

# Dr MF Haq's Practice

## Quality Report

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr MF Haq's Practice on 12 May 2015. Overall the practice is rated as inadequate.

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.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example we identified concerns with the arrangements for managing vaccines.
- Staff were not clear about reporting incidents, near misses and concerns; and there was limited evidence of learning and communication with staff.

- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Formal governance arrangements were limited and we noted confusion regarding roles and responsibilities.
- There was evidence of division and a lack of communication between clinical and non-clinical staff which hindered progress on improving patient outcomes.

The areas where the provider must make improvements are:

- Introduce protocols to ensure that vaccines are safely managed and stored; and that staff are aware of their responsibilities.
- Undertake a risk assessment of the practice's decision to carry a limited range of emergency drugs; and introduce a system of checking expiry dates of emergency drugs.
- Take action to address identified concerns with infection prevention and control practice (such as an absence of annual infection prevention and control

# Summary of findings

audits; a lack of cleaning schedules for ear syringe, nebuliser and spirometer equipment; and worn waiting area seating which posed a cross infection risk).

- Ensure there are systems in place so that learning from significant events is communicated to support improvement.
- Ensure clinical audits are undertaken in the practice, including completed clinical audit or quality improvement cycles.
- Introduce a written protocol for instances where GPs are on annual leave (or otherwise unavailable) for dealing with patient blood test results.
- Ensure that recruitment arrangements include all necessary pre-employment checks.
- Ensure that appropriately signed Patient Group Directions (PGDs) are on file for practice nurses where this is required.

In addition the provider should:

- Undertake a risk assessment of its decision not to undertake portable appliance testing of non clinical electrical equipment.
- Introduce a safeguarding vulnerable adult's policy.

- Review the practice patient confidentiality systems and procedures.
- Ensure that all non clinical staff receive annual appraisals.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services as there are areas where it must make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, lessons learned were not communicated widely enough to support improvement. Records also showed that some incidents had been identified as significant events but not reported.

Systems and processes used to assess risks to patients who used services were not implemented well enough to ensure patients were kept safe. For example, the practice did not have a policy for safeguarding vulnerable adults and we also noted that infection prevention and control audits did not take place. Concerns were identified regarding vaccines storage. We noted a limited range of emergency medicines but no evidence of a risk assessment showing how this decision had been reached.

Inadequate



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made. There was no evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but there was limited evidence of practice clinical meetings; enabling reflection on outcomes being achieved, shared learning and identification of improvement areas. Data showed patient outcomes were above average for the locality.

Requires improvement



### Are services caring?

The practice is rated as requires improvement for providing caring services. Data showed that patients rated the practice lower than others for several aspects of care. For example, sixty nine percent of national GP patient survey respondents felt that the last GP they spoke with was good at explaining tests and treatments (compared with the CCG practice average of 72% and national average of 81%). We found no evidence of how the practice had used this information to improve care and treatment.

Patients we spoke with and comment cards we reviewed fed back that patients were treated with compassion, dignity and respect. Information for patients about the services available was easy to understand and accessible.

Requires improvement



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the local Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as inadequate for being well-led as there are areas where it must make improvements. Governance arrangements did not always operate effectively; particularly regarding identifying and acting on risks. There was also confusion about governance roles and responsibilities. Clinical meetings to monitor and improve patient outcomes were infrequent and lacked sufficient detail to be able to monitor and improve patient outcomes. The practice's vision and values were not well developed and did not encompass key elements such as dignity and equality. The practice proactively sought feedback from patients and had an active patient participation group (PPG) although the group was not monitoring its progress on achieving goals. There was some evidence of a lack of communication and involvement causing division between clinical and non-clinical staff.

Inadequate



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as inadequate for providing safe and well led services; and rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as inadequate for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Inadequate



### People with long term conditions

The provider was rated as inadequate for providing safe and well led services; and rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as inadequate for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



### Families, children and young people

The provider was rated as inadequate for providing safe and well led services; and rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as inadequate for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to locality averages for all standard childhood immunisations. Patients told us that children and young people were treated in an

Inadequate



# Summary of findings

age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies.

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

The provider was rated as inadequate for providing safe and well led services; and rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Inadequate**



## **People whose circumstances may make them vulnerable**

The provider was rated as inadequate for providing safe and well led services; and rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, the practice did not have a written policy for safeguarding vulnerable adults.

**Inadequate**



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

The provider was rated as inadequate for providing safe and well led services; and rated as requires improvement for providing effective and caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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

**Inadequate**



## Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia. The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2015 showed the practice was generally performing below local and national averages. There were 85 responses and a response rate of 19%.

- 61% find it easy to get through to this surgery by phone compared with a CCG average of 69% and a national average of 73%.
- 75% find the receptionists at this surgery helpful compared with a CCG average of 83% and a national average of 87%.
- 51% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 51% and a national average of 60%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.

- 83% say the last appointment they got was convenient compared with a CCG average of 87% and a national average of 92%.
- 57% describe their experience of making an appointment as good compared with a CCG average of 66% and a national average of 73%.
- 49% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 54% and a national average of 65%.
- 37% feel they don't normally have to wait too long to be seen compared with a CCG average of 47% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seventeen comment cards which were all positive about the standard of care received; with key themes being that staff were respectful, that they listened and that they were compassionate.

## Areas for improvement

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

- Introduce protocols to ensure that vaccines are safely managed and stored; and that staff are aware of their responsibilities.
- Undertake a risk assessment of the practice's decision to carry a limited range of emergency drugs; and introduce a system of checking expiry dates of emergency drugs.
- Take action to address identified concerns with infection prevention and control practice (such as an absence of annual infection prevention and control audits; a lack of cleaning schedules for ear syringe, nebuliser and spirometer equipment; and worn waiting area seating which posed a cross infection risk).
- Ensure there are systems in place so that learning from significant events is communicated to support improvement.
- Ensure clinical audits are undertaken in the practice, including completed clinical audit or quality improvement cycles.

- Introduce a written protocol for instances where GPs are on annual leave (or otherwise unavailable) for dealing with patient blood test results.
- Ensure that recruitment arrangements include all necessary pre-employment checks.
- Ensure that appropriately signed Patient Group Directions (PGDs) are on file for practice nurses where this is required.

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

- Undertake a risk assessment of its decision not to undertake portable appliance testing of non clinical electrical equipment.
- Introduce a safeguarding vulnerable adult's policy.
- Review the practice patient confidentiality systems and procedures.
- Ensure that all non clinical staff receive annual appraisals.

# Dr MF Haq's Practice

## 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 adviser and a practice manager specialist adviser.

## Background to Dr MF Haq's Practice

Dr MF Haq's Practice also known as Abbey Medical Centre is located in Barking, East London. The practice holds a Personal Medical Services (PMS) contract with NHS England. This is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. The practice has opted out of providing out-of-hours services to their own patients.

The practice has a patient list of approximately 6,500. Approximately 6% of patients are aged 65 or older and approximately 20% are under 18 years old. Forty seven percent have a long standing health condition and 24% have carer responsibilities.

Practice opening hours are 8:30am to 8pm Monday and Wednesday, 8.30am to 7pm Tuesday, 8:30am to 12pm Thursday and Friday 8:30am to 6pm. Outside these times, telephone cover is provided by an out of hours provider. In addition, to pre-bookable appointments, urgent appointments are also available for people that needed them.

The services provided include child health care, ante and post-natal care, immunisations, sexual health and contraception advice and management of long term

conditions clinics. The staff team comprises one senior GP (male), two salaried GPs (one female, one male), one long term GP locum (male), two female practice nurses (including an advanced nurse practitioner), practice manager, practice development manager and a range of administrative staff.

The senior GP and one of the salaried GPs are joint contract holders of the PMS contract the practice holds with NHS England.

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

The practice operates a branch location called Vicarage Field Health Centre. We did not visit this site as part of this inspection. Clinical and non clinical staff work across both sites.

We inspected Dr MF Haq's Practice in September 2014 using our old methodology and found it to be compliant with the regulations at that time. The outcomes we looked at under the old methodology were as follows: respecting and involving people, care and welfare, safeguarding, supporting workers and assessing quality of service provision.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 and as part of our regulatory functions. This inspection was planned to check

# Detailed findings

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

## How we carried out this inspection

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 and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 May 2015. During our visit we spoke with a range of staff including salaried GP, practice manager, receptionists, practice nurse and practice development manager; and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed seventeen comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was limited use of systems to record and report safety concerns, incidents and near

misses. Some staff were not clear how to raise or report concerns. For example, some administrative staff were unaware of the protocol for reporting accidents or near misses.

When things went wrong, reviews and investigations were not thorough and there was no evidence they included all relevant people or that necessary improvements were made. We also noted some significant events had not been logged. For example, practice meeting records showed that a non clinical member of staff had been asked to complete a referral form for a patient experiencing poor mental health. This was not in accordance with practice policy and was defined as a significant event at the meeting. However, there was no record of this incident subsequently being recorded on the practice's significant events log.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

We looked at the practice's systems, processes and protocols to keep people safe and identified a number of concerns of which the practice was unaware:

- Arrangements were in place to safeguard children from abuse that reflected relevant legislation. Local requirements and policies were accessible to all staff. The policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However, we noted that the practice did not have a vulnerable adults safeguarding policy and that its policy for safeguarding children had not been reviewed since 2013. Staff demonstrated they understood their responsibilities and all had received training relevant to their role and to the appropriate level.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. The two practice nurses undertook chaperoning duties. They had received disclosure and barring service checks (DBS). DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and regular fire drills were carried out although staff had not received fire safety training. Clinical equipment was checked to ensure it was working properly but we noted that there were no systems in place to ensure that non clinical electrical equipment was safe (such as portable appliance testing). The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health.
- We observed the premises to be clean and tidy. A practice nurse was the infection and prevention control clinical lead but they had not received training in the last twelve months to enable them to keep up to date with best practice. There was an infection control protocol in place but annual infection control audits were not undertaken. Consequently, some cross infection risks had not been identified (such as the absence of systems to ensure that curtains were cleaned or changed at least every six months; and seating in the waiting room which was fabric, worn in places and posed an infection control risk). Shortly after our inspection, we were advised that all staff had undertaken infection prevention and control training. We also noted that the practice did not have cleaning schedules in place for ear syringe, nebuliser and spirometer equipment.
- We identified concerns with the arrangements for managing vaccines. The practice had two vaccine fridges. We noted that Fridge A did not have a temperature log book. Recording fridge temperatures is important because vaccines must be stored within a certain temperature range in order to ensure their effectiveness. We noted that the practice was recording Fridge B's actual daily temperature as opposed to minimum and maximum temperatures. We also noted gaps in Fridge B's temperature record log in that there were no entries for 29-30 April 2015. The practice was

## Are services safe?

unable to explain why fridge temperatures were not being recorded. The practice could therefore not be assured that vaccines were being stored within the correct temperature range.

In addition, both fridges were overdue their annual calibration by two months and the practice did not have a policy regarding safe storage and management of vaccines (including steps to take for recording temperature and also for instances where the stored vaccines were outside the correct temperature range).

We notified Public Health England of our concerns immediately after our inspection. We were advised by the practice shortly thereafter of the steps taken to ensure that vaccines were being safely stored and managed. These steps included electronic recording of fridge temperatures, fridge calibration and the introduction of a protocol for safe storage and management of vaccines.

- We looked at five staff personnel files to confirm that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and appropriate checks through the Disclosure and Barring Service. We noted that references were not on file for any staff members.

We also noted that one of the nurses' files did not contain signed Patient Group Directions (PGDs). These are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The practice nurse giving vaccinations consequently had no such authorisation and was therefore not legally able to give these injections. When we pointed this out, the practice took immediate action to ensure that signed PGDs were on file.

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

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. Staff received annual basic life support training. One of the GPs had attended advanced life support training within the last three years. There were emergency medicines available in the treatment room. The practice had emergency bottled oxygen with adult and children's masks. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.

However, the practice had a limited range of emergency medicines available; namely Adrenaline for injection, Chlorphenamine for injection (to treat anaphylaxis - a sudden allergic reaction that can result in rapid collapse and death if not treated), salbutamol inhaler (to treat asthma attacks) and soluble aspirin (in cases of a suspected heart attack). There was no evidence that this decision had been based upon a risk assessment. We noted that the practice did not have a defibrillator on the premises and that this decision had also not been risk assessed.

We also noted that there was no system in place for checking emergency drug expiry dates. For example, we saw Adrenaline for injection which had expired in April 2015. We also saw Salamol Steri-Neb nebuliser solution which had expired in November 2014. When we brought this to the attention of staff, these drugs were immediately removed from stock. Department of Health guidance on the management of adverse events following immunisation contained in the 'Green Book' states that an anaphylaxis pack (normally containing adrenaline) must always be available whenever vaccines are given.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). This is a system intended to improve the quality of general practice and reward good practice. The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 95% of the total number of points available, with 6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 83% which was 6% below the CCG average and 7% below than the national average.
- Performance for mental health indicators was 94% which was 4% above the CCG and national average.
- Performance for hypertension indicators was 100% which was 8% above the CCG and average and 11% above the national average.
- Performance for dementia indicators was 100% which was 9% above the CCG and 7% above the national average.

However, there was limited evidence of clinical audits being used to demonstrate quality improvement. One clinical audit had started in the last two years but it was incomplete and it was therefore unclear how it could be used to drive improvements in patient outcomes.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring. However, two of the four non clinical staff records we looked at highlighted that appraisals had not taken place in the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance awareness (although we noted at the time of our inspection that not all certificates were on file). Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that regular multi-disciplinary team meetings took place and that integrated care plans were routinely reviewed and updated as necessary.

The practice worked with other service providers to meet patient's needs and manage patients with complex needs. It received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. Records showed that pathology results were all seen and actioned by a GP on the day they were received.



# Are services effective?

(for example, treatment is effective)

However, the practice did not have a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from these communications. For example, there was no written protocol for processing abnormal blood test results when the patient's GP was on annual leave.

## Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

## Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the

last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 75% and the national average of 77%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. Flu vaccination rates for the over 65s were 76% which were above CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the seventeen patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. However, the practice was below CCG average and national averages for most of its satisfaction scores on consultations with doctors and nurses. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 81% and national average of 89%.
- 77% said the GP gave them enough time compared to the CCG average of 79% and national average of 87%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and national average of 95%
- 68% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and national average of 85%.

- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 90%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 87%.

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

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

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

- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and national average of 81%.

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

### Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 24% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and to help provide and ensure flexibility, choice and continuity of care. For example;

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice was serviced by a lift which improved access.
- Baby changing facilities were available.
- Extended opening hours and online booking were offered for working aged people and carers.
- Flexible services and appointments were offered for patients experiencing poor mental health.

### Access to the service

Practice opening hours are 8:30am to 8pm Monday and Wednesday, 8.30am to 7pm Tuesday, 8:30am to 12pm Thursday and Friday 8:30am to 6pm. Outside these times, telephone cover is provided by an out of hours provider. In addition, to pre-bookable appointments, urgent appointments are also available for people that needed them.

Results from the national GP patient survey January 2015 showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. For example:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 61% patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and national average of 73%.
- 57% patients described their experience of making an appointment as good compared to the CCG average of 66% and national average of 73%.
- 49% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 54% and national average of 65%.

Patients we spoke with on the day told us they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system such as posters in reception and information on the practice website. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at twelve complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint alleging unhelpful reception staff, we noted that the practice had arranged additional training on telephone skills and dealing with challenging situations.

# Are services well-led?

Inadequate 

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

## Our findings

### Vision and strategy

The practice's vision and values were not well developed and did not encompass key elements such as compassion, dignity and equality. Consequently, when we spoke with staff they were unclear how their role contributed towards an overall vision and strategy for the practice.

### Governance arrangements

The arrangements for governance and performance management did not always operate effectively. For example:

- There was confusion about roles and responsibilities. The clinician listed as leading on the review of several clinical documents told us they had had no involvement in the development of the documents (for example safeguarding).
- There had been no recent review of governance arrangements. For example, the policy on safeguarding children had not been reviewed since 2013 and the practice did not have a policy for safeguarding vulnerable adults.
- There was no evidence of a programme of continuous clinical and internal audit to monitor quality and drive improvements in patient outcomes.
- The practice lacked an effective system for identifying, capturing and managing risk (such as infection prevention risks and those relating to monitoring patient outcomes).
- Some non clinical staff had not had annual appraisals.
- Staff used a lift to transport unaccompanied confidential patient records between administrative offices on different floors of the premises. We brought this to the attention of the practice. We were told that the lift was not used by members of the public but we highlighted that on the day of our inspection external contractors had used the lift. The practice told us that they would immediately cease using the lift to transport unaccompanied patient records.

### Leadership, openness and transparency

Staff told us that GPs were approachable and that they took the time to listen. They also told us that they had the opportunity to raise any issues and felt supported if they did.

We noted that the delivery of high-quality care was not assured by the existing governance arrangements. Clinical meetings were infrequent and minutes lacked sufficient detail to be able to monitor and improve patient outcomes. There was some evidence of a lack of communication and involvement causing division between clinical and non-clinical staff. For example, the practice management team were unaware whether clinical meetings or clinical audits took place, and practice meetings involving all staff were infrequent. There was evidence that a lack of communication hindered how the practice worked to improve patient outcomes.

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

The practice told us that they encouraged and valued patient feedback and used this information to improve the service. It had acted on feedback from its patient participation group (PPG) and from complaints received. PPG members spoke positively about how the practice had acted on the group's feedback (for example, replacing the main 0844 switchboard number with a lower cost 0208 number and appointing an advanced nurse practitioner to increase the number of appointments). However, we also noted that the PPG did not have an action plan and that meetings were infrequently minuted. PPG members told us that it was sometimes difficult to review the group's progress.

### Innovation

The practice was part of a local CCG pilot scheme to improve outcomes for patients with long term conditions. Patients were assigned to an integrated care team comprising a practice GP, community matron, district nurse, social worker and care co-ordinator. Records showed that regular multidisciplinary team meetings took place at the practice. These entailed agreeing integrated care plans and monitoring patient outcomes.

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Maternity and midwifery services	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Surgical procedures	We found that the provider was not providing care and treatment in a safe way for service users. This was in breach of regulation 12 (1) (2) (a) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Treatment of disease, disorder or injury	How the regulation was not being met:  The provider had not undertaken a risk assessment of its decision not to have an automated external defibrillator on the premises.  Regulation 12(1)  The provider did not have a system in place to action blood test results when a GP was on annual leave.  Regulation 12 (2) (a)  The provider did not have an adequate system in place to ensure that vaccines were safely managed and stored; and that the fridge temperatures were maintained within safe limits to ensure the efficacy of vaccines and immunisations given.  Regulation 12 (2) (g)  The provider had not undertaken a risk assessment of its decision to carry a limited range of emergency drugs.  Regulation 12(2)(g)  Suitable arrangements were not in place to check expiry dates of emergency medicines.  Regulation 12(2)(g)  The practice could not demonstrate that appropriately signed Patient Group Directives (PGDs) were on file for practice nurses.

This section is primarily information for the provider

## Requirement notices

### Regulation 12(2)(g)

The provider could not demonstrate that items such as curtains, waiting room chairs, ear syringe machines, nebulisers and spirometers were being cleaned regularly and appropriately or that annual infection control audits were taking place.

### Regulation 12 (2)(h)

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

### Regulation 15 HSCA (RA) Regulations 2014 Premises and Equipment

The provider did not have a system in place to monitor the safety of non clinical electrical equipment.

### Regulation 15 (e )

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulation 17 HSCA (RA) Regulations 2014 Good Governance

We found that the provider did not have effective systems and processes in place to ensure good governance. This was in breach of regulation 17 (2)(a)(b)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

The provider could not provide examples of any completed clinical audits to show improved patient outcomes.

### Regulation 17 (2)(a)

The provider lacked an effective system for ensuring that learning from significant events was shared and used to support improvements in patient safety.

This section is primarily information for the provider

## Requirement notices

Regulation 17 (2)(b)