Dr Bijendra Narayan Singh

Quality Report

Brompton Medical Centre 28a Garden Street
Brompton Gillingham Kent ME7 5AS
Tel: 01634 845898
Website: none

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Bijendra Narayan Singh (also known as Brompton Medical Centre) on 24 November 2015. 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 for reporting and recording significant events.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed.
- Risks to patients were not consistently assessed and well managed.
- The practice was unable to demonstrate they carried out infection control risk assessments or infection control audits.
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Not all staff were up to date with attending mandatory courses such as basic life support, safeguarding and infection control.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Vaccines were not stored in line with national guidance.
- Staff told us they worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- Appropriate recruitment checks had not been undertaken prior to the employment of locum GPs recruited directly by the practice.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the Duty of Candour.

There were areas of practice where the provider needs to make improvements.

The provider must:

- Ensure risk assessment activities include all infection control and fire risks.
- Ensure the practice is able to respond to a medical emergency in line with national guidance.
- Revise governance processes and ensure that all documents used to govern activity are up to date.
- Ensure all staff are up to date with attending mandatory training courses and have regular apprisals.
- Revise medicines management to help ensure Department of Health guidance is followed when storing vaccines.
- Revise systems to help ensure records of multidisciplinary meetings to assess and plan the on-going care and treatment of patients are maintained.
- Revise recruitment processes to ensure appropriate checks are undertaken prior to the employment of all staff.
- Revise clinical audit activity to ensure improvements to patient care are driven by the completion of clinical audit cycles.

The provider should:

- Raise staff awareness of the practice statement of purpose.
- Have a patient participation group.
- Have a website.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If sufficient improvements have not been made so a rating of inadequate remains 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.

Special measures will give people who use the practice the reassurance that the care they receive 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?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was a system for reporting, recording and monitoring incidents, accidents and significant events.
- Lessons were shared to help ensure action was taken to improve safety in the practice.
- The practice did not have reliable systems, processes and practices to keep patients safe and safeguard them from abuse.
- Not all staff were up to date with attending mandatory courses such as safeguarding training, infection control training and fire safety training.
- Risks to patients were not consistently assessed and well managed.
- The practice had not carried out any infection control risk assessments and was unable to demonstrate infection control audits were carried out (with the exception of a clinical waste audit).
- Vaccines were not stored in accordance with Department of Health guidance.
- Appropriate recruitment checks had not been undertaken prior to employment of locum GPs recruited directly by the practice.
- The practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance.
- Not all staff were up to date with basic life support training.
- Documents guiding staff in dealing with medical emergency situations were out of date.
- The practice did not have access to medical oxygen or an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency).
- The practice did not have an inventory of the emergency equipment and emergency medicines held.

Are services effective?

Requires improvement

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

- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.

Summary of findings

- The practice was unable to demonstrate that improvements to patient care were driven by the completion of clinical audit cycles.
- Staff with extended roles were able to demonstrate that they had appropriate training to fulfil these roles.
- There was evidence of appraisals and personal development plans for staff. However, the practice was unable to demonstrate that all staff had received an appraisal on a regular basis.
- Staff at the practice did not have access to human resources policies governing poor or variable practice.
- Staff told us they worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, there were no records to confirm this.
- Childhood immunisation rates were slightly below the clinical commissioning group (CCG) averages. However, influenza vaccination rates for the over 65s were higher than the national average. For patients aged over six months to under 65 years in the defined influenza clinical risk groups the influenza vaccination rates were significantly higher than the national average.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity as well as respect and they were involved in decisions about their care and treatment.
- Information for patients and carers about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- Patients told us and comments cards indicated that they were able to get appointments when they needed them.
- Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was at or above local and national averages.

Summary of findings

- Information about how to complain was available and easy to understand. Records demonstrated that complaints were investigated, complainants received a response, the practice had learned from complaints and had implemented appropriate changes.

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well-led services.

- They had a vision and strategy to deliver high quality care and promote good outcomes for patients. However, most staff we spoke with were not aware of the vision or the practice's statement of purpose.
- There was a clear leadership structure and staff felt supported by management.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed.
- Not all policies and guidance documents were dated or had a planned review date.
- The practice had an overarching governance framework, designed to supported the delivery of the strategy and good quality care. However, it was not always effectively implemented.
- The practice's system of risk management had failed to identify all risks from infection control and fire safety.
- The provider was aware of and complied with the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents.
- The practice sought feedback from staff and patients, which it acted on. However, the practice did not have a patient participation group.

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

Inadequate

The practice is rated as inadequate for the care of older people. The provider is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services.The resulting overall rating applies to everyone using the practice, including this patient population group.

- Patients over the age of 75 had been allocated a designated GP to oversee their individual care and treatment requirements.
- Patients were able to receive care and treatment in their own home from practice staff as well as district nurses and palliative care staff.
- There were plans to help avoid older patients being admitted to hospital unnecessarily.
- Specific health promotion literature was available as well as details of other services for older people.
- The practice was unable to demonstrate they held regular multidisciplinary staff meetings that included other professionals who specialised in the care of older people.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The provider is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services.The resulting overall rating applies to everyone using the practice, including this patient population group.

- Service provision for patients with long-term conditions included dedicated clinics with a recall system that alerted patients as to when they were due to re-attend.
- The practice employed staff trained in the care of patients with long-term conditions.
- The practice supported patients to manage their own long-term conditions.
- The practice was unable to demonstrate they held regular multidisciplinary staff meetings that included other professionals who specialised in the care of people with long-term conditions.
- Specific health promotion literature was available.

Summary of findings

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Services for mothers, babies, children and young people at Dr Bijendra Narayan Singh included access to midwives and health visitor care.
- Specific health promotion literature was available.
- There were systems 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 accident and emergency attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice was unable to demonstrate they held regular multidisciplinary staff meetings that included staff who specialised in the care of families, children and young people.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services.The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice provided a variety of ways this patient population group could access primary medical services.
- Appointments were available outside of normal working hours.
- Appointments and repeat prescriptions could be accessed on-line.
- Specific health promotion literature was available.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services.The resulting overall rating applies to everyone using the practice, including this patient population group.

Summary of findings

- The practice offered primary medical service provision for patients whose circumstance may make them vulnerable in a variety of ways.
- Patients not registered at the practice could access services.
- Interpreter services were available for patients whose first language was not English.
- Patients with learning disabilities were offered annual physical health checks and medicine reviews.
- Specific health promotion literature was available.
- Specific screening services were available.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider is rated as inadequate for providing safe and well-led services and requires improvement for providing effective services.The resulting overall rating applies to everyone using the practice, including this patient population group.

- This patient population group had access to psychiatrist and community psychiatric nurse services as well as local counselling services.
- The practice was unable to demonstrate they held regular multidisciplinary staff meetings that included other professionals who specialised in the care of people experiencing poor mental health (including dementia).
- Specific health promotion literature was available.
- The practice had a system that followed up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with or above local and national averages. 384 survey forms were distributed and 113 were returned, a response rate of 29.4%.

- 83% of respondents found it easy to get through to this practice by telephone compared to a clinical commissioning group (CCG) average of 64% and a national average of 73%.
- 84% of respondents found the receptionists at this surgery helpful (CCG average 85%, national average 87%).
- 83% of respondents were able to obtain an appointment to see or speak with someone the last time they tried (CCG average 81%, national average 85%).
- 91% of respondents said the last appointment they obtained was convenient (CCG average 90%, national average 92%).
- 75% of respondents described their experience of making an appointment as good (CCG average 64%, national average 73%).
- 80% of respondents usually waited 15 minutes or less after their appointment time to be seen (CCG average 61%, national average 65%).

We received 81 patient comment cards. Eighty comments were positive about the service patients experienced at Dr Bijendra Narayan Singh. One comment card contained a suggestion for improvement at the practice but no negative comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with ten patients during the inspection. Most of these patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Dr Bijendra Narayan Singh

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Bijendra Narayan Singh

Dr Bijendra Narayan Singh (also known as Brompton Medical Centre) is situated in Gillingham, Kent and has a registered patient population of approximately 2,054.

The practice staff consists of one GP (male), one practice manager, one practice nurse (female) as well as administration and reception staff. The practice also directly recruited locum GPs to cover staff leave. There is a reception and a waiting area on the ground floor. All patient areas are accessible to patients with mobility issues as well as parents with children and babies.

The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Primary medical services are provided Monday to Wednesday and Friday between the hours of 9am to 1pm and 3pm to 6pm, and Thursday 9am to 1pm. Extended hours surgeries are offered Wednesday 6.30pm to 7.30pm. Primary medical services are available to patients registered at Dr Bijendra Narayan Singh via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Services are provided from Brompton Medical Centre, 28a Garden Street, Brompton, Gillingham, Kent, ME7 5AS, only.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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.

How we carried out this inspection

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 24 November 2015.

During our visit we:

- Spoke with a range of staff (one GP, one practice manager, one practice nurse and one receptionist) and spoke with patients who used the service.

Detailed findings

- 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 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)

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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice had documents that guided staff, such as the incident management procedure, and a system for reporting, recording and monitoring incidents, accidents and significant events.

- Staff told us they would inform the GP and practice manager of any incidents.
- Forms were available for staff to record incidents, accidents and significant events.
- The practice carried out analysis of the significant events.

We reviewed records of two significant events that had occurred in the last 12 months and saw this system was followed appropriately. All reported incidents, accidents and significant events were managed by designated staff. Staff told us that feedback from investigations was discussed at staff meetings and records confirmed this.

National patient safety alerts were processed by the practice manager and disseminated electronically and in paper form to staff at Dr Bijendra Narayan Singh as necessary. Records showed that action was taken by the practice in response to relevant alerts. For example, searches were carried out in response to medication alerts to establish if any patients at the practice were affected and relevant action taken.

Overview of safety systems and processes

The practice did not have reliable systems, processes and practices to keep people safe and safeguarded from abuse, which included:

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and 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. However, records showed that not all staff were up to date with safeguarding training. The practice was unable to demonstrate that the GP was trained to Safeguarding Children level three.
- A notice in the waiting room advised patients that staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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. There was an infection control policy that indicated all staff would receive infection control training on an annual basis. Records showed that not all staff were up to date with infection control training. However, we saw evidence that infection control training was due to be delivered to staff at the Dr Bijendra Narayan Singh on 1 December 2015. The practice was unable to demonstrate that infection control risk assessments had been carried out. They were also unable to demonstrate that infection control audits were undertaken (with the exception of a clinical waste audit). The infection control policy identified a clinical member of staff as the infection control clinical lead. However, when we spoke with them they were unaware they were responsible for this lead role.
- There were arrangements for managing medicines, including emergency medicines and vaccines, in the practice to help kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Inventories of all vaccines held were maintained. Although vaccines we checked were within their expiry date the vaccines refrigerator was overstocked and vaccines were stored touching the side of the refrigerator. This was not in line with national guidance. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

Inadequate

Are services safe?

- We reviewed five personnel files and found that appropriate recruitment checks had not been undertaken prior to employment of locum GPs recruited directly by the practice. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not consistently assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. The practice had a health and safety policy to help keep patients, staff and visitors safe. Health and safety information was displayed for staff to see and the GP had overall responsibility for health and safety at Dr Bijendra Narayan Singh.
- There was a record of some identified risks and action plans to manage or reduce risk. A fire risk assessment had been undertaken in November 2013 that included actions required in order to maintain fire safety. Combustible materials were stored under the staircase from the basement to the ground floor. This had not been identified by the fire risk assessment. Records showed that not all staff were up to date with fire safety training. A lack of fire safety training had been identified by the fire risk assessment.
- Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment (including clinical equipment) was tested, calibrated and maintained regularly and records confirmed this.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Locum GPs were employed directly by the practice to cover the GP's leave. However, when the practice nurse was on leave the practice did not make any arrangements to cover appointments during that time. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

The practice did not have appropriate arrangements to respond to emergencies.

- There were documents that guided staff in dealing with medical emergency situations. However, these had not been kept up to date and contained incorrect information for staff to follow. For example, the anaphylactic shock treatment procedure document was dated July 2006 and indicated it was due to be updated in July 2007. (Anaphylactic shock is a life threatening allergic reaction). The document did not reflect current national guidance on dosages of emergency medicines to be used in the treatment of anaphylaxis.
- Records showed that not all staff were up to date with basic life support training.
- Some emergency equipment was available in the practice. However the practice was unable to demonstrate they were able to respond to a medical emergency, in line with national guidance, before the arrival of an ambulance. The practice did not have access to medical oxygen or an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). The practice had not assessed the risks of not having access to medical oxygen or an AED.
- Staff told us emergency equipment and emergency medicines were checked regularly and records confirmed this. Emergency equipment and emergency medicines that we checked were within their expiry date. However, the practice did not have an inventory of the emergency equipment and emergency medicines held.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact telephone numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- 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 92.3% of the total number of points available, with 1.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the national average. For example, 100% of the practice's patients with diabetes, on the register, had received an influenza immunisation in the preceding 1 September to 31 March compared with the national average of 94%. Ninety seven percent of the practice's patients on the diabetes register had a record of a foot examination and risk classification within the last 12 months compared with the national average of 88%.
- Performance for mental health related indicators was better than the national average. For example, 94% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 88%.

Where the 2014 / 2015 QOF data for this practice showed it was not performing in line with national standards the practice had taken action and made improvements. For example, the practice had carried out an audit to help ensure that patients aged 75 or over with a fragility fracture on or after the 1 April 2012 were now being treated with an appropriate bone-sparing agent.

Clinical audits demonstrated quality improvement.

- Staff told us the practice had a system for completing clinical audits. For example, a medicines audit. Records demonstrated analysis of its results and an action plan to address its findings. However, records did not indicate there were plans to repeat this to complete cycles of clinical audit.
- Other clinical audits had been carried out. For example, an audit of asthmatic patients. However, the practice was unable to demonstrate that analysis of these clinical audits had taken place or actions plans made to address the findings and there were no plans to repeat these to complete cycles of clinical audit.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as emergency procedures and accident reporting.
- Staff had job descriptions outlining their roles as well as responsibilities. Those with extended roles, such as nurses carrying out reviews of patients with long-term conditions (for example, diabetes), were also able to demonstrate that they had appropriate training to fulfil these roles.
- The practice had a staff appraisal system that identified learning needs from which action plans were documented. However, the practice was unable to demonstrate that all staff had received an appraisal on a regular basis. The practice had processes to identify and respond to poor or variable practice. However, staff told us the practice did not have access to human resources policies governing poor or variable practice as they had been lost due to a computer virus. The practice was unable to demonstrate there was any written guidance for staff to follow in relation to managing poor or variable practice.
- We reviewed training records and saw that not all staff were up to date with attending mandatory courses such as annual basic life support, safeguarding and infection control. The GP was up to date with their yearly continuing professional development requirements and either had plans to be revalidated or had been revalidated. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every

Requires improvement

Are services effective?

(for example, treatment is effective)

five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

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. Information such as NHS patient information leaflets was also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. Staff told us that multidisciplinary team meetings took place via telephone conference facilities on a regular basis and that care plans were routinely reviewed and updated. However, there were no records to confirm this.

Consent to care and treatment

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

- The practice had a consent protocol that governed the process of patient consent and guided staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent should be recorded.
- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Staff we spoke with were able to describe how they would manage the situation if a patient did not have capacity to give consent for any treatment they required.

Health promotion and prevention

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

- The practice used computerised tools to identify patients who were at high risk of admission to hospital. These patients were reviewed regularly to help ensure multidisciplinary care plans were documented in their records and that their needs were being met to assist in reducing the need for them to go into hospital. We saw that after patients were discharged from hospital they were followed up to help ensure that all their needs were continuing to be met.
- We noted a culture amongst clinical staff to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic smoking cessation advice to smokers.
- The practice provided dedicated clinics for patients with certain conditions such as diabetes and asthma. Staff told us these clinics helped enable the practice to monitor the on-going condition and requirements of these groups of patients. They said the clinics also provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration. Patients who used this service told us that the practice had a recall system to alert them when they were due to re-attend these clinics.
- Specific health promotion literature was available for all patient population groups such as shingles vaccination information for older patients, local stroke survivor support service details, family planning information, details of alcohol advice services, details about how to recognise signs and symptoms of certain cancers as well as contact details of a dementia charity for patients who were worried about their memory.
- Patients told us they were able to discuss any lifestyle issues with staff at the practice. For example, issues around eating a healthy diet or taking regular exercise. They said they were offered support with making changes to their lifestyle.
- Records showed 100% of patients with a learning disability had been offered an annual health check in the current 12 month period.

Requires improvement

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were slightly below the clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 70% to 91%. CCG averages ranged from 67% to 95%.

Influenza vaccination rates for the over 65s were 79%, and at risk groups 76%. These were higher that national averages of 52% and 73% respectively, significantly so for patients aged over six months to under 65 years in the defined influenza clinical risk groups.

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.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and 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 and that conversations taking place in these rooms could not be overheard.
- Incoming telephone calls answered by reception staff and private conversations between patients and reception staff that took place at the reception desk could be overheard by others. However, when discussing patients' treatments staff were careful to keep information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

We received 81 patient comment cards. Eighty comments were positive about the service patients experienced at Dr Bijendra Narayan Singh. One comment card contained a suggestion for improvement at the practice but no negative comments. Patients indicated that they felt the practice offered a friendly service and staff were helpful and caring. They said their dignity was maintained, they were treated with respect and the practice was always clean and tidy.

We spoke with ten patients during the inspection. Most of these patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with doctors and nurses. For example:

- 76% of respondents said the last GP the saw or spoke with was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and national average of 87%.
- 84% of respondents said the last GP the saw or spoke with gave them enough time (CCG average 80%, national average 87%).
- 90% of respondents said they had confidence and trust in the last GP they saw or spoke with (CCG average 92%, national average 95%).
- 78% of respondents said the last GP they saw or spoke with was good at treating them with care and concern (CCG average 76%, national average 85%).
- 81% of respondents said the last nurse they saw or spoke with was good at treating them with care and concern (CCG average 90%, national average 90%).
- 84% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 76% of respondents said the last GP they saw or spoke with was good at explaining tests and treatments compared to the CCG average of 79% and national average of 86%.
- 73% of respondents said the last GP they saw or spoke with was good at involving them in decisions about their care (CCG average 73%, national average 81%)

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

Good

Are services caring?

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Support group literature was available in the practice such as information about a support group for carers.

The patients we spoke with on the day of our inspection and the comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

The practice supported patients to manage their own health, care and wellbeing and to maximise their independence. Specialised clinics provided the practice with the opportunity to support patients to actively manage their own conditions and prevent or reduce the risk of complications or deterioration.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice did not provide patients with the choice of seeing a female GP.
- Although the practice did not have a website, patients were able to book appointments and order repeat prescriptions online.
- The premises and services had been designed to meet the needs of patients with disabilities.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions that assisted staff to identify them to help ensure their access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.
- The practice provided services to meet the needs of the mobile population of army families living nearby in army accommodation.

Access to the service

Primary medical services were provided Monday to Wednesday and Friday between the hours of 9am to 1pm and 3pm to 6pm, and Thursday 9am to 1pm. Extended hours surgeries were offered Wednesday 6.30pm to 7.30pm. Primary medical services were available to patients registered at Dr Bijendra Narayan Singh via an appointments system. There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Medway On Call Care) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was at or above local and national averages. Patients told us and comments cards indicated that they were able to get appointments when they needed them.

- 69% of respondents were satisfied with the practice's opening hours compared to the CCG average of 65% and national average of 75%.
- 83% of respondents said they could get through easily to the practice by telephone (CCG average 64%, national average 73%).
- 74% of respondents described their experience of making an appointment as good (CCG average 64%, national average 73%.
- 80% of respondents said they usually waited 15 minutes or less after their appointment time (CCG average 61%, national average 65%).

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Their complaints policy was 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.
- Information for patients was available on request in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received two complaints in the last 12 months. Records demonstrated that the complaints were investigated, the complainants had received a response, the practice had learned from the complaints and had implemented appropriate changes.

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 strategy and supporting statement of purpose which reflected the vision and values. However, most of the staff we spoke with were not aware of the practice's vision or statement of purpose.

Governance arrangements

The governance arrangements were not robust or effectively implemented;

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities (with the exception of the lead for infection control).
- Practice specific policies were implemented and were available to all staff. However, we looked at 17 such policies and guidance documents and found that 14 were not dated so it was not clear when they were written or when they came into use. Fifteen of the 17 documents did not contain a planned review date.
- There was understanding of the performance of the practice.
- The practice was unable to demonstrate there was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Significant issues that threatened the delivery of safe care were not identified or adequately managed. There were arrangements for identifying, recording and managing some risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate infection control risk assessments had been carried out and had failed to identify the fire risks associated with storing combustible materials under the staircase from the basement to the ground floor.

Leadership and culture

The GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The GP encouraged a culture of openness and honesty. The practice had systems that identified notifiable safety incidents

When there were incidents, accidents or significant events:

- Staff followed guidance to report them.
- The practice investigated them and carried out analysis of them.
- The practice kept accurate records of them.
- The practice demonstrated that learning from them took place and shared this learning with all relevant staff.

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

- Staff told us that the practice held regular staff meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings. They said they were confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice.

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

The practice valued feedback from patients, the public and staff.

- They had gathered feedback from complaints received and by carrying out analysis of the results from the Friends and Family Test.
- The practice did not have a patient participation group.
- 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. 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.

Continuous improvement

Are services well-led?

Inadequate

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

There was some evidence of continuous learning and improvement at all levels within the practice. For example, the practice learned from incidents, accident and significant events as well as from complaints received.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the Regulation was not being met: Care and treatment was not always provided in a safe way for service users. The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely; where equipment or medicines were supplied by the service provider, ensuring that there were sufficient quantities of these to ensure the safety of service users and to meet their needs; managing medicines safely and properly; assessing the risk of, and preventing, detecting and controlling the spread of infections, including those that are health care associated. Regulation 12(1)(2)(a)(b)(c)(f)(g)(h).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the Regulation was not being met: Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services); assess, monitor and mitigate the risks relating to the health, safety and welfare of

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Requirement notices

service users and others who may be at risk which arise from the carrying on of the regulated activity; maintain securely such other records as are necessary to be kept in relation to – the management of the regulated activity; seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purpose of continually evaluating and improving such services; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

Regulation 17(1)(2)(a)(b)(d)(ii)(e)(f).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing How the Regulation was not being met: Sufficient numbers of suitably qualified, competent, skilled and experienced persons were not deployed in order to meet the reqirements of this Part; persons employed by the service provider in the provision of a regaulated activity had not received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. Regulation 18(1)(2)(a).

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the Regulation was not being met: Recruitment procedures were not established and operated effectively to ensure that persons employed met the conditions in – paragraph (1), or in a case to which regulation 5 applies, paragraph (3) of that regulation; the following information was not available in relation to each such person employed – the

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Requirement notices

information specified in schedule 3, and such other information as is required under any enactment to be kept by the registered person in relation to such persons employed.

Regulation 19(2)(a)(b)(3)(a)(b).