their understanding of the Children's and Families Act 2014 and the Gillick competencies. They told us they did not see young patients who were below the age of 16 years if they did not have an adult or staff member to chaperone them. The Children's and Families Act 2014 and Gillick competencies help clinicians to identify children aged less than 16 years of age who have the legal capacity to consent to medical examination and treatment.

Health promotion and prevention

A range of tests were offered at the practice to monitor patients' health and needs to enable clinical staff to monitor patient's health status.

Various health promotion leaflets were available in the waiting area, including cancer awareness, memory loss and victim support.

The practice did not hold a register of people who had carer responsibilities to enable clinical staff to offer them support or signpost them to relevant services.

Systems were in place to encourage patients to attend for regular smear tests.

There was a childhood vaccination programme in place. The most recent data available to us showed immunisation rates were mostly in line with the average for the Clinical Commissioning Group (CCG) area. CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' and buying health and care services.

Are services effective? (for example, treatment is effective)

We were shown the new patient registration pack which included an application form and information about a health check that would be carried out to enable clinical staff to gain an insight into their medical needs and social background that may impact upon their health needs.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that reception staff greeted patients in a polite and courteous manner. When patients made appointments by telephone we overheard receptionists giving patients choices and respected when patients were not available to attend on some days.

A receptionist told us they offered patients the opportunity to speak with them privately in an unoccupied room to protect their confidentiality.

We observed patients were treated with dignity and respect throughout the time we spent at the practice. We saw that clinical staff displayed a helpful attitude towards patients. Some patients we spoke with told us they had developed positive relationships with clinical staff.

Some patients we spoke with confirmed they knew their rights about requesting a chaperone. They told us this service was offered to them by clinical staff. Some patients had used the chaperone service and reported to us they felt quite comfortable during the procedure. The practice had a chaperone policy in place and staff knew where to access it.

There was a privacy and dignity policy in place and all staff had access to this. We saw that all clinical rooms had high opaque windows and privacy screening around examination couches. We observed staff knocking on doors and waiting to be called into the room before entering.

Care planning and involvement in decisions about care and treatment

Patients told us they were given the time they needed and were encouraged to ask questions until they understood about their health status and the range of treatments available to them. Patients we spoke with told us they were able to make informed decisions about their care and felt in control. We received 25 patient completed Care Quality Commission (CQC) comment cards to provide us with feedback on the practice. Most patients said they felt the practice offered a good service and were professional and helpful.

We asked staff how they obtained patient feedback about their involvement in planning and making decisions about their care and treatment. The GP who was present during the inspection told us this information was requested during patient's clinical consultations.

The Mental Capacity Act 2005 governs decision making on behalf of adults and applies when patients did not have mental capacity to make informed decisions. Where necessary patients had been assessed to determine their ability prior to best interest decisions being made. Non-clinical staff we spoke with had an awareness of the Mental Capacity Act 2005 and their roles regarding this.

Patient/carer support to cope emotionally with care and treatment

Following bereavement the respective GP contacted the family by phone and offered them an appointment. They also offered information about the various bereavement counselling services available and about the referral that could be made to a counsellor who visited the practice every two weeks.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a higher than national average working age patient group. The practice delivered core services to meet the needs of the main patient population they treated. For example, screening services were in place to detect and monitor the symptoms of long term conditions such as asthma and diabetes. There were immunisation clinics for babies and children and women were offered cervical screening. Patients over the age of 75 years had an accountable GP to ensure their care was co-ordinated. The employment of a male GP in October 2014 who worked one day per week complemented the services offered by the only female GP.

We found that patients with long term conditions or mental health illness were offered an annual health review. Reminder letters were sent out to these patients. Patients aged 85 years and over were also offered annual health checks.

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were less than 10 patients registered at the practice who had a learning disability. We found that one review was inadequate because the recordings made failed to confirm the standard of the health review. Another patient had not attended for their annual health check for two years. We asked the GP who was present during the inspection what else they did to encourage patients to attend. They were not clear about whether any further action was taken by practice staff.

There was no Patient Participation Group (PPG) or Patient Reference Group (PRG). They are an effective way for patients and surgeries to work together to improve services and promote quality care.

There was no formal system in place to engage with patients by carrying out annual surveys to gather feedback on the quality of the service provided and to respond to them in order to make improvements.

Tackling inequity and promoting equality

The practice was located within a residential area for ease of access. They were accessible to patients who had difficulties with their mobility and all consulting rooms were based on the ground floor. The toilet facility catered for patients who had restricted mobility.

Both GPs spoke Bengali, Hindi, Punjabi and Urdu. The practice had a high population group whose first language was Polish. The practice had access to an interpreting service for patients whose first language was not English. During the inspection an interpreter arrived to assist a patient during their consultation. Reception staff had made this arrangement.

The GP who was present during the inspection told us that patients could have telephone consultations at any time during the practice opening hours of 8:30am until 6:30pm. Home visits were available for patients who were unable to attend the practice.

The practice had an equality and diversity policy and staff were aware of it. Patients we spoke with did not express any concerns about their rights about how they were treated by staff.

Access to the service

An ante natal clinic was held at the practice every Monday by the community midwife for ease of access for female patients. Some patients we spoke with confirmed they had attended these clinics.

Patients were offered appointments with GPs during any of the nine clinical sessions held each week. Appointments were also available with the practice nurses. Reception staff told us children would always be seen on the day an appointment was requested.

During the inspection we spoke with six patients. We received mixed information about access to the service. Three patients told us they could make appointments when they needed them and three said they had to wait until another day to book an appointment. Some patients complained that there were not enough appointments available to meet their needs and that they waited a long time from their appointment time before being seen by the GP.

We received 25 comment cards from patients. One patient informed us they had used the walk-in centre numerous times because they were unable to book an appointment

Are services responsive to people's needs?

(for example, to feedback?)

when they needed to. Another three commented that there was a problem with booking appointments. One had complained that they had to wait too long from their appointment time before they were seen.

When we arrived at the practice to carry out the inspection (Wednesday) we overheard a patient trying to book a routine appointment for their child (the child's age was not discussed) outside of school hours. The receptionist told them no appointments were available until the following week and suggested they go to the walk-in centre. This indicated there were limited available appointments for patients to access.

We spoke with a receptionist who told us they had received a verbal complaint the previous week from a patient who could not make an appointment when they needed one. The patient returned to the practice the following day and successfully booked an appointment.

Information was available to patients about appointments in the practice leaflet. This included how to arrange urgent appointments and home visits. There were arrangements in place to ensure patients received urgent medical

assistance when the practice was closed. If patients called the practice when it was closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances. Information on the out-of-hours service was provided to patients.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. The practice leaflet informed patients about how to make a complaint if they needed to and included the contact details of the local Ombudsman if they were not satisfied with the outcome of their complaint.

Practice staff had a system in place for handling concerns and complaints. We were shown the recordings of complaints the practice had received. The last complaint was dated October 2013. It demonstrated that appropriate handling and response had been completed appropriately and in a timely way.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The vision and values had been developed for care and treatments. Staff demonstrated their knowledge of the vision and worked towards contributing to it. There were no obvious systems in place to drive continuous improvement by responding to patients opinions. Clinical audit cycles had not been completed in order to demonstrate improved outcomes for patients. Arrangements to govern the recruitment and appraisal of staff required improvement, as did the systems for information governance.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff within the practice. We looked at a range these policies and procedures and staff gave us examples of when they may need to refer to them. The policies and procedures we looked at had been reviewed annually and were up to date.

The senior GP attended the monthly 'Commissioning Locality Forum' meetings to gain further insight for potential performance improvements and was the practice lead for safeguarding patients.

We asked but did not receive any meeting minutes to confirm that GPs attended Clinical Commissioning Group (CCG) meetings.

On the day of the inspection we were unable to confirm that a safe recruitment process was in place as there was no documentary audit trail. We received this information electronically at a later date.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed it was performing in line with national standards for some conditions but reviews for two conditions were below the average.

There were good levels of staff satisfaction. Staff commented that they felt supported and valued in their roles and they worked well as a team. They told us they were encouraged to make suggestions that led to improved systems and patient care.

Leadership, openness and transparency

Whilst we saw no documentation of staff appraisals having been undertaken since 2012 practice staff confirmed that these had taken place.

Staff members we spoke with felt supported in their roles and were able to speak with the practice manager or senior GP if they had any concerns. They told us that opportunities for suggesting changes and improvements to the service were considered by senior staff

The practice had a whistle blowing policy which was available to all staff. Whistleblowing is when staff are able to report suspected wrong doing at work; this is officially referred to as 'making a disclosure in the public interest'.

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

Practice staff confirmed that no staff meetings were held. They told us that due to the small size of the practice were able to communicate well and they informed each of other of any changes. The GP who was present during the inspection told us they met regularly with Dr Basu but these meetings were not recorded.

The GP told us patient's opinions were sought during their consultations. However not all patients

might feel able to feedback in this way. The practice did not formally engage with patients by

carrying out annual survey. The last survey report was dated 2012-13.

There was no Patient Participation Group (PPG) or Patient Reference Group (PRG). They are an effective way for patients and surgeries to work together to improve services and promote quality care.

Management lead through learning and improvement

The practice had systems and processes in place to learn and improve staff practices through the investigation of significant events and other incidents.

The practice manager told us they had responded to complaints from patients who had difficulties in making appointments when they needed them. As a result the appointments system had been changed to increase the availability of the number of appointments that could be made on the day. The advance appointments had been

Are services well-led?

Requires improvement



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

reduced to two per day. The actual number of appointments had not been increased. Due to feedback we received during the inspection the changes may not have been sufficient to address the problem.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control This is a breach of Regulation 12 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. The provider must implement infection prevention and control audits to ensure the risks of infections are minimised.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records This is a breach of Regulation 20 Health & Social Care Act 2008 (Regulated Activities), Regulations 2010 Records, which corresponds to Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Duty of candour. The provider must ensure that all staff annual appraisals to monitor their performance and training needs are recorded and retained within the practice. Develop a procedure for recording the continued registration of nurses with their relevant professional body to evidence they are working legally.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

This section is primarily information for the provider

Compliance actions

Treatment of disease, disorder or injury

Regulation 10 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

The provider must carry out risk assessments for fire safety and for areas of the premises.

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

Regulation 9 Health & Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person-centred care.

The provider must carry out comprehensive health checks of patients who had a learning disability.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.