

# Dr Asha Sen

## Quality Report

12 The Slade  
Plumstead, London  
SE18 2NB  
Tel: 020 8317 3031

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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 of Dr Asha Sen at the location of 12 The Slade, Plumstead, London, SE18 2NB, on 10 March 2016. Overall the practice was rated as inadequate and placed into special measures. Being placed into special measures represents a decision by the Care Quality Commission (CQC) that a provider has to improve their service within six months to avoid the CQC taking steps to cancel their registration. Because of the concerns we found during the inspection we also served the provider with a notice to impose an urgent suspension of the provider's regulated activities for a period of six months from 18 March to 18 September, under Section 31 of the Health and Social Care Act 2008. The comprehensive report was published on 26 May 2016 and can be found by selecting the 'all reports' link for Dr Asha Sen on our website at [www.cqc.org.uk](http://www.cqc.org.uk). During the March 2016 inspection our key findings were as follows:

- There was insufficient leadership capacity and limited governance arrangements. Policies had not been updated and there was no evidence of regular staff meetings. Some staff were not aware of their roles.

- Systems and processes in relation to infection control, assessing and managing risks, fire safety, responding to serious incidents, recruitment processes, medicines management and prescribing practices were not effective enough to keep patients safe.
- Confidential information had not been stored securely.
- The provider did not have sufficient amounts of emergency medicines and equipment.
- There was no evidence to demonstrate that complaints had been handled appropriately.
- There was no evidence to show that audits were driving improvement.
- Patients rated the provider significantly below local and national averages for several aspects of care, and there was minimal engagement with people who used the service.
- Training needs had not been identified and there were gaps in key training.
- Recruitment processes were not effective.

Practices placed in special measures are inspected again within six months. The provider submitted an action plan to tell us what they would do to make improvements and meet the legal requirements. We undertook an announced focused follow-up inspection on 5 September 2016 to check the provider had followed their action plan, and to confirm that they had met the legal requirements.

# Summary of findings

Because the provider had made very limited improvements and had not addressed key issues which affected the safety and wellbeing of patients, they remained rated as inadequate and in special measures. We took action in line with our enforcement procedures to begin the process of preventing the provider from operating the service by extending their suspension for a further period of six months. We also issued the provider a notice informing them that we intended to cancel their registration with the CQC. The follow-up inspection report was published on 17 November 2016 and can be found by selecting the 'all reports' link for Dr Asha Sen on our website at [www.cqc.org.uk](http://www.cqc.org.uk). Our key findings across all the areas we inspected in September 2016 were as follows:

- Governance arrangements were still not effective, and the provider had made very limited improvements. Policies required updating. There was still no evidence of regular staff meetings.
- The provider had still not established an effective system for recording and sharing learning from serious incidents.
- Systems and processes in relation to infection control, assessing and managing risks, fire safety, responding to serious incidents, recruitment processes, medicines management and prescribing practices were still not effective.
- The provider still did not have sufficient amounts of emergency medicines and equipment.
- There was still not established a programme of quality improvements including clinical audits.
- Training needs had not been identified and there were still gaps in key training.
- The provider had still not reviewed or addressed areas of performance that patients had rated as being significantly below local and national averages.
- Recruitment processes had not been improved.

The provider submitted an updated action plan. They were kept under review and on 17 February 2017, while the practice remained suspended and rated as inadequate, we carried out an announced focused follow-up inspection of the service to check whether the provider had made sufficient improvements to allow the suspension to end, and if any further enforcement action was necessary. The provider had made further improvements but was still not addressing key issues that

affected the safety and wellbeing of patients, and we took the decision to close the service by cancelling the provider's registration with the CQC. The provider remains rated as inadequate.

This report only covers our findings in relation to our focused inspection in February 2017, which are as follows:

- The provider was still not addressing key issues affecting the health and safety and wellbeing of service users. There was a lack of cohesion and shared understanding between the practice's leaders.
- Serious incidents had still not been recorded or discussed with practice staff to share learning and prevent similar occurrences from happening again.
- The provider had still not established effective arrangements for assessing, managing and monitoring risks, and had not established a schedule of quality improvement.
- Several members of staff had either not received key training, or required training updates.
- Some policies were still not fit for purpose.
- The provider had taken some positive steps to improve medicines management, holding and documenting meetings, the availability of emergency medicines and equipment, and they had begun to address an aspect of feedback from patients.

During this inspection we identified breaches of regulations 12 (safe care and treatment), 17 (good governance) and 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Had we not cancelled the provider's registration, we would have advised that they must:

- Ensure effective and sustainable clinical governance systems and processes are implemented to assess, monitor and improve the quality of the services provided, and implement an effective strategy to ensure the delivery of high quality care. This includes establishing a programme of audits including clinical audits, recording and discussing serious incidents, ensuring there are appropriate policies to enable

# Summary of findings

staff to carry out their roles, practice policies are followed, relevant records for persons employed are obtained, and all records pertaining to the running of the service are suitably maintained.

- Establish an effective system to assess the training needs of staff, ensure all staff receive training relevant to their roles, and ensure this training is appropriately updated.
- Assess, mitigate and monitor risks to the health and safety of service users and others that may be at risk. This is particularly in relation to fire safety, Legionella infection, and the availability of medicines.

We would also have advised that the provider should:

- Continue efforts to address feedback from patients and implement actions to improve patient satisfaction, and advertise translation services to inform patients that they were available.

We cancelled the registration of this provider on 29 March 2017.

**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 provider is rated as inadequate for providing safe services.

Inadequate

- There was a significant event recording form available to ensure that a log of significant events could be maintained, but none of the significant events the provider had previously informed us about had been recorded or discussed in the previous 12 months.
- The practice was clean and tidy but some actions to address infection control issues had not been completed in accordance with deadlines stated in their action plan.
- The provider was not able to demonstrate that all staff had received training for infection control (including the practice's infection control nurse lead), mental capacity, fire safety, and information governance.
- The provider ensured they were better-equipped to deal with medical emergencies by purchasing a defibrillator, oxygen, and more emergency medicines. One emergency medicine was absent and the provider had not assessed the risks relating to this.
- The provider had improved arrangements for safeguarding vulnerable people. However, two nurses had not received deprivation of liberties training in accordance with their action plan. The 'at risk adults' policy, child protection protocol, and chaperone policy either omitted key information, contained incorrect information or information that was not consistent with what was happening in the practice.
- Risks to patients were not adequately assessed monitored or well managed. This was in relation to the absence of an emergency medicine, fire safety, blind cords in waiting areas that had not been placed out of the reach of young patients, and Legionella infection.
- The provider was unable to demonstrate that all electrical equipment and emergency lighting had undergone safety and functionality testing.
- The provider did not follow their infection control policy in ensuring all staff had received infection control training and that blood spillage kits were available.

### Are services effective?

The provider is rated as inadequate for providing effective services.

Inadequate

# Summary of findings

- There was no evidence to demonstrate a programme of clinical audits was in place to drive improvement.
- The provider had created a system to identify the learning needs of staff; however, this was ineffective as it had not identified gaps in key training for several members of staff.
- We requested but were not provided with evidence of training for information governance, infection control, fire safety, and mental capacity for all staff.

## Are services caring?

The provider is rated as inadequate for providing caring services.

Inadequate



## Are services responsive to people's needs?

The provider is rated as inadequate for providing responsive services.

Inadequate



In response to feedback from the national GP patient survey, the practice manager had conducted an audit on the length of time patients had to wait to see practice nurses.

## Are services well-led?

The provider is rated as inadequate for being well led.

Inadequate



- There was a lack of evidence to demonstrate improvements made could be sustained.
- There was a lack of cohesiveness in the understanding of the practice protocols and performance of the practice amongst the practice's leaders. Although some changes had been made, these changes were not sufficient or embedded well enough to ensure the safety of patients.
- There was no business plan or strategy in place. The provider had created an action plan in response to our findings at previous inspections but had not followed it in all areas.
- Policies had been updated but some still required further modification to make them practice-specific. There were inconsistencies between what was stated in some of the provider's policies and risk assessments and their action plan, and what was happening in practice.
- The provider had reviewed its performance in relation to the national GP patient survey.

# Summary of findings

- There was no evidence of a clinical audit plan to monitor and improve outcomes for patients.
- Appraisals had been conducted for most staff (except two nurses) but content control was inadequate and some had either not been dated or signed by either the appraiser or the appraisee.
- The provider did not have adequate arrangements for identifying, monitoring and managing risks. Some actions taken in response to risks had not been documented, and other actions had been incorrectly recorded as being completed.
- The practice had scheduled and held documented governance meetings and a clinical meeting to discuss issues identified at our previous inspection, and to discuss a strategy for making the necessary improvements. However, there had been insufficient action taken to resolve the outstanding issues.

# 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 provider was rated as inadequate for the care of older people. It was rated as inadequate for being safe, effective, caring, responsive and well-led. The issues identified as inadequate overall affected this population group.

Inadequate



### People with long term conditions

The provider was rated as inadequate for the care of people with long-term conditions. It was rated as inadequate for being safe, effective, caring, responsive and well-led. The issues identified as inadequate overall affected this population group.

Inadequate



### Families, children and young people

The provider was rated as inadequate for the care of families, children and young people. It was rated as inadequate for being safe, effective, caring, responsive and well-led. The issues identified as inadequate overall affected this population group.

Inadequate



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

The provider was rated as inadequate for the care of working age people (including those recently retired and students). It was rated as inadequate for being safe, effective, caring, responsive and well-led. The issues identified as inadequate overall affected this population group.

Inadequate



### People whose circumstances may make them vulnerable

The provider was rated as inadequate for the care of people whose circumstances may make them vulnerable). It was rated as inadequate for being safe, effective, caring, responsive and well-led. The issues identified as inadequate overall affected this population group.

Inadequate



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

The provider was rated as inadequate for the care of people experiencing poor mental health (including people with dementia). It was rated as inadequate for being safe, effective, caring, responsive and well-led. The issues identified as inadequate overall affected this population group.

Inadequate



# Dr Asha Sen

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a Care Quality Commission lead inspector and a practice manager specialist advisor.

### Background to Dr Asha Sen

The practice operated from one site in Plumstead. It was one of 42 GP practices in the Greenwich Clinical Commissioning Group area. There were approximately 3,900 patients registered at the practice at the time of our inspections. The practice was previously registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, family planning, maternity and midwifery services, and treatment of disease, disorder or injury.

The provider had a personal medical services contract with the NHS and was signed up to a number of enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). These enhanced services included influenza and pneumococcal immunisations.

The provider had a higher than average population of female patients aged from birth to 59 years, and male patients aged from birth to 29 years and from 45 to 54 years. Income deprivation levels affecting children and adults registered at the practice were above the national average.

The clinical team included a female GP. The GP was not providing any clinical sessions at the time of the two most recent inspections due to the suspension, and subsequent

cancellation, of their registration with the CQC. There were four female salaried practice nurses. The clinical team was supported by a practice manager and four reception/administrative staff.

The practice is now closed. It was previously open between 8.00am and 6.30pm Monday to Friday and was closed on bank holidays and weekends. It offered extended hours from 6.30pm to 8.00pm Thursday. Appointments were available from 9.00am to 1.00pm and from 4.00pm to 6.30pm Monday to Friday. There are two consulting rooms and a treatment room on the ground floor. On the first floor there is a consulting room used by an external counsellor and an osteopath.

There was wheelchair access and baby changing facilities. There was car parking available in the surrounding streets, and limited parking on the premises.

The practice directed patients needing care outside of normal hours to call the NHS non-emergency number 111.

### Why we carried out this inspection

We undertook a focused announced inspection of Dr Asha Sen's practice on 5 September 2016. This was carried out because at a previous inspection on 10 March 2016 the service was identified as being in breach of legal requirements and regulations associated with the Health & Social Care Act 2008. Our concerns led us to rate the provider as inadequate and impose a suspension of the provider's registration for a period of six months from 18 March 2016 under the powers granted to us by section 31 of the Health and Social Care Act 2008. This period of suspension was extended following our inspection on 5 September 2016.

# Detailed findings

This recent inspection on 17 February 2017 was carried out to check whether the provider had made sufficient improvements to allow the suspension to end, or if further enforcement action was necessary. We also inspected against the following population groups:

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

The provider remains rated as inadequate and their registration with the Care Quality Commission has been cancelled.

## How we carried out this inspection

Before carrying out this announced focused inspection on 17 February 2017, we reviewed the issues we found at the previous inspection on 5 September 2016 and asked other organisations to share what they knew. We also reviewed an action plan submitted by the provider, which detailed what actions they would take to make the necessary improvements.

During the visit we:

- Spoke with the lead GP and the practice manager.
- Reviewed documents and inspected the premises.

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 Care Quality Commission at that time.

# Are services safe?

## Our findings

During a previous comprehensive inspection on 10 March 2016, we found deficiencies in several of the provider's processes. The provider was rated as inadequate for providing safe services and their registration with the Care Quality Commission (CQC) was suspended for six months. During a subsequent focused follow-up inspection on 5 September 2016 we found that the provider had not addressed key issues relating to the safety and wellbeing of people using the service, and we extended the provider's registration suspension by a further six months. The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by various dates between July 2016 and January 2017.

During this recent inspection on 17 February 2017 we found that although the provider had made some improvements, they were still not addressing key issues. As a result, they remain rated as inadequate for this key question and we have taken steps to cancel their registration with the CQC.

### **Safe track record and learning**

At the last inspection on 5 September 2016 we found the provider did not have adequate systems in place for managing serious incidents. They had created a significant event recording form but had not recorded or discussed any significant events. The provider had no systems in place to ensure that learning from a serious incident regarding prescribing practices and inappropriate use of smartcards (identified by the Care Quality Commission at the previous inspection) was shared with locum GPs to prevent it from happening again. This incident had not been considered, or recorded, as a significant event.

During this recent inspection on 17 February 2017 we found that there was no significant event policy in place. The practice manager had provided significant event training for some staff members but the provider had still not recorded any of the significant events they previously reported to us, or discussed them with staff to share any learning points and prevent similar incidents from happening again. The lead GP had discussed the prescribing and smartcard incident with locum GPs but it had still not been recorded as a significant event or discussed on a wider scale with other members of staff.

### **Overview of safety systems and processes**

At the last inspection on 5 September 2016 we found the following:

- The provider could not demonstrate how they ensured that staff were appropriately trained and updated on their responsibilities in relation to chaperoning and safeguarding vulnerable people. Staff we spoke with did not demonstrate a good understanding of the Deprivation of Liberty Safeguards (DoLS).
- The provider was not following their infection control policy in relation to using a specimen fridge to store specimens, and there was no clear guidance on how to safely clean bodily fluids such as vomit and urine. Staff were not clear on who the infection control lead was, and several staff had not received infection control training. The provider did not demonstrate that there were effective systems in place to monitor and manage past risks and identify any new risks related to infection control.
- Hazardous chemicals had not been stored safely; they had been left within easy reach of service users.
- Arrangements to manage vaccines were not effective.
- The provider did not have any immunisation records for a locum GP or a practice nurse.
- The provider had not established robust recruitment processes.

During this recent inspection on 17 February 2017 we found the following:

- Staff had received chaperone and safeguarding training to the appropriate level, but the provider's chaperone policy needed to be updated with the chaperone procedure for staff to follow. Two practice nurses had not received DoLS or mental capacity training in accordance with their action plan. The provider's adults at risk policy advised staff to report concerns about vulnerable adults to the practice manager, who was not the safeguarding lead. It also repeatedly referred to discussing allegations of abuse with the practice partners but there were no partners in place. The child protection protocol did not include the surname or contact details for the local Clinical Commissioning Group's child safeguarding named nurse. In addition, although the child protection protocol stated that the practice's safeguarding lead was the registered person, it advised that all queries regarding child safeguarding queries should be referred to the practice's non-clinical

# Are services safe?

safeguarding lead, an individual from a different practice who was not employed (and had never been previously) by the provider. These issues posed a risk to patients because the registered person could not demonstrate they had a protocol giving staff clear guidance on the appropriate person to direct concerns about vulnerable patients to.

- The practice was clean and tidy and a specimen fridge was in place, but some actions to address infection control issues had not been completed in accordance with deadlines stated in their action plan. The provider did not follow their infection control policy in ensuring that all staff had received infection control training and that blood spillage kits were available. Infection control training had not been received by a receptionist and the practice's infection control nurse lead. Infection control training for another nurse, the practice manager and a receptionist had not been updated since 2014 and 2012 respectively. Although the practice manager had completed an infection control inspection checklist in October 2016, it contained two different review dates and stated incorrectly that some actions had been completed; for example, infection control training. Other actions which the practice manager told us had been completed, such as ensuring all staff had been offered immunisation, had been incorrectly documented as being in progress. For other actions listed as being in progress, or not listed as completed, the practice manager had not indicated whether an action plan was needed.
- Hazardous chemicals were safely and securely stored.
- The provider had improved their system for managing vaccines; they had updated guidelines on vaccines management, placed a 'do not unplug' label on the vaccines fridge plug, and installed an additional fridge thermometer independent of the electrical supply.
- The provider had still not obtained immunisation records for a locum GP or a practice nurse, and could not demonstrate they had been appropriately immunised against communicable diseases such as Hepatitis B. They told us the locum GP had left the practice.
- The provider had updated their recruitment policy. We were not able to assess whether their recruitment

process had improved as they had not recruited any new staff since the last inspection. They had not conducted any background checks for the locum GPs but told us the locum GPs had left the practice.

## Monitoring risks to patients

At the last inspection on 5 September 2016 we found that:

- The provider had not conducted risk assessments for fire safety, asbestos, health and safety, or the control of substances hazardous to health (COSHH). The lead GP told us they would not complete any risk assessments until they had been given a date on which the practice could re-open, due to the cost implications of paying for the risk assessments. Medium and high risks from a Legionella risk assessment conducted in 2013 had not been addressed and the Legionella risk assessment had not been updated as recommended.
- Systems to ensure fire safety were not effective; several staff had not received fire safety training, fire detection systems were not tested, fire evacuation procedures in waiting areas were not consistent with the fire safety policy. There were no designated fire marshals.
- A weighing scale which had failed calibration testing was still in place in a consulting room, and had not been replaced.
- The provider informed us the responsibility for performing medicine changes had been removed from non-clinical staff and would be assigned to GPs. The provider's action plan stated they would create a policy with clear guidelines on the protocol for medicine changes by 31 August 2016 but we found there were no written policies in relation to this to keep staff informed of the changes.

During this recent inspection on 17 February 2017 we found:

- The provider had not implemented effective systems to effectively monitor and manage risks. They had conducted risk assessments for fire safety, Legionella infection, health and safety and COSHH; however, medium and high risks (requiring either immediate action, or action within a month) from the risk assessments had not been addressed. For example, the practice manager told us that they did not conduct monthly checks or recording of the water outlet temperatures, weekly flushes of the system, periodic

# Are services safe?

inspection of scale and sludge. They had not reactivated dormant taps in an unused room or arranged Legionella awareness or health and safety training for any staff member. They had not updated their Legionella policy with information on managing people considered to be at a higher risk of contracting Legionnaire's disease. The registered person told us they had taken action to address some of the risks, for example improving signage for fire exit routes, but they had not documented these actions. We found that other actions had been incorrectly documented as being completed. For example, a risk assessment log stated that a five year fixed electrical circuit inspection and regular checks of the fire alarm system had been completed, but the practice manager told us this was not the case. The provider had not assessed the risks of blinds which had cords that were accessible by small children, in the waiting areas and two clinical rooms; the cords had not been placed out of reach of patients.

- We requested evidence of safety testing for computers and emergency lighting, but the registered person did not provide any.
- Systems to ensure fire safety were still not effective; several staff members had still not received fire safety training. Although the provider had begun to conduct regular checks of smoke alarms, they had not carried out any checks of the fire alarm system as recommended in their new fire risk assessment. Emergency lighting had not been tested to ensure that it was in good working condition. The role of fire marshal had been allocated to two members of staff but their fire safety training had not been updated since 2008, which was not in line with the provider's fire safety policy.
- The provider was unable to demonstrate all electrical equipment and emergency lighting had undergone safety and functionality testing. The weighing scale that previously failed a calibration test had been removed and replaced.
- The provider had created a documented policy clearly stating the new protocol for managing medicine changes.

## Arrangements to deal with emergencies and major incidents

At the last inspection on 5 September 2016 we found:

- There was evidence of updated basic life support training for the nurses. There was no evidence of this training for a locum GP.
- The provider had not conducted any risk assessments in relation to the absence of emergency equipment and medicines, and they had not purchased any additional emergency equipment or medicines.
- The provider was in the process of completing a business continuity plan; it needed to be updated with the contact numbers of practice staff and external contacts.

During this recent inspection on 17 February 2017 we found:

- All staff except the locum GP had received basic life support training. The provider told us the locum GP was no longer working at the practice.
- The provider ensured that they were better-equipped to deal with medical emergencies by purchasing a defibrillator, oxygen, and more emergency medicines. They had created a system to ensure that medicines were regularly monitored, but this did not include the new emergency equipment. They did not stock the emergency medicine diclofenac (used to treat severe pain and inflammation). Although the practice manager had conducted a risk assessment to determine which medicines they should have available, it did not include the rationale behind the decision not to stock diclofenac. The lead GP was not aware of this risk assessment. The risk assessment stated that the practice should not stock chlorphenamine (used to treat anaphylaxis and acute angioedema) but we found this medicine was available at the time of the inspection.
- The provider had created a business continuity plan. It contained contact details for staff members and external contacts. The lead GP was unable to confirm if any members of staff kept a copy of the plan off-site; the practice manager told us that no copies of the plan were kept outside of the premises.

# Are services effective?

## (for example, treatment is effective)

## Our findings

During a previous comprehensive inspection on 10 March 2016, we found deficiencies in several of the provider's processes. The provider was rated as inadequate and their registration with the Care Quality Commission (CQC) was suspended for six months. During a subsequent focused follow-up inspection on 5 September 2016 we found that the provider had not addressed key issues relating to the safety and wellbeing of people using the service, and we extended the provider's registration suspension by a further six months. The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by various dates between July 2016 and January 2017.

During this recent inspection on 17 February 2017 we found that although the provider had made some improvements, they were still not addressing key issues. As a result, they remain rated as inadequate for this key question and we have taken steps to cancel their registration with the CQC.

### Management, monitoring and improving outcomes for people

At the last inspection on 5 September 2016 we found that there was no evidence to demonstrate a clinical audit plan. The lead GP told us they were thinking about conducting a diabetes audit once they started seeing patients again.

During this recent inspection on 17 February 2017 the lead GP discussed intentions to conduct an audit on the management of patients with diabetes, but we found that there was still no evidence of any scheduled programme of quality improvement (including clinical audit).

### Effective staffing

At the last inspection on 5 September 2016 we found:

- There was no system in place to assess the learning needs of practice staff. Training in infection control, fire safety, safeguarding adults had not been completed by

any staff, except a nurse in 2014. There was no evidence of safeguarding children training to the appropriate level for the locum GPs, a nurse and three receptionists. There was no evidence of basic life support training for a locum GP.

During this recent inspection on 17 February 2017 we found:

- Infection control training had not been completed by a receptionist and the practice's infection control nurse lead. Infection control training for another nurse, the practice manager and a receptionist had not been updated since 2014 and 2012 respectively. The registered person was not able to demonstrate that suitable fire safety training was in place for any member of staff, except the two fire marshals but their training had not been updated since 2008. This was in conflict with their fire safety policy. Deprivation of Liberty Safeguards training was not in place for two practice nurses (the registered person's action plan stated that this would be in place by November 2016). We were not provided with evidence of mental capacity training for any clinical member of staff, when we requested it, and information governance training was not in place for two practice nurses, the practice manager and three receptionists. The registered person had created a training development plan but it was not effective as it had not identified the gaps in training mentioned above.
- We reviewed personnel files and found that the provider had conducted appraisals for most staff, but one for a receptionist was partially completed in pencil which jeopardised its content control, two had not been signed by either the appraiser or employee to indicate that the record had been agreed by both parties, and another had not been dated to indicate when the appraisal had been conducted. The provider had not conducted any appraisals for the practice nurses.
- There were no contracts in place for two practice nurses.

# Are services caring?

## Our findings

During a previous comprehensive inspection on 10 March 2016, we found deficiencies in several of the provider's processes. The provider was rated as inadequate and their registration with the Care Quality Commission (CQC) was suspended for six months. During a subsequent focused follow-up inspection on 5 September 2016 we found that the provider had not addressed key issues relating to the safety and wellbeing of people using the service, and we extended the provider's registration suspension by a further six months. The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by various dates between July 2016 and January 2017.

During this recent inspection on 17 February 2017 we found that although the provider had made some improvements, they were still not addressing key issues. As a result, they remain rated as inadequate for this key question and we have taken steps to cancel their registration with the CQC.

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

At the last inspection on 5 September 2016 staff told us that translation services were available for patients who did not speak or understand English as a first language; however, we did not see any notices in the reception area informing patients this service was available.

During this recent inspection on 17 February 2017 we found translation services were still not advertised to inform patients they were available.

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

## Our findings

During a previous comprehensive inspection on 10 March 2016, we found deficiencies in several of the provider's processes. The provider was rated as inadequate and their registration with the Care Quality Commission (CQC) was suspended for six months. During a subsequent focused follow-up inspection on 5 September 2016 we found that the provider had not addressed key issues relating to the safety and wellbeing of people using the service, and we extended the provider's registration suspension by a further six months. The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by various dates between July 2016 and January 2017.

During this recent inspection on 17 February 2017 we found that although the provider had made some improvements, they were still not addressing key issues. As a result, they remain rated as inadequate for this key question and we have taken steps to cancel their registration with the CQC.

### Listening and learning from concerns and complaints

At the last inspection on 5 September 2016 we found the provider had created a new complaints protocol but it signposted patients to external organisations which no longer existed, such as NHS Direct which closed in 2014. The policy also stated that the practice's complaints and comments patient information leaflet and the practice website would be the prime source of information for implementing the complaints policy but the practice did not have any such leaflets or a website.

During this recent inspection on 17 February 2017 we found:

- The provider had updated their complaints protocol; however, information displayed in the waiting area advising patients on how to make a complaint referred to a GP that did not work for the practice. The provider had created a practice leaflet but still did not have a website.

# Are services well-led?

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

## Our findings

During a previous comprehensive inspection on 10 March 2016, we found deficiencies in several of the provider's processes. The provider was rated as inadequate and their registration with the Care Quality Commission (CQC) was suspended for six months. During a subsequent focused follow-up inspection on 5 September 2016 we found that the provider had not addressed key issues relating to the safety and wellbeing of people using the service, and we extended the provider's registration suspension by a further six months. The provider sent us an action plan informing us that they would address these issues and become compliant with legal requirements by various dates between July 2016 and January 2017.

During this recent inspection on 17 February 2017 we found that although the provider had made some improvements, they were still not addressing key issues and had not adhered to their action plan in all areas. As a result, they remain rated as inadequate for this key question and we have taken steps to cancel their registration with the CQC.

### Vision and strategy

At the last inspection on 5 September 2016 we found the provider described a vision of working with patients and staff to provide a good service. The provider was not able to demonstrate any formal strategy to implement improvements to clinical performance which was below average.

During this recent inspection on 17 February 2016 the provider described a similar vision but we found this was not reflected in all areas of the service. There was still no documented strategy or business plan in place. Although the provider had created an action plan to address issues raised by the Care Quality Commission at previous inspections, they had not followed the action plan in securing improvements in all areas by deadlines they had set.

### Governance arrangements

At the last inspection on 5 September 2016 we found:

- There was a lack of cohesion and shared understanding of processes between the lead GP and the practice manager.

- Steps had not been taken to ensure staff were familiar with the chaperone procedure.
- Policies had been reviewed and updated but some contained information that did not align with what staff told us, and others (such as for safeguarding and infection control) did not contain the names of the relevant leads. There was a new policy that only GPs would perform medicine changes but this had not been documented to provide guidance for staff about the changes.
- The provider had patient survey.
- There was no evidence to demonstrate that a programme of quality improvements (including clinical audits) was in place.
- The provider did not have adequate arrangements for identifying, monitoring and managing risks. Outstanding risk assessments had not been completed by scheduled dates.

During this recent inspection on 17 February 2017 we found:

- Although there was an understanding of the delegation of responsibilities amongst the practice's team, we had concerns regarding cohesive working between key members of staff. For example, the lead GP was not aware that the practice manager had conducted a written risk assessment on emergency medicines, and they were not clear on the practice's protocol for reviewing patients that had been prescribed high risk medicines against local guidelines. The lead GP had retained documents pertaining to the management of the practice such as evidence of an electrical installation safety check, which the practice manager did not have sight of.
- Staff had received chaperone training; the chaperone policy needed to be updated with the chaperone procedure.
- Several of the practice's policies and protocols did not reflect what was happening in the practice and contained incorrect information; they appeared to have been obtained from a different provider (they contained information about individuals that did not work at the practice) but had not been modified to be specific to this service.

# Are services well-led?

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

- The practice manager had reviewed the results of the national GP patient survey, and had carried out an audit on the length of time patients waited to see nurses after they attended for appointments.
- <>he provider discussed plans to conduct an audit on the management of patients with diabetes, but they had still not formally established a programme of quality improvements (including clinical audits).

## Leadership and culture

At the last inspection on 5 September 2016 we found that although some positive changes had been made, these changes were not sufficient or embedded well enough to ensure the safety of patients. The practice had not held any documented governance or clinical meetings to discuss issues identified at our previous inspection, or to discuss a strategy for making the necessary improvements. The lead GP had met with a local practice to discuss a possible merger, and the practice had created a system for recording complaints and safety incidents. Staff we spoke with told us they still did not feel supported.

During this recent inspection on 17 February 2017 we found that the provider had made improvements by holding regular team meetings attended by non-clinical staff. The lead GP had held a meeting with locum GPs to discuss a serious incident relating to prescribing practices and the use of smartcards which we identified at the last inspection, but they had not been discussed with other staff to share learning on a wider scale. Incidents they had previously reported to us had still not been recorded.

## Continuous improvement

At the last inspection on 5 September 2016 we found that there was minimal focus on continuous learning and improvement within the practice.

During this recent inspection on 17 February 2017 we found that the provider had made some improvements but was not addressing issues that could improve the quality and safety of the service, particularly in relation to risk monitoring and management, the recording and sharing of significant events, staff training and the management of policies.