

# Dr Rex Obonna

## Quality Report

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

## Ratings

Overall rating for this service	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services caring?	Inadequate	
Are services responsive to people's needs?	Requires improvement	
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 Rex Obonna on 29 September 2015. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. The systems in place at the practice were not robust and this resulted in incidents and near misses not always being identified.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Data showed patient outcomes were very low for the locality. Although some audits had been carried out, we saw little evidence that audits were driving improvements to patient outcomes.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice was clean and hygienic and the patients that we spoke with confirmed this.
- Information about services and how to complain was available in reception and easy to understand.
- Urgent appointments were usually available on the day they were requested.
- Governance arrangements at the practice were not sufficient to support the safe management of the practice. The practice did not hold regular governance, clinical or multi-disciplinary meetings, issues were discussed at ad hoc meetings.
- Plans for maintaining the continuity of the business when faced with major disruption were in place but were not effective and required review.
- The practice had sought feedback from patients through its own survey since August 2015; however, no responses had been received. The practice had not reviewed this approach as a result of this lack of

# Summary of findings

uptake. No patient participation group was in place and the practice was not aware of the National GP Patient Survey. Verbal complaints were not recorded by the practice.

The areas where the provider must make improvements are:

- Introduce effective procedures for reporting, recording, acting on significant events, incidents and near misses and ensure that learning is shared with all relevant staff.
- Ensure safety alerts received by the practice are recorded and acted upon appropriately.
- Ensure effective systems are in place for safeguarding children and adults and that the management and recording of significant events and serious case reviews ensures learning and reflection. The practice must ensure records are kept of safeguarding meetings to support patient safety and ensure that when things go wrong lessons can be learned and processes improved.
- Ensure staff receive appropriate training as is necessary to perform their role.
- The registered provider must ensure that the information specified in Schedule 3 is available in relation to each person employed.
- Review the business continuity plan to ensure continuity of service in the event of a major disruption to the service.
- To review the arrangements for clinical audit at the practice. Clinical audit must be linked to patient outcomes and monitored for effectiveness.
- Ensure there are formal governance arrangements in place including ensuring there is sufficient leadership capacity to monitor and deliver improvements. For example, undertaking regular team and clinical meetings and proactively monitoring the Quality and Outcomes Framework (QOF) performance to support practice activity.
- The practice must take steps seek and act upon the feedback from patients to improve its practice. For example, record and respond to complaints received in line with the practices complaints policy. Also,

review and take any necessary action following the National GP Survey and the Friends and Family Test. Feedback from patients improves the effectiveness of the practice.

In addition the provider should:

- Review the arrangements for calibration of equipment to include the regular calibration of the thermometer of the dedicated refrigerator as this ensures the safe storage of vaccinations and immunisations.
- Review their Statement of Purpose to make sure it reflects the regulated activity provided.
- Review the register of carers registered as patients at the practice to make sure effective support is provided.
- Take steps to support patients who are hard of hearing to ensure they can access the services provided.
- The practice should review its arrangements for the provision of a patient participation groups (PPG) to ensure the views of patients are acted upon by the practice.

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

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as inadequate for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses but the systems and processes in place were weak and did not ensure all significant events were recorded. When things went wrong, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.

Although risks to patients who used services were assessed, the systems and processes to address these risks were not effective enough to ensure patients were kept safe. Areas of concern found included safeguarding, where recording keeping was not adequate, recruitment, where we found recruitment checks had not been carried out for locum doctors. There was also no effective system for acting on safety alerts. Plans to ensure the continuity of the service were poor, for example when key staff were not available and if there was no power to the building.

Inadequate



### Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness and had achieved 81.9% of the total points available. This was below the local and national averages of 94.9% and 94% respectively. There was little evidence of completed clinical audit cycles or that audit was driving improvement in performance to improve patient outcomes. Multidisciplinary working was taking place but was not always recorded at the time of inspection. Regular meetings to support this had not taken place since May 2015.

Inadequate



### Are services caring?

The practice is rated as inadequate for providing caring services, as there are areas where improvements should be made. Data for the National GP Survey in 2015 showed that patients rated the practice lower than others for some aspects of care. For example, when patients were asked if the GP was good at listening to them or treating them with care and concern. Managers were not aware of the results of this survey, therefore no action had been taken to address this issue. However, patients we spoke with said they were treated with compassion, dignity and respect. The practice held a

Inadequate



# Summary of findings

register of patients who were carers. They told us that they needed to improve this register to ensure carers are supported. Thirteen carers were on this register, only 52% of carers had attended an annual health check.

## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG). As a single handed GP practice all patients had a named GP, 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. However, the practice was not recording all complaints and there was no evidence that the issues raised were responded to or learning from complaints was shared with staff and other stakeholders.

**Requires improvement**



## Are services well-led?

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. For example, the GP was not engaged with the management of the practice or aware of their responsibilities as a registered manager. The business continuity plan was ineffective and needed to be reviewed. When faced with disruption to the service the plan in place had not been sufficient to ensure the safe management of the practice. The practice had a number of policies and procedures to govern activity. Despite this, regular governance meetings were not held and issues were discussed at ad hoc meetings. The practice had sought feedback from patients through their own survey since August 2015; however no responses had been received. The practice had not reviewed this approach as a result of this lack of uptake. They did not have a patient participation group (PPG). Staff told us they had received regular performance reviews. There was a lack of good governance and the number of concerns we identified during the inspection reflected this.

**Inadequate**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Nationally reported data showed that outcomes for patients were good for some conditions commonly found in older people. For example, for heart failure the practice achieved 100% of the Quality and Outcomes Framework (QOF) indicators. For osteoporosis the practice achieved only 66.7% of these indicators. 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. Longer appointments were available for older people when needed, and this was acknowledged positively in feedback from patients.

Inadequate



### People with long term conditions

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

The nurse had a lead role 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. The practice had introduced a structured annual review to check that their health and medication needs were being met. The GP worked with relevant health and care professionals to deliver a multidisciplinary package of care, for example the community matron and the district nursing team. Nationally reported data showed that outcomes for patients were good for some with long term conditions. For example, for asthma the practice achieved 98.3% of the Quality and Outcomes Framework (QOF) indicators. However, for diabetes the practice achieved only 66.4% of these indicators.

Inadequate



### Families, children and young people

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

Inadequate



# Summary of findings

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. However, we found that meetings to discuss safeguarding concerns were not taking place regularly and that limited records were kept of these meetings.

Immunisation rates were relatively high 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, 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 practice was rated as inadequate for safe, effective, caring and well-led and requires improvement for responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The age profile of patients at the practice showed some large concentrations of those of working age, students with notably fewer patients over the age of 55. 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 reflected the needs for this age group. The practice provided a travel clinic. The practice provided appointments between 5:30pm and 7:30pm each Wednesday to support working age people.

**Inadequate**



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

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

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 50% of these patients had this completed. It offered longer appointments for people with a learning disability. Staff regularly worked with multi-disciplinary teams in the case management of vulnerable people. Vulnerable patients were informed about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of

**Inadequate**



# Summary of findings

abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, not all safeguarding concerns were documented in multidisciplinary team meetings.

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

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

The practice held a mental health register. All patients experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Advance care plans were in place for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice referred patients to the local memory protection service and ensured clinical tests were completed prior to attendance. Staff had received training on how to care for people with mental health needs and dementia.

**Inadequate**





# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed a mixed performance compared with local and national averages. There were 96 responses and a response rate of 24.6%. This was 4.7% of the practice population.

- 90.3% found it easy to get through to this surgery by phone compared with a CCG average of 79.3% and a national average of 74.4%.
- 85% found the receptionists at this surgery helpful compared with a CCG average of 89.9% and a national average of 86.9%.
- 73.5% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83.9% and a national average of 85.4%.
- 100% said the last appointment they got was convenient compared with a CCG average of 93.2% and a national average of 91.8%.

- 55.9% would recommend this surgery to someone new to the area compared with a CCG average of 80.5% and a national average of 78%.
- 78.9% described their experience of making an appointment as good compared with a CCG average of 76.2% and a national average of 73.8%.
- 86.4% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 70.8% and a national average of 65.2%.
- 85.4% felt they don't normally have to wait too long to be seen compared with a CCG average of 65% and a national average of 57.5%.

We reviewed 11 CQC comment cards which had been completed by patients prior to our inspection. All were positive about the standard of care received. Patients commented that the practice was very clean and that the staff were helpful, kind and caring. We also spoke to five patients on the day of the inspection and four patients by telephone following the inspection.

## Areas for improvement

### Action the service MUST take to improve

The areas where the provider must make improvements are:

- Introduce effective procedures for reporting, recording, acting on significant events, incidents and near misses and ensure that learning is shared with all relevant staff.
- Ensure safety alerts received by the practice are recorded and acted upon appropriately.
- Ensure effective systems are in place for safeguarding children and adults and that the management and recording of significant events and serious case reviews ensures learning and reflection. The practice must ensure records are kept of safeguarding meetings to support patient safety and ensure that when things go wrong lessons can be learned and processes improved.
- Ensure staff receive appropriate training as is necessary to perform their role.
- The registered provider must ensure that the information specified in Schedule 3 is available in relation to each person employed.
- Review the business continuity plan to ensure continuity of service in the event of a major disruption to the service.
- To review the arrangements for clinical audit at the practice. Clinical audit must be linked to patient outcomes and monitored for effectiveness.
- Ensure there are formal governance arrangements in place including ensuring there is sufficient leadership capacity to monitor and deliver improvements. For example, undertaking regular team and clinical meetings and proactively monitoring the Quality and Outcomes Framework (QOF) performance to support practice activity.
- The practice must take steps seek and act upon the feedback from patients to improve its practice. For example, record and respond to complaints received in line with the practices complaints policy. Also,

# Summary of findings

review and take any necessary action following the National GP Survey and the Friends and Family Test. Feedback from patients improves the effectiveness of the practice.

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

In addition the provider should:

- Review the arrangements for calibration of equipment to include the regular calibration of the thermometer of the dedicated refrigerator as this ensures the safe storage of vaccinations and immunisations.
- Review their Statement of Purpose to make sure it reflects the regulated activity provided.
- Review the register of carers registered as patients at the practice to make sure effective support is provided.
- Take steps to support patients who are hard of hearing to ensure they can access the services provided.
- The practice should review its arrangements for the provision of a patient participation groups (PPG) to ensure the views of patients are acted upon by the practice.

# Dr Rex Obonna

## 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 second CQC inspector.

- Wednesday 9am-11:30am 1pm-5pm
- Thursday 9am-12noon 12:30pm-3pm
- Friday 9:30am-11:30am 3pm-5pm

Extended hours surgeries are offered between 5:30pm and 7:30pm each Wednesday.

Information from Public Health England placed the area in which the practice was located in the most deprived decile. In general, people living in more deprived areas tend to have greater need for health services. The practice's age population is weighted towards people of working age; the practice had a lower percentage of patients aged over 55 than the clinical commissioning group (CCG) and England averages.

The service for patients requiring urgent medical care out of hours is provided by the 111 service, Primecare and Northern Doctors Urgent Care Limited (NDUC). From 1 October 2015 out of hours will be provided by the 111 services and NDUC. However, when we asked the practice manager who provided out of hours care they were not aware of the changes that were about to be implemented

The practice was previously inspected in August 2014. The practice was required to take steps to improve its recruitment arrangements by ensuring the necessary employment checks were in place for all staff. The practice was found to be compliant with this requirement in July 2015.

## Why we carried out this inspection

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

## Background to Dr Rex Obonna

The practice is located in Southwick Health Centre and provides primary medical services to patients living in the Southwick, Monkwearmouth, Carley Hill, Witherwack and Marley Potts areas of the City of Sunderland. The practice provides services from one location: Dr Rex Obonna, Southwick Health Centre, The Green, Southwick, Sunderland, SR5 2LT.

The practice shares premises with two other GP practices and external services and is based on the ground floor of a purpose built building. There is on-site parking, disabled parking, a disabled WC and access to the building is step-free. There is sufficient room for wheelchairs to move around the surgery.

There is one (male) GP partner and a practice manager. Additionally the practice employs a nurse, an administrator and three receptionists. The practice provides services for around 2000 patients based on a General Medical Services (GMS) contract.

The practice is open between 8:30am and 6pm Monday, Tuesday, Thursday and Friday. The practice is open between 8:30am and 7:30pm on Wednesday.

Appointments are available during the following times:

- Monday 9am-12pm 12:30pm-3pm
- Tuesday 9am-12pm 12:30pm-3pm

# Detailed findings

whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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

## 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 29 September 2015.

During our visit we spoke with five patients and a range of staff from the practice. Following the visit we spoke with four patients by telephone. We spoke with the GP, the practice manager, the practice nurse, one of the reception staff and the phlebotomist/administrator. We observed how staff received patients as they arrived at the practice and how staff spoke with them. We reviewed comment 11 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 a system in place for reporting and recording significant events. The practice used the local SIRMS system to report significant events. This helped to ensure safety incidents were monitored and reviewed and risks assessed. Staff said they would inform the practice manager of any incidents and there was also an incident recording book available. The practice had carried out an analysis of the significant events they had identified and reported on. However, the process was not sufficient to prevent the same events happening again. For example, safety concerns were not consistently identified. A recent loss of power to the building for a sustained period was not recorded as a significant event. Additionally, some medicines were moved during the loss of power to ensure they were stored at the correct temperature. This had also not been recorded as a significant event. No analysis of the actions on the day had been completed and no steps had been taken to identify what lessons could be learned from these events.

We reviewed a sample of safety records, including incident reports and minutes of meetings where these were discussed. We found lessons learned were not sufficiently shared to help make sure all staff were able to take action to improve safety in the practice. For example, a recent incident where the confidentiality of a patient was breached by an attached member of staff had not been discussed at a multi-disciplinary team meeting. The practice manager had not taken advice on the actions to take following a data protection breach and was not aware if the patient had been made aware of the breach or had been apologised to. Meetings to discuss events such as this were not taking place regularly; no meetings had taken place for the previous five months. During this time seven significant events had been recorded by the practice.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. The practice did not have a system in place to share safety alerts from the Medical and Healthcare products Regulatory Authority (MHRA). The practice could not be assured that important safety alerts that could impact on patient safety had been reviewed and acted upon. The practice could therefore not demonstrate a safe track record over time.

### Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The practice's 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 relevant to their role. However, limited records of safeguarding meetings were maintained. We looked at how serious case reviews were managed by the practice and found that not all serious case reviews were reported as significant events. Reporting and managing serious case reviews as significant events ensure that when things go wrong lessons can be learned and processes improved.
- A notice was displayed in the waiting room advising patients that the nurse would act as chaperone if required. The nurse was 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.
- There were procedures in place for monitoring and managing risks to patient and staff safety but these were not sufficiently effective. There was a health and safety policy available. The practice had up to date fire risk assessment, however, regular fire drills were not carried out. All electrical and most clinical equipment was checked to ensure they were safe to use and working properly. However, we found that the thermometer on the refrigerator used to store immunisations and vaccinations had not been calibrated for two years. This has potential to impact on the safety of the immunisations and vaccinations used as it cannot be assumed that the temperature had always been suitable for storing these items. The practice also had a variety of other risk assessments in place to monitor

## Are services safe?

safety of the premises such as control of substances hazardous to health, infection control and legionella. Legionella is the bacterium that causes legionnaire disease which is a serious form of pneumonia.

- Appropriate standards of cleanliness and hygiene were maintained. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and the infection control lead had received up to date training. No other staff in the practice had received infection control training. A recent infection control audit had been undertaken and we saw evidence that action had been taken to address the improvements identified. Patients said the practice was always clean and hygienic.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice were not effective enough to ensure patients were kept safe. We found that the practice could not be sure that medicines were always kept at the correct temperature to ensure they were effective. Medication audits were carried out with the support of the local Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out for permanent staff members and the files we reviewed showed that 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.
- When we reviewed the arrangements for recruiting temporary staff we found that the process was not effective. The arrangements for ensuring that locum staff were safe to work with vulnerable patients were not sufficient. We reviewed the checks made by the practice when GP locums had been recently employed. Whilst

we found documentary evidence that the General Medical Council (GMC) registration of these GP locums had been checked, other required employment checks, such as proof of identity had not been carried out. Effective recruitment checks are one way of ensuring the safety of patients.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### **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, and each clinical room also had an alarm button. All staff received annual basic life support training and there were emergency medicines available in the treatment room. Staff had access to the health centre defibrillator, and oxygen with adult and children's masks available. There was also a first aid kit available. Staff we spoke to could describe the actions they would take in an emergency. 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 fit for use.

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 and a copy was held off the premises to ensure it could be accessed at all times. However, the plan had not worked effectively when the practice had been faced with a recent sustained loss of power and absence of key staff. The practice manager said that the arrangements for the relocation of staff, vital equipment and vaccines when the whole building was not available had not been adequate when this problem was encountered. We found that no steps had been taken to update the business continuity plan at the time of the inspection to take account of the lessons that had been learned from this event.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The staff we spoke with could outline the rationale for their approaches to treatment. 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. However, we found that opportunities to discuss changes to guidelines, such as those produced by NICE, were limited because regular clinical meetings had not been taking place. The last clinical meeting was held in January 2015.

Staff attended Clinical Commissioning Group (CCG) led training and clinical sessions to support effective needs assessment. The practice used care plans and encouraged patients to be involved in care planning. Patients with long term conditions were supported by the practice nurse. Patients said that they felt involved in their care and treatment.

### 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. Publically available results for 2013-2014 showed the practice had achieved 81.9% of the total number of points available. For six clinical indicators the practice scored the maximum points available. However, the practice was generally performing poorly for the remaining QOF clinical targets. Data from 2013-2014 showed;

- Performance for diabetes related indicators was worse than the CCG and England average (66.4% compared to 93.1% and 90.1% respectively);
- The percentage of patients with hypertension having regular blood pressure tests was worse than the CCG and England average (55% compared to 89.9% and 88.4% respectively);

- Performance for secondary prevention of coronary heart disease indicators was worse than the CCG and England average. (70.2% compared to 94.8% and 93.1% respectively);

The practice did not effectively use information collected for QOF and performance against national screening programmes to monitor outcomes for patients. The practice manager said that regular meetings to discuss QOF performance were no longer being held. The nurse was aware that patients requiring review had not previously been recalled effectively and was working to ensure effective recall was implemented.

The practice participated in applicable local audits, for example a CCG initiated respiratory audit. The practice provided details of six clinical audits completed in the last two years. Only one of these was a completed audit where improvements had been implemented and monitored. During our discussions with the single handed GP the rationale behind the decisions to undertake these audits was not clear. We saw little evidence that the clinical audits the practice had participated in had resulted in improvements to patient outcomes.

### Effective staffing

We found staff did not always have 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 and health and safety.
- The learning needs of staff were identified through a system of appraisals and meetings. Most had access to appropriate training to meet their learning needs and to cover the scope of their work. This included appraisals, clinical supervision and facilitation and support for the revalidation of the single handed GP. The GP had been revalidated in 2013. The practice nurse had access to external clinical peer support. All staff had had an appraisal within the last 12 months. When we reviewed staff training records we found that staff had not undertaken information governance training. No administration staff, or the member of staff who worked as a phlebotomist, had completed any infection control training.
- Staff received training that included: safeguarding, fire procedures and basic life support. Staff had access to,

# Are services effective?

## (for example, treatment is effective)

and made use of, in-house training and CCG regional training opportunities. The practice had recently agreed to the introduction of a new online learning system which would support the effective provision of training for all staff.

### **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 and intranet systems. This included care and risk assessments, care plans, medical records and test results. 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 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. Staff were able to discuss issues informally with district nurses and the community matron when required. We saw evidence that multi-disciplinary team (MDT) meetings had previously taken place, however, none had been recorded since May 2015. Regular MDT meetings ensure information is shared effectively to support patient care and ensure safety.

### **Consent to care and treatment**

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements, 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 or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The GP had recently undertaken MCA training. The practice nurse not yet undertaken MCA training but this was planned by the practice.

### **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. Patients were then signposted to the relevant service. A community psychiatric nurse was available on the premises and smoking cessation advice was available from the practice nurse.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83.2%, which was comparable to the CCG average of 82.1% and the national average of 81.9%. There was a policy to send reminders letters 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 national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100%. For five year olds the rates ranged from 91.9% to 100%.

Flu vaccination rates were above national rates. The practice performance for the over 65s was 82.1% compared to the national rate of 73.24 %. For at risk groups, the practice performance was 62.2% compared to the national rate of 52.3%.

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. Information such as NHS patient information leaflets were also available to patients.



# 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. 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. The practice provided background music in the reception area to ensure this. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Patients we spoke with confirmed that they were treated with respect and dignity.

All of the 11 patient Care Quality Commission (CQC) comment cards we received, all 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.

However, results from the National GP Patient Survey, published in July 2015, showed that patient satisfaction levels were lower than the local Clinical Commissioning Group (CCG) and national averages in most of the areas that related to the care they received. For example, the practice was below average for its satisfaction scores on consultations with doctors and nurses. Of patients who responded:

- 68.5% said the GP was good at listening to them compared to the CCG average of 90.6% and national average of 88.6%;
- 74.5% said the GP gave them enough time compared to the CCG average of 89.4% and national average of 86.8%;
- 84.6% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.3%;
- 68.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87.5% and national average of 85.1%;

- 87.9% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.3% and national average of 90.4%;
- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 89.9% and national average of 86.9%.

We spoke with the practice manager and they were not aware of the National GP Patient Survey and had not therefore reviewed the results or taken any actions based on the findings. The practice was therefore unaware of the views of their patients and had not taken action to address concerns raised by the results of this survey.

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

Patients we spoke with said that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also said 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.

However, results from the National GP patient survey showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment and results were below local and national averages. For example, of patients who responded:

- 71.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.6% and national average of 86.3%;
- 64.2% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84.9% and national average of 81.5%.

Staff said that translation 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. There was a good range of information on display covering a wide range of areas.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of people who were carers. The practice manager said that they were aware of the need to review this register to ensure carers were being supported. The practice had prioritised this action.

Staff said that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This included a note of condolence offering support if required. A bereavement support leaflet was not available in reception but this was on order and is normally provided to support patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had some engagement with the local Clinical Commissioning Group (CCG) to plan services and to improve outcomes for patients in the area. For example, the practice worked with a CCG pharmacist who provided clinical audit support. The practice participated in CCG led clinical audits. They also regularly attended the CCG 'time in time out' sessions that provided training and support to practices. The practice met with the locality CCG group each month. A locality is a geographical section of CCG GP practices. Meeting with the locality provided the practice with the opportunity for peer support. The practice was looking to participate in the locality extended hours scheme in the future. The proposed extended hours scheme would provide extended hours care seven days a week.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours on a Wednesday evening until 7:30pm for working patients who could not attend during normal opening hours;
- 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. Patients said that they could get appointments when they needed one;
- There were disabled facilities and translation services available but a hearing loop was not available to support patients with hearing difficulties. A hearing loop had previously been available but was no longer in place following a refurbishment.

### Access to the service

The practice was open between 8:30am and 6pm Monday, Tuesday, Thursday and Friday, and between 8:30am and 7:30pm on a Wednesday. An extended hours' surgery was offered between 5:30pm and 7:30pm each Wednesday.

Appointments are available during the following times:

- Monday 9am-12pm 12:30pm-3pm
- Tuesday 9am-12pm 12:30pm-3pm
- Wednesday 9am-11:30am 1pm-5pm
- Thursday 9am-12noon 12:30pm-3pm
- Friday 9:30am-11:30am 3pm-5pm

In addition to pre-bookable appointments that could be booked several weeks in advance, urgent appointments were also available on the day for people that needed them.

Results from the National GP Patient Survey, published in July 2015, showed that patients' satisfaction with how they could access care and treatment was generally better than the local CCG and national averages. Patients we spoke with on the day said they were able to get appointments when they needed them. For example, of the patients who responded:

- 79.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 81.2% and national average of 75.7%;
- 90.3% patients said they could get through easily to the surgery by phone compared to the CCG average of 79.3% and national average of 74.4%;
- 78.9% patients described their experience of making an appointment as good compared to the CCG average of 76.2% and national average of 73.8%;
- 86.4% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70.8% and national average of 65.2%.

### 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. The practice manager was the designated responsible person who handled all complaints in the practice.

The practice manager told us the practice had not received any complaints in the last 12 months. Staff described informal complaints during the inspection. For example, a complaint about being unable to immediately access a doctor late in the day. We saw no record of these informal complaints being recorded or acted upon. We saw that information was available to help patients understand the complaints system. For example, information was available in reception and on the practice website. Some of the

# Are services responsive to people's needs?

(for example, to feedback?)

patients we spoke with were aware of the process to follow if they wished to make a complaint. The practice's open door policy for access to the practice manager was appreciated by patients.

# 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 staff demonstrated that they were dedicated and committed to providing patients with the best possible care. However, there was no clear plan or strategy for the future of the service and how practice intended to achieve it. We reviewed the statement of purpose in place at the practice. The document did not reflect the activity provided by the practice, it therefore needed to be updated.

### Governance arrangements

The practice had a weak overarching governance framework which did not support the delivery of the good quality care. For example:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. However, the single handed GP, who was also the registered manager, told us they relied on the practice manager to oversee the day-to-day running of the practice. We were not assured that the single handed GP clearly understood their responsibilities as a registered manager, and their accountability for the operation of the service. They were not seen to be active in the management of the practice.
- The systems and processes in place at the practice were not sufficiently robust or embedded to ensure the ongoing effective management of the practice.
- The practice had a business continuity plan, however, this required updating. The plan did not plan sufficiently for actions to be taken when the whole building was not suitable for use i.e. power outage. It did not plan effectively for when key staff were not available. There was therefore insufficient planning to ensure the safe and effective management of the practice when faced with disruption to the running of the service.
- Practice specific policies were implemented and were available to all staff and the practice was working to update these.
- Arrangements for monitoring the performance of the practice were not effective, for example, the practice's performance against QOF targets was no longer being regularly monitored.
- The practice did not have a structured clinical audit programme and the GP found it difficult to tell us how

clinical audit was linked to improvements to patients' clinical care. The practice was not able to demonstrate accountability or involvement in the audits that had been undertaken.

- There were poor arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example the business continuity plan had not been effective when the practice manager was absent for several weeks. During this time no action had been taken to act upon safety alerts and no meetings had been held to discuss and monitor the actions required following significant events.
- Information from incidents and significant events was not used to identify areas where improvements could be made.

### Leadership, openness and transparency

Staff told us the single handed GP and the practice manager were approachable and took time to listen to them. Patients also said that staff at the practice were approachable. Staff said that there was an open culture within the practice and they had the opportunity to raise any issues informally. They said they felt confident any concerns they raised would be addressed. Staff also said they felt respected, valued and supported.

Staff were committed to achieving high quality and compassionate care. However, ineffective systems and processes had affected their capacity to deliver them.

Staff said that regular team meetings were not held. There had not been a whole team meeting since October 2014 and multi-disciplinary meetings (MDT) had not been held since May 2015. The last clinical meeting was held in January 2015. Informal meetings were held but there was a lack of clear processes that provide effective governance.

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

The practice did not sufficiently encourage feedback from patients. The practice had a Friends and Family comments box and cards but had not taken any action based on the results. 63% of the patients who completed this survey would recommend the practice. However, 26% would be extremely unlikely to recommend the practice. The practice had recently introduced a Young Persons' Friends and Families questionnaire and this was available in reception area. There had been insufficient responses to this questionnaire for the practice to respond when we

# Are services well-led?

Inadequate 

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

inspected them. There was no patient participation group (PPG) in place at the practice. No PPG had been in place when the practice was inspected in 2014. No complaints had been recorded during the last year despite informal complaints being received. No process was in place to record these or respond to the concerns raised. The practice had therefore not used the views of their patients and the public to improve the effectiveness of the practice.

The practice had gathered feedback from staff, for example, through the use of appraisals. Staff said they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

## 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment  <b>There was insufficient documentation of safeguarding concerns.</b>  The practice had systems in place to document safeguarding concerns, but these were not effectively implemented to safeguard users of the service from abuse or improper treatment.  Regulation 13 (2)
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing  <b>Staff had not always received appropriate training for their role.</b>  None of the staff employed by the practice had completed information governance training.  Only one member of staff employed by the practice had completed infection control training.  Regulation 18 (2) a
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  <b>Procedures for recruitment were not sufficient to ensure the safety of the users of the service.</b>  We found that the registered provider had not ensured that information specified in Schedule 3 was available in relation to each person employed.  Regulation 19 (3) a

## 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>There was a lack of systems and processes in place to assess, monitor and mitigate risk in relation to health, safety and welfare of service users and others who may be at risk. There was no clear process for reporting, recording, investigating and monitoring incidents and near misses.</p> <p>There was no system in place to ensure safety alerts were disseminated and acted on promptly.</p> <p>There was no effective contingency planning to manage risks to service users in the event of a major disruption to the service.</p> <p>There was no effective program of clinical audit to evaluate and improve outcomes for service users and no oversight of clinical performance.</p> <p>Governance at the practice was not effective.</p> <p>Regulation 17 (1)(2) (a)(b)(d) and (f)</p>