

Dr Samuel Bhasme

Inspection report


The Surgery
19 Railway Street
Gillingham
Kent
ME7 1XF
Tel: 01634 853667
www.railwaystreetsurgery.co.uk






Date of inspection visit: 9 October 2018
Date of publication: 20/11/2018

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 location

Inadequate 

Are services safe?	Inadequate 
Are services effective?	Inadequate 
Are services caring?	Requires improvement 
Are services responsive?	Inadequate 
Are services well-led?	Inadequate 

Overall summary

We carried out an announced comprehensive inspection at Dr Samuel Bhasme on 11 July 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the July 2017 inspection can be found by selecting the 'all reports' link for Dr Samuel Bhasme on our website at www.cqc.org.uk.

After our inspection in July 2017 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

We carried out a second announced comprehensive inspection at Dr Samuel Bhasme on 20 March 2018. The overall rating for the practice remained inadequate and the practice was placed in special measures for a further period of six months. A Warning Notice was served in relation to breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 17 Good Governance, found at this inspection. The full comprehensive report on the March 2018 inspection can be found by selecting the 'all reports' link for Dr Samuel Bhasme on our website at www.cqc.org.uk.

After our inspection in March 2018 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the Warning Notice.

We carried out an unannounced focussed follow-up inspection on 19 June 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 20 March 2018. The practice was not rated as a consequence of this inspection.

As our inspection on 19 June 2018 found that the practice had not fully met the Warning Notice issued on 12 April 2018 and we therefore imposed conditions on Dr Samuel Bhasme's registration with the Care Quality Commission. The conditions were:

Condition One: the registered person must not register any new patients at Dr Samuel Bhasme without the written permission of the Care Quality Commission unless those patients are newly born babies, or are newly fostered or adopted children of patients already registered at Dr Samuel Bhasme.

Condition Two: the registered person must submit to the Care Quality Commission, on a monthly basis, copies of significant events management and fire safety management action plans, including dates for completion of each action.

After the inspection in June 2018 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

This inspection was undertaken following the second period of special measures and was an announced comprehensive inspection carried out on 9 October 2018 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspections on 20 March 2018 and 19 June 2018. This report covers findings in relation to those requirements.

Overall the practice remains rated as inadequate.

The key questions are rated as:

Are services safe? – Inadequate.

Are services effective? – Inadequate.

Are services caring? – Requires improvement.

Are services responsive? – Inadequate.

Are services well-led? – Inadequate.

At this inspection we found:

- Improvements to the systems, processes and practices that helped to keep patients safe and safeguarded from abuse were insufficient.
- The practice had not made sufficient improvements to the assessment and management of risks to patients, staff and visitors.
- Information to deliver safe care and treatment to patients was not always available to staff.
- Improvements to the arrangements for managing medicines to help keep patients safe were insufficient.
- Staff did not report significant events they had been made aware of through feedback left on the NHS Choices website.
- The practice was still not keeping records of action taken (or if no action was required) in response to receipt of all notifiable safety incidents.
- Not all staff were up to date with essential training.

Overall summary

- Feedback from patients was not always positive about the way staff treated them.
- Results from the national GP patient survey showed that the practice was consistently below local and national averages for its satisfaction scores on the helpfulness of reception staff.
- A practice website had been created.
- Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.
- The practice was unable to demonstrate they had an effective system to manage complaints and concerns.
- Improvements to governance arrangements at the practice had taken place but were insufficient.
- Improvements to processes for managing performance were insufficient.
- The practice had not formed a patient participation group.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

Following two consecutive periods of special measures, insufficient improvements have been made such that there remains a rating of inadequate for providing safe, effective, responsive and well-led services as well as for all patient population groups. We will now move to close the service by cancelling the provider's registration.

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

Population group ratings

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

Our inspection team

Our inspection team was led by a Care Quality Commission (CQC) lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Samuel Bhasme

- The registered provider is Dr Samuel Bhasme.
- Dr Samuel Bhasme is located at The Surgery, 19 Railway Street, Gillingham, Kent, ME7 1XF. The practice has a general medical services contract with NHS England for delivering primary care services to the local community. The practice website is .
- As part of our inspection we visited Dr Samuel Bhasme, The Surgery, 19 Railway Street, Gillingham, Kent, ME7 1XF only, where the provider delivers regulated activities.
- Dr Samuel Bhasme has a registered patient population of approximately 2,500 patients. The practice is located in an area with a higher than average deprivation score.
- There are arrangements with other providers (Medway Doctors On Call Care) to deliver services to patients outside of the practice's working hours.
- The practice staff consists of one GP (male), one practice manager, one practice nurse (female) as well as reception and cleaning staff.
- Dr Samuel Bhasme is registered with The Care Quality Commission to deliver the following regulated activities: diagnostic and screening procedures; family planning; maternity and midwifery services; treatment of disease, disorder or injury.

Are services safe?

At our inspection on 11 July 2017, we rated the practice as inadequate for providing safe services.

- The practice did not have an effective system to manage significant events.
- The practice's systems, processes and practices did not always keep patients safe and safeguarded from abuse.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The practice did not have adequate arrangements to respond to emergencies.

At our inspection on 20 March 2018, we rated the practice as inadequate for providing safe services.

- The practice had not made sufficient improvements to the system for reporting and recording significant events.
- The practice had not made sufficient improvements to the systems, processes and practices that helped to keep patients safe and safeguarded from abuse.
- The practice had not made sufficient improvements to the assessment and management of risks to patients, staff and visitors.
- The practice did not have adequate arrangements for responding to emergencies.

The practice had not sufficiently responded to these issues when we undertook a focussed follow up inspection on 19 June 2018.

- The practice had not made sufficient improvements to the system for reporting and recording significant events.
- The practice had not made sufficient improvements to the assessment and management of risks to patients, staff and visitors.

The practice had partially responded to these issues when we undertook a follow up inspection on 9 October 2018. However, we found that further improvements were still required. The practice remains rated as inadequate for providing safe services.

Safety systems and processes

The practice had not made sufficient improvements to the systems, processes and practices that helped to keep patients safe and safeguarded from abuse.

- There was a system for reporting and recording significant events.
- The practice had systems to safeguard children and vulnerable adults from abuse. However, on the day of inspection we found that the practice's vulnerable adults policy did not contain details of who to contact if staff had concerns about a patient's welfare. The practice was also unable to demonstrate that all staff were up to date with relevant safeguarding training.
- Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis.
- The practice did not have an effective system to ensure that facilities and equipment were safe and in good working order. The practice had failed to identify and address risks to staff from building infrastructure that required maintenance. The practice did not have an effective system for the checking of emergency equipment when the lead member of staff (the practice nurse) was absent.
- The practice had made some improvements to their system to manage infection prevention and control. However, the system was still not sufficiently effective.
- The practice had not made sufficient improvement to the systems for notifiable safety incidents.

Risks to patients

The practice had not made sufficient improvements to the assessment and management of risks to patients, staff and visitors.

- There were arrangements for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- The practice had arrangements to respond to emergencies. Staff understood their responsibilities to manage emergencies on the premises and knew how to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients

Are services safe?

with severe infections including sepsis. However, staff were not up to date with training in the recognition and management of patients with severe infections such as sepsis.

- Although improvements had been made to the practice's assessment and management in relation to safety, there were issues still that required identification and action. For example, fire safety issues and risks from legionella (a bacterium found in the environment which can contaminate water systems in buildings).

Information to deliver safe care and treatment

Information needed to deliver safe care and treatment to patients was not always available to staff.

- The care records we saw showed that information needed to deliver safe care and treatment was not always available to staff.
- The practice's computerised patient record system did not alert staff to children who were looked after.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.
- Clinicians made timely referrals in line with protocols.

Appropriate and safe use of medicines

The practice had not made sufficient improvements to the arrangements for managing medicines to help keep patients safe.

- The practice's results for the prescribing of certain antibiotics showed a negative variation that had deteriorated slightly.
- The practice's results for the prescribing of a specific medicine had improved slightly but still showed a negative variation.

- Blood test results were not always recorded in some patients' records when high risk medicines were prescribed.
- Blank prescription forms and pads were stored securely. However, the practice was still not effectively monitoring their use.
- Medicines requiring refrigeration were not always stored in line with Public Health England guidance.
- The practice did not have an effective system for the checking of emergency medicines when the lead member of staff (the practice nurse) was absent.
- Patients were involved in regular reviews of their medicines.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- Staff understood their duty to raise concerns and report incidents and near misses.
- There were systems for reviewing and investigating when things went wrong. However, staff did not report significant events they had been made aware of through feedback left on the NHS Choices website.
- The practice learned and shared lessons, identified themes and took action to improve safety in the practice.
- The practice had systems for notifiable safety incidents. However, the practice was still not always keeping records of action taken (or if no action was necessary) in response to receipt of all notifiable safety incidents.

Please refer to the Evidence Tables for further information.

Are services effective?

At our inspection on 11 July 2017, we rated the practice as requires improvement for providing effective services.

- The practice assessed needs but was unable to demonstrate they always delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed performance for diabetes and asthma related indicators was lower than local and national averages.
- There was limited evidence that clinical audits were driving quality improvement.
- There was evidence of appraisals and personal development plans for staff. However, the practice was unable to demonstrate that one member of clinical staff had received any appraisals.
- Not all staff were up to date with essential training.
- The practice's uptake for the cervical screening programme was below local and national averages. The practice did not have systems to help ensure results were received for all samples sent for the cervical screening programme.
- Childhood vaccination rates for the vaccinations given were below local and national averages.

At our inspection on 20 March 2018, we rated the practice as inadequate for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed performance for diabetes related indicators was below local clinical commissioning group (CCG) and national averages.
- Sufficient support to meet the practice development needs of all staff was not being provided.
- Staff told us that the practice did not hold regular multidisciplinary team meetings.
- Further improvements were still required to achieve the nationally expected coverage of 90% vaccination of children.

These issues had not sufficiently improved when we undertook a follow up inspection on 9 October 2018. The practice remains rated as inadequate for providing effective services as well as for the patient population groups: patients with long-term conditions; families, children and young people; working age people (including those recently retired and students); people whose circumstances make them vulnerable. The practice is rated as requires improvement for the patient population groups: older people; people experiencing poor mental health (including people with dementia).

Effective needs assessment, care and treatment

The practice assessed needs and delivered care 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 to help keep all clinical staff up to date.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- We saw no evidence of discrimination when making care and treatment decisions.

Older people:

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice followed up on older patients discharged from hospital and ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.

People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators for 2016 / 2017 was below local and national averages. The practice provided us with unverified data during our inspection to show that they had improved by 31 March 2018. However, this data showed that the improvement was insufficient.

Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. However, NHS England published results showed that uptake rates for the vaccines given were below the target percentage of 90% or above in all of the four indicators.

Are services effective?

- There were systems to help ensure results were received for all samples sent for the cervical screening programme and that the practice had followed up women who were referred as a result of abnormal results.

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

- Published data showed that the practice's uptake for cervical screening was 69.8%. This was below the 80% coverage target for the national screening programme. The practice provided us with unverified data to show that they had achieved an 74% uptake to date. However, this was still below the 80% coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was below the national average.
- The number of new cancer cases treated which resulted from a two week wait referral was below local and national averages.
- The practice offered online services, as well as a full range of health promotion and screening that reflected the needs for this age group.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40-74. There was appropriate follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. However, the practice was unable to provide us with the percentage of patients with learning disabilities that had received a physical health check within the last 12 months.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns.
- End of life care took into account the needs of those whose circumstances may make them vulnerable.

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

- Performance for dementia and mental health related indicators for 2016 / 2017 was above local and national averages.

- The practice worked with other services in the case management of patients experiencing poor mental health, including those with dementia.

Monitoring care and treatment

The practice carried out some quality improvement activity.

- QOF results from 2016 / 2017 for Dr Samuel Bhasme were in line with local and national averages with the exception of diabetes mellitus related indicators.
- The practice used information about care and treatment to make improvements.
- The practice had a system for completing clinical audits.
- Staff were not aware of the practice's performance in relation to prescribing some medicines. For example, a specific group of antibiotics.

Effective staffing

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

- The learning and development needs of staff were assessed and the provider had a programme of learning and development to meet their needs. However, not all staff were up to date with essential training.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that the practice was still not holding regular multidisciplinary team meetings. However, they said that telephone meetings with other services took place when required. For example, with local safeguarding authority staff and palliative care staff.

Helping patients to live healthier lives

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

Are services effective?

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health. For example, stop smoking campaigns and tackling obesity.
- 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.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Please refer to the Evidence Tables for further information.

Consent to care and treatment

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

Are services caring?

At our inspection on 11 July 2017, we rated the practice as good for providing caring services.

At our inspection on 20 March 2018, we rated the practice as good for providing caring services.

Following our inspection on 9 October 2018, the practice is now rated as requires improvement for providing caring services.

Kindness, respect and compassion

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

- Feedback from patients was not always positive about the way staff treated people.
- The practice gave patients support and information. However, there were sometimes lengthy delays in triaging patients who requested home visits.
- Results from the national GP patient survey showed that the practice was in line with local and national averages for its satisfaction scores on consultations with healthcare professionals.
- Results from the national GP patient survey showed that the practice was consistently below local and national averages for its satisfaction scores on the helpfulness of reception staff.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

- Results from the national GP patient survey showed that the practice was in line with local and national averages for its satisfaction scores on healthcare professionals involving them in planning and making decisions about their care and treatment.
- The practice provided facilities to help patients be involved in decisions about their care.
- The practice identified carers and supported them.

Privacy and dignity

The practice respected patients' privacy and dignity.

- We observed members of staff treated patients with dignity.
- Private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private.

Please refer to the Evidence Tables for further information.

Are services responsive to people's needs?

At our inspection on 11 July 2017, we rated the practice as requires improvement for providing responsive services.

- The practice did not have a website.
- Information about how to complain was available and easy to understand. However, verbal complaints were not recorded and the practice was unable to demonstrate they learned from complaints or had implemented appropriate changes.

At our inspection on 20 March 2018, we rated the practice as requires improvement for providing responsive services.

- The practice did not have a website.
- The practice was unable to demonstrate that verbal complaints had been discussed or that learning from them had taken place.

These issues had not sufficiently improved when we undertook a follow up inspection on 9 October 2018. We also found evidence of other breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice, and all patient population groups, remain rated as requires improvement for providing responsive services.

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. However, patients who requested a home visit were not always triaged in a timely manner.
- Urgent access appointments were available for children and those with serious medical conditions. There were also two walk in clinics each week for children who were able to attend the practice without an appointment.
- A practice website had been created. Patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been adapted to meet the needs of patients with disabilities.

- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions.
- 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.

Older people:

- The practice was responsive to the needs of older people, and offered longer appointments and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.

People with long-term conditions:

- Patients with a long-term condition were offered a structured annual review to check their health and medicine needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people:

- 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.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Appointments were available outside of normal working hours.

People whose circumstances make them vulnerable:

Are services responsive to people's needs?

- The practice offered longer appointments for patients with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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

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

Timely access to care and treatment

Patients were not always able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients had timely access to initial assessment, test results, diagnosis and treatment. However, access to initial assessment (triage) when home visits were requested was not always timely.

- Patients with the most urgent needs did not always have their care and treatment prioritised.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mostly in line with local and national averages. However, the percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment had deteriorated.

Listening and learning from concerns and complaints

The practice was unable to demonstrate they had an effective system to manage complaints and concerns.

- Information about how to make a complaint or raise concerns was available. However, records showed that there had been no verbal or written complaints since December 2017.
- The practice's complaints and feedback policy contained inaccurate information.
- Records did not indicate if verbal complainants had received timely feedback.
- Learning points from verbal complaints were captured on the individual complaint record form. However, there were no records to demonstrate that any of the 11 verbal complaints had been discussed at staff meetings or how learning from them had been shared with staff.

Please refer to the Evidence Tables for further information.

Are services well-led?

At our inspection on 11 July 2017, we rated the practice as inadequate for providing well-led services.

- The practice had a vision to deliver high quality care and promote good outcomes for patients. However, most of the staff we spoke with were not aware of the practice's vision or statement of purpose.
- Governance arrangements were not always effectively implemented.
- The practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- The practice was unable to demonstrate they had an effective action plan to improve performance.
- The practice was unable to demonstrate they had an effective system for the management of medicines.
- The practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors.
- The practice was unable to demonstrate they had an effective system that identified notifiable safety incidents.
- There was a focus on continuous learning and improvement at all levels. However, records of significant event management and complaints management were not always complete.

At our inspection on 20 March 2018, we rated the practice as inadequate for providing well-led services.

- Most of the staff we spoke with were not aware of the practice's vision or statement of purpose.
- Improvements to governance arrangements at the practice had taken place but were insufficient.
- The practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- Improvements to the practice's performance were still required.
- Improvements to the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were still required.
- The practice did not always keep records of action taken (or if no action was necessary) in response to receipt of all notifiable safety incidents.
- There had been no patient participation group meetings since our inspection in July 2017.

- The practice was unable to demonstrate that learning or improvements were taking place as a result of all significant events or verbal complaints that had been recorded by staff in a book kept in the reception office.

The practice had not sufficiently responded to these issues when we undertook a focussed follow up inspection on 19 June 2018.

- Governance arrangements at the practice were insufficient.
- The practice had not made sufficient improvements to the assessment and management of risks to patients, staff and visitors.
- There was evidence of some learning and improvement within the practice. However, this was insufficient.

These issues had not sufficiently improved when we undertook a follow up inspection on 9 October 2018. The practice remains rated as inadequate for providing well-led services.

Leadership capacity and capability

On the day of inspection the practice management told us they prioritised high quality and compassionate care.

- The lead GP and practice manager were not always knowledgeable about issues and priorities relating to the quality of services. They understood some of the challenges and were in the process of addressing them.
- There was a clear leadership structure and staff felt supported by the GP.
- Staff told us the GP was approachable and always took time to listen to all members of staff.

Vision and strategy

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

- The practice had a mission statement and statement of purpose which reflected the vision.
- At our inspection on 11 July 2017 most of the staff we spoke with were not aware of the practice's vision or statement of purpose.
- At our inspection on 20 March 2018 most of the staff we spoke with were not aware of the practice's vision or statement of purpose.
- At our inspection on 9 October 2018 most of the staff we spoke with were still not aware of the practice's vision or statement of purpose.

Are services well-led?

Culture

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings. They said they felt confident and supported in doing so.
- The provider was aware of and complied with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- There were processes for providing all staff with the development they need. However, these processes were not always effective as not all staff were up to date with essential training.
- Staff we spoke with told us they felt respected, valued and supported by managers in the practice.

Governance arrangements

Improvements to governance arrangements at the practice had taken place but were insufficient.

- There was a clear staffing structure. Staff were now more aware of their own roles and responsibilities.
- Structures, processes and systems to support good governance and management were not always effective.
- The practice had made improvements to the system to help ensure all governance documents were kept up to date. However, some policy documents were incomplete or inaccurate. For example, the infection control policy as well as the complaints and feedback policy.
- The practice did not always keep records of action taken (or if no action was necessary) in response to receipt of all notifiable safety incidents.

Managing risks, issues and performance

Improvements to processes for managing risks, issues and performance were insufficient.

- Improvements to the arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were still required.
- Improvements to the practice's performance were still required.
- There was evidence that clinical audits were driving quality improvement.

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

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

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

- The practice gathered feedback from patients by carrying out analysis of the results from the GP patient survey. However, action taken as a result was not always effective. For example, results from the national GP patient survey were consistently below local and national averages since July 2017 for patients finding the receptionists at the practice helpful. Recent feedback left on the NHS Choices website about the practice, and patients we spoke with during our inspection, indicated that patients did not always find the reception staff helpful.
- There was no documentary evidence to demonstrate there had been any patient participation group (PPG) meetings since our inspection in July 2017. The practice had not formed a PPG.
- The practice had also 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 and innovation

There was evidence of some learning and improvement within the practice. For example, the practice demonstrated learning from reported significant events

Are services well-led?

verbal complaints received. However, staff failed to report significant events that they had been alerted to through feedback about the practice left on the NHS Choices website. There were no records to demonstrate that any of the 11 verbal complaints had been discussed at staff meetings or how learning from them had been shared with staff.

Please refer to the Evidence Tables for further information.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not being provided in a safe way for service users. The service provider was not ensuring the proper and safe management of medicines. In particular: Blood test results were not always recorded in some patients' records when high risk medicines were prescribed. The system that logged the serial numbers of blank prescription forms was not effective at tracking them through the practice. Vaccines were not being stored at the practice in line with Public Health England guidance. Records showed that emergency medicines were not checked for a period of three weeks when the practice nurse was on annual leave in August 2018. The service provider was not assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. In particular: The practice's infection control policy was incomplete. The practice did not have an action plan to address issues identified by the document produced by the local infection prevention team that identified infection prevention and control issues at Dr Samuel Bhasme's practice. The practice was unable to demonstrate that mobile screens were cleaned on a regular basis. Cleaning equipment was not always stored in line with current infection prevention and control guidance. The practice was unable to demonstrate they had an effective system for the routine management of legionella. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p>

Enforcement actions

Maternity and midwifery services

Treatment of disease, disorder or injury

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 to; Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity. In particular: Staff were unaware of the practice's performance for the prescribing indicators for the number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs. The practice did not have an action plan to improve their performance for the prescribing indicators for the number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs. Staff did not report significant events they had been made aware of through feedback left on the NHS Choices website. Performance for diabetes related indicators was below local and national averages. The uptake of childhood immunisation was below the 90% target in all four indicators. Uptake for cervical screening was below the 80% coverage target for the national screening programme. The practice was unable to provide us with the percentage of patients with learning disabilities that had received a physical health check within the last 12 months. Assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may have been at risk which arose from the carrying on of the regulated activity. In particular: The practice had failed to identify and address risks to staff from a broken toilet seat in the staff toilet on the ground floor of the building. There were fire safety risks that required identification and action. Records showed that emergency equipment was not checked for a period of three weeks when the practice nurse was on annual leave in August 2018. Records showed that patients who had requested a home visit that were reporting conditions that required urgent attention were not always triaged in a timely manner. Maintain securely such other records as are necessary to be kept in relation to – (ii) the management of the regulated activity. In particular: The practice did not always keep records of action taken (or if no action was necessary) in response to receipt of all notifiable safety incidents. When trained staff were used as a chaperone, this was not routinely recorded in the

Enforcement actions

relevant patient's records. The practice's computerised patient record system did not alert staff to children who were looked after. Records of complaints management did not indicate if verbal complainants had received a response from the practice. There were no records to demonstrate that any of the 11 verbal complaints received within the last 12 months had been discussed at staff meetings or how learning from them had been shared with staff. The complaints and feedback policy document contained inaccurate information. 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 purposes of continually evaluating and improving such services. In particular: Results from the national GP patient survey showed that the practice was consistently below local and national averages for its satisfaction scores on the helpfulness of reception staff. The percentage of respondents to the national GP patient survey who responded positively to the overall experience of making an appointment had deteriorated. The practice had not formed a patient participation group. This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had failed to ensure that persons employed in the provision of a regulated activity 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. In particular: Not all staff were up to date with relevant safeguarding training or training in the recognition and management of patients with severe infection such as sepsis. The designated fire marshal was not up to date with fire marshal training. This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.