

Dr Alok Mittal

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?

Requires improvement



Are services effective?

Inadequate



Are services caring?

Inadequate



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Alok Mittal on 20 January 2017. Overall the practice is rated as inadequate.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. However, the provider could not demonstrate that patient safety alerts were acted on.
- Risks to patients were assessed and well managed although fire drills had not been practiced.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. Although not all nursing staff had received training in the Mental Capacity Act 2005.
- Clinical audit did not demonstrate quality improvement and there was no program of quality improvement.
- Patient outcomes were below average when compared to local and national averages particularly in relation to the management of long-term conditions and cervical screening.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, results from the national GP survey showed that patient satisfaction with access was significantly below average.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- The practice had an overarching governance framework however it was ineffective. We also had serious concerns about the overall leadership of the practice.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Establish a program of quality improvement to include clinical audit to drive improvement in patient outcomes.
- Establish an effective follow-up system to improve outcomes for patients with long-term conditions and to improve cervical screening uptake.
- Establish a system to ensure antibiotic prescribing and hypnotic prescribing (used in the treatment of insomnia) is monitored and risks to patients mitigated.
- Ensure risks to patients with learning difficulties are assessed, monitored and mitigated.
- Ensure patient safety alerts received from the Medicines and Healthcare Regulatory Agency (MHRA) are acted on to mitigate health and safety risks to patients.

In addition, the practice should:

- Carry out regular fire drills.
- Ensure all clinical staff receive formal training in the Mental Capacity Act 2005.
- Develop care plans for vulnerable patients on the unplanned hospital admissions register.
- Consider ways to improve patient satisfaction of the service as a result of feedback.

- Consider ways to identify and support more patients who are also carers.
- Develop a strategy to deliver the practice vision.
- Consider ways to improve patient participation in the national screening programmes for bowel and breast cancer.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- There was an effective system in place for reporting and recording significant events however the provider could not demonstrate that patient safety alerts were acted on.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed although fire drills had not been practiced.

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were significantly below average compared to the national average particularly in relation to the management of long-term conditions.
- The practice's uptake for the cervical screening programme was 69%, which was significantly below the CCG average of 79% and the national average of 81%.
- The practice were outliers for prescribing indicators.
- The practice were below average for bowel and breast cancer screening uptake.
- Clinical audits did not demonstrate quality improvement.
- Not all nursing staff had received training in the Mental Capacity Act 2005.
- Patients with learning disabilities had not received annual health checks and there was no evidence of care plans for patients at risk of hospital admission.

Inadequate



Are services caring?

The practice is rated as inadequate for providing caring services.

Inadequate



Summary of findings

- Data from the national GP patient survey showed patients rated the practice below the national average for most aspects of care.
- The practice had identified and offered support to nine patients who were also carers which was below average for the patient list size.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Results from the national GP survey showed that patient satisfaction with access was significantly below average compared to both CCG and national averages.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Inadequate



Are services well-led?

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

- The practice had a vision to deliver high quality care however there was no strategy or business plans to achieve this. There were no detailed or realistic plans to ensure the delivery of high quality care.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- There was a governance framework in place however it was ineffective. We also had serious concerns about the overall

Inadequate



Summary of findings

leadership of the practice. The GP had difficulty navigating around the clinical system to find test results, he was unable to locate care plans, significant event analyses and complaints without support from administration staff.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for effective, caring, responsive and well-led, and requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had 65 patients on the unplanned hospital admission register however there was no evidence of care plans to meet their care needs.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider was rated as inadequate for effective, caring, responsive and well-led, and requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group.

- Patient outcomes for the management of long-term conditions were significantly below average.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less in the last 12 months was 60% compared to the CCG average of 79% and the national average of 78%.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less in the last 12 months was 51% compared to the CCG average of 81% and the national average of 83%.
- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the last 12 months was 63% compared to the CCG average of 88% and the national average of 90%.
- The percentage of patients with asthma, on the register, who had an asthma review in the last 12 months that included an assessment of asthma control using the three RCP questions was 52% compared to the CCG average of 75% and the national average of 76%.

Inadequate



Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for effective, caring, responsive and well-led, and requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group.

- 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 others for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 69%, which was significantly below the CCG average of 79% and the national average of 81%. The exception rate was 5%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for effective, caring, responsive and well-led, and requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group.

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

Inadequate



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider was rated as inadequate for effective, caring, responsive and well-led, and requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- There were 17 patients on the learning disabilities register, 8 of whom had received annual health checks in the last two years.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for effective, caring, responsive and well-led, and requires improvement for safety. The issues identified as requiring improvement overall affected all patients including this population group.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 87% and the national average of 84%. The exception rate was 10%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the last 12 months was 66% compared to the CCG average of 90% and the national average of 89%. The exception rate was zero.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Inadequate



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing below local and national averages. Three hundred and forty nine survey forms were distributed and 108 were returned. This represented 4% of the practice's patient list.

- 32% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 62% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 62% and the national average of 76%.
- 64% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and the national average of 85%.

- 48% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 65% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients said the GP was very caring and provided personalised care that met their needs.

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

Areas for improvement

Action the service **MUST** take to improve

- Establish a program of quality improvement to include clinical audit to drive improvement in patient outcomes.
- Establish an effective follow-up system to improve outcomes for patients with long-term conditions and to improve cervical screening uptake.
- Establish a system to ensure antibiotic prescribing and hypnotic prescribing (used in the treatment of insomnia) is monitored and risks to patients mitigated.
- Ensure risks to patients with learning difficulties are assessed, monitored and mitigated.
- Ensure patient safety alerts received from the Medicines and Healthcare Regulatory Agency (MHRA) are acted on to mitigate health and safety risks to patients.

Action the service **SHOULD** take to improve

- Carry out regular fire drills.
- Ensure all clinical staff receive formal training in the Mental Capacity Act 2005.
- Develop care plans for vulnerable patients on the unplanned hospital admissions register.
- Consider ways to improve patient satisfaction of the service as a result of feedback.
- Consider ways to identify and support more patients who are also carers.
- Develop a strategy to deliver the practice vision.
- Consider ways to improve patient participation in the national screening programmes for bowel and breast cancer.

Dr Alok Mittal

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

Background to Dr Alok Mittal

Dr Alok Mittal also known as Markyate Surgery is situated at Markyate Road, Dagenham, Essex, RM8 2LD. The practice is a single-handed GP practice providing primary care services through a General Medical Services (GMS) contract to around 2,700 patients living in Barking and Dagenham (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice belongs to NHS Barking and Dagenham Clinical Commissioning Group (CCG).

The practice team comprises of a full-time male GP (nine sessions), a part-time locum GP (three sessions), a part-time practice nurse (two days a week), an advanced nurse practitioner (four hours a week) and ten non-clinical staff. There is also a locum practice manager who provides support on an ad hoc basis.

The practice is open including phone lines between 8.30am and 6.30pm Monday to Friday with the exception of Thursday where the practice closed at lunchtime. Appointments are from 8.30am to 1pm every morning and 3pm to 6.30pm daily. Extended hours appointments are offered on Monday and Wednesday until 7.30pm. Out of Hours care is provided by the Partnership of East London Co-ops (PELC).

The practice serves an ethnically mixed population with a high level of deprivation. The population is representative of most age groups with a higher than average number of children 14 years and below.

Services provided include chronic disease management, childhood immunisations, travel vaccinations, minor surgery, cervical screening and contraceptive advice.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, maternity and midwifery services, family planning and surgical procedures.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014. The practice had not been inspected before under our previous inspection regime.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 20 January 2017.

During our visit we:

Detailed findings

- Spoke with a range of staff (lead GP, practice nurse, locum practice manager and three non-clinical staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events. For example, one incident involved an aggressive patient. Staff dealt with the patient according to practice policy and the patient was contacted at a later time to address their concerns. Learning implemented was that staff need to listen to patients concerns. If patients are abusive towards a member of staff it is better for them to ask a senior member of staff to help calm the situation.

Patient safety alerts were received by the practice manager and disseminated to the GP. Although the GP was aware of safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA) he was unable to provide evidence of any searches being carried out on patients in response to MHRA alerts to mitigate health and safety risks.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on

safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and non-clinical staff to level 1.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored securely. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Are services safe?

Monitoring risks to patients

Risks to patients were assessed and well managed.

- 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 which identified local health and safety representatives. The practice had up to date fire risk assessments however regular fire drills were not carried out. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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 enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a 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 assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 78% of the total number of points available compared to the CCG average of 93% and the national average of 95% with an exception rate of 7% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for a number of QOF (or other national) clinical targets. For example, data from 2015/16 showed:

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the last 12 months was 63% compared to the CCG average of 88% and the national average of 90%. The exception rate was zero.
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less in the last 12 months was 51% compared to the CCG average of 81% and the national average of 83%. The exception rate was 4%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less in the last 12 months was 60% compared to the CCG average of 79% and the national average of 78%. The exception rate was 17%.

- The percentage of patients with asthma, on the register, who had an asthma review in the last 12 months that included an assessment of asthma control using the three Royal College of Physicians questions was 52% compared to the CCG average of 75% and the national average of 76%. The exception rate was zero.

The provider had no plan in place to facilitate improvement in the management of long-term conditions to bring in line with CCG and national averages.

The practice were outliers for the following prescribing indicators:

- Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit was above both CCG and national average (3.14 compared to 1.09 and 0.98 respectively).
- Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit was above both CCG and national average (1.64 compared to 0.96 and 1.01 respectively). The appropriate use of antibiotics is important because of increasing bacterial resistance.

The provider had no plan in place to bring prescribing in line with CCG/national averages.

There was no evidence of quality improvement including clinical audit:

- There had been two CCG medicine management audits carried out however these were not completed audit cycles and therefore did not demonstrate improvements in patient care as a result. There were no plans in place to facilitate improvement.

The practice had 17 patients on the learning disabilities register. We checked four random records and found they had not received annual health checks in the last two years. However, data submitted to us after our inspection by the practice showed that 8 out of 17 patients had received annual health checks.

The practice had 65 patients on the unplanned hospital admission register however there was no evidence of care plans to demonstrate the patients care needs were being met.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as health and safety and roles and responsibilities.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending courses.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The GP understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA 2005). However, the nurse we interviewed did not have a clear understanding of the MCA 2005 and they had not received any formal training.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 69%, which was below the CCG average of 79% and the national average of 81%. The exception rate was 5%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice were below average for bowel and breast cancer screening uptake. For example:

- Females 50-70, screened for breast cancer in the last 36 months was 58% compared to the CCG average of 60% and the national average of 72%.
- Females 50-70, screened for breast cancer within 6 months of invitation was 57% compared to the CCG average of 63% and the national average of 73%.
- Persons, 60-69, screened for bowel cancer in the last 30 months was 40% compared to the CCG average of 43% and the national average of 58%.
- Persons 60-69, screened for bowel cancer within 6 months of invitation was 41% compared to the CCG average of 43% and the national average of 58%.

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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

Are services effective?

(for example, treatment is effective)

The practice provided us with data that showed they had achieved the 90% standard for all childhood immunisation in the last 12 months.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 15 patient Care Quality Commission 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 spoke with four members of the patient participation group (PPG). 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 felt they were treated with compassion, dignity and respect. The practice was generally in line with local and below national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 79% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.

- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responses were below local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 62% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.
- 72% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 90%.

The practice were not aware of these results and therefore had no plan in place to facilitate improvement.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice had identified nine patients who were also carers (0.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the lead GP attended monthly CCG meetings and provided feedback to the practice.

- The practice offered a 'Commuter's Clinic' on a Monday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.

Access to the service

The practice was open including phone lines between 8.30am and 6.30pm Monday to Friday with the exception of Thursday where the practice closed at lunchtime. Appointments were from 8.30am to 1pm every morning and 3pm to 6.30pm daily. Extended hours appointments were offered on Monday and Wednesday until 7.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 54% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.

- 32% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.
- 21% of patients usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 55% and the national average of 65%.
- 65% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 74% and the national average of 85%.

The provider told us that improvements had been made to the telephone system in the last six months which they felt should improve access by phone. However, they had yet to impact on survey results.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The reception staff recorded when a home visit request was made and the lead GP would phone the patient to assess their needs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information in the practice leaflet held at reception.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complaints. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, one complaint from 2015/16 was where a patient had difficulties getting through to the practice by phone. The

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

patient was contacted, apologised to and given an appointment. Since this complaint and general feedback from patients the practice had changed the phone system to improve patient satisfaction with the service.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement however not all staff were aware of it.
- There was no effective strategy or supporting business plans which reflected the vision and values and were regularly monitored. There were no detailed or realistic plans to ensure the delivery of high quality care.

Governance arrangements

The practice had an overarching governance framework however it was ineffective.

- A comprehensive understanding of the performance of the practice was not maintained and there was no monitoring of performance. For example, the GP could not explain areas of low QOF performance and high exception reporting. The practice were clinical outliers for a number of areas including long-term condition management, cervical screening uptake and antibiotic prescribing and there was no clear plan in place to facilitate improvement.
- There was not a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements. Clinical audit was limited to clinical commissioning group mandated medicine management audits and there were no completed audit cycles that demonstrated improved outcomes for patients.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions however staff could not demonstrate that Medicine and Healthcare Regulatory Agency (MHRA) alerts were acted on to improve patient safety.
- Practice specific policies were implemented and were available to all staff. These were available on the shared drive of the computer system.
- There was a clear staffing structure and staff were aware of their own roles and responsibilities.

Leadership and culture

During our inspection the GP had difficulty navigating around the clinical system to find test results, he was unable to locate care plans, significant event analyses and

complaints without support from administration staff. In addition, the GP was unaware that annual reviews of learning disability patients had not been completed for two years. Since the practice manager had gone on maternity leave, the GP was reliant on a part-time administrator, and a locum practice manager who worked at the practice on an ad hoc basis and therefore not part of the management structure of the practice, to provide support with running the practice. .

The provider was aware of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of written correspondence.

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

- Staff told us the practice held regular team meetings and there were meeting minutes to confirm this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for

Are services well-led?

Inadequate 

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

improvements to the practice management team. For example, PPG members we spoke to told us the practice had improved the telephone system as a result of feedback.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

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

Continuous improvement

There were no examples of continuous improvement, innovation or service development.

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider was not able to demonstrate good governance:</p> <ul style="list-style-type: none">• There was no system of quality improvement to include clinical audit to drive improvement in patient outcomes.• There was not an effective follow-up system to improve outcomes for patients with long-term conditions and to improve cervical screening uptake.• Antibiotic prescribing and hypnotic prescribing (used in the treatment of insomnia) was not monitored and risks to patients mitigated.• Risks to patients with learning difficulties were not assessed, monitored and mitigated.• There was no evidence that patient safety alerts received from the Medicines and Healthcare Regulatory Agency (MHRA) were acted on to mitigate health and safety risks to patients. <p>This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>