Dr Satish Kumar Dhamija

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Satish Kumar Dhamija on 3 December 2015. Overall the practice is rated as inadequate.

Previously, the practice was first inspected on 01 November 2013 under the previous inspection methodology which identified three breaches:

- Care and treatment was not always planned and delivered in a way that was intended to ensure patient's safety and welfare. Arrangements in place for dealing with medical emergencies were inadequate and were not in line with national guidance.
- Systems in place did not ensure patients were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks of people's character and experience were not undertaken or could not be evidenced.
- The provider did not have effective systems in place to regularly assess and monitor the quality of service that patients receive. Patient's views were not actively sought and regular audits were not undertaken to ensure the safety and quality of the service patients received.

The practice was then re-inspected for the above breaches on 13 May 2014 under the previous inspection methodology. This inspection found that the practice had still not made sufficient improvements with regards to two of the three previously identified breaches. These breaches related to unsatisfactory practice recruitment processes, inadequate assessment and monitoring of service quality for example through audits and not proactively seeking patient views.

The practice was the re-inspected for a third time on 21 August 2014 under the previous inspection methodology with regards to the above ongoing breaches and was found to have met standards required.

Our key findings across all the areas we inspected on 3 December 2015 were as follows:

Summary of findings

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment, a health and safety risk assessment was not available and the practice did not have an up to date fire risk assessment.
- The practice had a number of policies and procedures to govern activity, but some contained limited information (with the business continuity plan also containing outdated information) and were inaccessible.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, learning was not effectively shared throughout the practice' thorough enough to demonstrate learning.
- A defibrillator was available on the premises. However was no evidence that it had been tested and checked to make sure it was ready for use.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients we spoke with and the comment cards we received were positive about their interactions with staff and said they were treated with compassion and dignity.
- There was evidence that multi-disciplinary team meetings took place and that care plans were routinely reviewed and updated.
- Limited clinical audits were carried out to demonstrate quality improvement with minimal action taken to improve patient outcomes. None of the clinical audits undertaken in the last two years were completed audit cycles where any changes made had been reviewed.
- Information about how to complain was available and easy to understand.
- Performance for mental health related indicators was above the national average (practice average of 100% compared to a national average of 89%). However the exception reporting in this area was above both CCG and national averages by between 10.3% and 21.5%.
- Data from the Quality and Outcomes Framework (QOF) showed the practice was an outlier for the number of hypnotics prescribed, for lower levels of coronary heart disease prevalence than expected and low flu vaccination rates.

The areas where the provider must make improvements are:

- Ensure risk to patients are assessed and action taken to mitigate such risks where appropriate. For example fire risk and emergency medications
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Review the schedule of both clinical and non-clinical audits in order to asses, monitor and improve the quality and safety of the service.
- Have a robust system for sharing significant events and incidents to ensure lessons are learned and where appropriate further risks are mitigated.
- Implement systems for seeking and acting on feedback received from patients in order to evaluate and improve services.

In addition the provider should:

- Review and update policy, procedures and guidance where required.
- Review the disability assessment to ensure all appropriate arrangements are in place to enable access such as the use of a hearing loop for patients with hearing difficulties.
- Ensure that accurate information regarding opening times is available to all patients.
- Ensure that the business continuity plan is in place sufficiently detailed to be effective if necessary
- Consider the benefits of actively using the carers register to support and improve patient care and welfare
- The practice should ensure that they audit the use of hypnotics to determine reasons behind the large variation in prescribing.
- Review the arrangements and policy for emergency medicines and equipment, ensuring they are accessible and staff are aware of their location.

I am placing this practice in special measures. Where a practice is rated as inadequate for one of the five key questions or one of the six population groups and after re-inspection has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we place it into special measures.

Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for

Summary of findings

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 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 get should improve.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

- There was a system in place for reporting and recording significant events. Although the practice had carried out some analysis of the significant events, opportunities for learning had not been fully utilised.
- Patients were at risk of harm because some systems and processes were either not in place or were not implemented in a way to keep them safe. For example, for recruitment, management of unforeseen circumstance and dealing with emergencies.
- The business continuity plan in place was not sufficiently detailed to be effective if necessary.

Are services effective?

Requires improvement

- Data from the Quality and Outcomes Framework showed patient outcomes were mostly near or above average for the locality and compared to the national average. However, the practice was an outlier for the number of hypnotics prescribed, for lower levels of coronary heart disease prevalence than expected and low flu vaccination rates.
- There was evidence of appraisals and personal development plans for all staff.
- There was no evidence that audits were driving improvement in performance to improve patient outcomes.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Inadequate

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. For example, the practice was consistently below average for its satisfaction scores on consultations with doctors and nurses.
- The majority of patients said they were treated with compassion, dignity and respect although not all felt they were involved in decisions about their care and treatment.
- Information for patients about the services was available.

Summary of findings

Are services responsive to people's needs?

Good

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or above local and national averages.
- The practice was equipped to treat patients and meet their needs.
- We saw that information was available to help patients understand the complaints system. For example, there was a complaints poster in reception and the practice leaflet also contained information on making a complaint.

Are services well-led?

Inadequate

- The GP told us their vision was to strive to achieve high targets both clinically and in patient satisfaction. The practice had produced a patient charter listing the rights and responsibilities of patients and the practice.
- There were some procedures in place to govern activity, but some of these were not practice specific or were outdated such as the business continuity plan. We noted that it was difficult for the practice to find the relevant policies or information.
- The practice had sought some feedback from patients and had a patient participation group (PPG) in place. However, practice were aware of their national patient survey results, therefore, the practice survey results had not been analysed to identify areas for improvement.
- The practice told us that they had an induction programme for newly appointed non-clinical members of staff. However, this was not documented and evidence was not available of the topics that had been covered.

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. This is because the provider was rated as inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were generally in line with the national average. However flu vaccination rates for the over 65s was 64% which was lower than the national average of 73%.
- Home visits were available for older patients and patients who would benefit from these.
- Consultation rooms were all located on the ground floor.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. This is because the provider was rated as inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- Performance for diabetes related indicators was above the national average (overall practice average of 100% which was 10% above the national average).
- Longer appointments and home visits were available when needed
- Patients had a personalised care plan or structured annual review to check that their health and care 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

Inadequate

The practice is rated as inadequate for the care of families, children and young people. This is because the provider was rated as requires inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

Summary of findings

- Same day appointments were available for children and those with serious medical conditions.
- Immunisation rates for childhood vaccinations were near the CCG averages. For example, childhood immunisation rates for under two year olds ranged from 83% to 100% and five year olds from 76% to 87% for the practice which were comparable to the CCG rates of 80% to 95% and 86% to 96% respectively.
- Appointments were available outside of school hours and the premises were suitable for children and babies. However, the practice did not have any baby changing facilities.
- The practice's uptake for the cervical screening was 81%, which was comparable to the national average of 82%. However the practice had an exception reporting rate of 15% which was much higher than the national rate of 6%.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as requires inadequate for the care of working-age people (including those recently retired and students). This is because the provider was rated as inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- The practice offered extended hours on a Monday from 6pm to 7.30pm for working patients who could not attend during normal opening hours.
- Patients could book appointments or order repeat prescriptions online.
- Health promotion advice was available at the practice.

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. This is because the provider was rated as inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice had carried out annual health checks for people with a learning disability.
- The practice had policies that were accessible to all staff which outlined who to contact for further guidance if they had concerns about a patient's welfare.

Summary of findings

- There was a lead member of staff for safeguarding and we saw evidence to show that staff had received the relevant safeguarding training.
- Staff we spoke with were able to demonstrate that they understood their responsibilities with regards to safeguarding.

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). This is because the provider was rated as inadequate overall. The concerns which led to those ratings apply to everyone using the practice, including this population group.

- The recorded performance for mental health related indicators was above the national average (practice achieved 100% compared to a national average of 89%). However the exception reporting in this area was above both CCG and national averages by between 10.3% and 21.5%.
- The practice carried out advance care planning for patients with dementia.
- The GP we spoke with had good knowledge of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages in the areas below with the exception of recommending the GP surgery to someone who has just moved to the local area. 431 survey forms were distributed and 73 were returned. This represented a 17% response rate.

- 69% found it easy to get through to this surgery by phone compared to a CCG average of 62% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 82%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 48% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

Since the inspection further results were published in January 2016, (86 surveys had been returned which equated to 22)%. These results showed that in three of the four questions above satisfaction had reduced slightly; the responses to one question had remained the same.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 comment cards of which 42 were all positive about the standard of care received. Six comments were mixed and generally related to telephone access. Positive comments seen related to a range of different aspects from staff attitudes to the care and service received.

We also spoke with seven patients during the inspection, one of whom was a member of the PPG. We received mixed feedback, with patients commenting that the appointment system had improved. However, two patients raised issues about the care received although other patients commented that staff were approachable and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure risk to patients are assessed and action taken to mitigate such risks where appropriate. For example fire risk and emergency medications
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Review the schedule of both clinical and non-clinical audits in order to asses, monitor and improve the quality and safety of the service.
- Have a robust system for sharing significant events and incidents to ensure lessons are learned and where appropriate further risks are mitigated.
- Implement systems for seeking and acting on feedback received from patients in order to evaluate and improve services.

Action the service SHOULD take to improve

- Review and update policy, procedures and guidance where required.
- Review the disability assessment to ensure all appropriate arrangements are in place to enable access such as the use of a hearing loop for patients with hearing difficulties.
- Ensure that accurate information regarding opening times is available to all patients.
- Ensure that the business continuity plan is in place sufficiently detailed to be effective if necessary
- Consider the benefits of actively using the carers register to support and improve patient care and welfare
- The practice should ensure that they audit the use of hypnotics to determine reasons behind the large variation in prescribing.

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- Review the arrangements and policy for emergency medicines and equipment, ensuring they are accessible and staff are aware of their location.

Dr Satish Kumar Dhamija

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Satish Kumar Dhamija

- Dr Satish Kumar Dhamija's practice also known as Lea Village Medical Centre is located at 98-100 Lea Village, Kitts Green, Birmingham, West Midlands, B33 9SD.
- The practice is located in an area where there are high levels of deprivation. It provides primary medical services to approximately 2050 patients in the local community. The practice has a General Medical Services (GMS) contract. A GMS contract is a contract between NHS England and general practices for delivering general medical services.
- The practice has a one male GP, two regular male locum GP's, a female practice nurse, a practice manager, a senior administrator, a practice secretary and three reception staff.
- The practice is open between 9am and 6.30pm Monday to Friday except for Thursday afternoons when the practice closes at 1.30pm. Appointments take place from 9.30am to 12.30pm every morning and 2pm to 6pm daily. The practice also offers extended hours on a Monday from 6pm to 7.30pm. However, we noted that the opening times were inaccurate on both the practice leaflet and the NHS Choices website.
- The practice does not provide an out-of-hours service but has alternative arrangements in place for patients to be seen when the practice is closed. For example, if patients call the practice when it is closed, an answerphone message gives the telephone number they should ring depending on the circumstances. The practice employs the use of the Birmingham and District General Practitioner Emergency Room group (Badger) to provide this out-of-hours service to patients.

Why we carried out this inspection

The practice was first inspected on 01 November 2013 under the previous inspection methodology which identified three breaches:

- Care and treatment was not always planned and delivered in a way that was intended to ensure patient's safety and welfare. Arrangements in place for dealing with medical emergencies were inadequate and were not in line with national guidance.
- Systems in place did not ensure patients were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks of people's character and experience were not undertaken or could not be evidenced.
- The provider did not have effective systems in place to regularly assess and monitor the quality of service that patients receive. Patient's views were not actively sought and regular audits were not undertaken to ensure the safety and quality of the service patients received.

The practice was then re-inspected for the above breaches on 13 May 2014 under the previous inspection methodology. This inspection found that the practice had still not made sufficient improvements with regards to two of the three previously identified breaches. These breaches

related to unsatisfactory practice recruitment processes, inadequate assessment and monitoring of service quality for example through audits and not proactively seeking patient views.

The practice was the re-inspected for a third time on 21 August 2014 under the previous inspection methodology with regards to the above ongoing breaches and was found to have met standards required.

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 3 December 2015. During our visit we:

- Spoke with a range of staff which included GPs, the practice manager, the practice nurse and reception staff
- Spoke with seven patients who visited the practice during the inspection (of which one was a member of the Patient Participation Group).
- Observed how staff interacted with patients who visited the practice.
- Looked at procedures and systems used by the practice.
- Reviewed 48 completed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed the national patient survey information.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

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

- The GP told us that a paper form was available for staff to fill in and that the practice manager would be informed of any incidents.
- We spoke with a regular locum GP who told us that he was not aware of any significant events taking place in the last 12 months.
- The practice did not demonstrate that they had carried out sufficient analysis of the significant events and opportunities for learning had not been fully utilised.

The GP we spoke with demonstrated knowledge of recent patient safety alerts and told us that these were discussed informally with the clinical team where appropriate. This was not documented although the locum GP we spoke with was able to confirm this. There was no system in place to record the decision making process or audits following receipt of an alert. We were also told that serious incidents outcomes were discussed but again these were not documented.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice was unable to demonstrate that all processes were embedded. We found that:

- Arrangements were in place 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. This GP was trained to the appropriate level. Staff we spoke with demonstrated they understood their responsibilities and all had received training relevant to their role. The GP told us that there was a system on the computer for highlighting vulnerable patients but was unable to demonstrate this to us.
- We saw that a notice in the waiting room advised patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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. The practice manager was the infection control lead who liaised with the local infection prevention teams. There was an infection control protocol in place. An infection control audit had been undertaken by the Clinical Commissioning Group (CCG) in September 2015. We saw evidence that action had been taken to address some of the improvements identified as a result.
- We found that the arrangements for managing medicines, including emergency drugs and vaccinations in the practice kept patients safe (including the prescribing, recording, handling, storing and security). Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed five personnel files and found appropriate recruitment checks had not been consistently undertaken prior to employment and the practice recruitment policy had not always been followed. For example, we saw that in two cases proof of identification was missing and in three cases references were missing. We were told that the practice had obtained a verbal references but this had not been recorded. Registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had taken place. However, in the case of one locum doctor the practice were unable to demonstrate how they assured themselves that appropriate employment checks had been undertaken, for example assurance from a locum agency.

Monitoring risks to patients

Some risks to patients had not been assessed or well managed.

- Procedures were not in place for monitoring and managing risks to patient and staff safety. For example, a health and safety risk assessment was not available and the practice did not have up to date fire risk assessments although the practice had carried out fire drills. There was evidence that most electrical equipment was checked to ensure the equipment was

safe to use but there was no evidence that computers and related electrical equipment had also been checked. We found that clinical equipment had been checked to ensure it was working properly. The practice did not have a risk assessment in place to monitor safety of the premises for the control of substances hazardous to health although a self-assessment document stating the practice was low risk for legionella was seen (legionella is a term for a particular bacterium which can contaminate water systems in buildings). We were told that the practice took action to reduce the risk of legionella and saw evidence that this was being documented and monitored.

Arrangements to deal with emergencies and major incidents

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

- All staff received annual basic life support.
- The emergency equipment was located in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, we found no instruction for the use of the defibrillator, and there was no evidence that it had been tested and checked to make sure it was ready for use.
- Emergency medicines were easily accessible to staff and were located in the practice nurse's room. However, some nationally recommended emergency medicines were absent. There had been no risk assessment had been done to determine if this was safe.
- Evidence of regular monitoring of medicine expiry dates was seen and medicines we checked were found to be in date and fit for use. Not all staff we spoke with knew of the location of the emergency medicines.
- The medical emergencies policy was available however it did not reflect what happened at the practice.
- The practice business continuity plan in place for major incidents such as power failure or building damage was found to be outdated and was not sufficiently detailed to support the practice in the event of an emergency.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had access to guidelines from National Institute for Health and Care Excellence (NICE) via a NICE Guidelines Handbook, seen in the consulting room as well as local guidelines. However, these were not always followed, for example in the prescribing of hypnotics where the prescribing rate was higher for the practice in comparison to the national value.

- The GP also ran a dermatology clinic for the benefit of his patients which was well-received. Local GP practices were also able to refer their patients to this clinic and we saw evidence of good communication with referring GP's as well as documentation for this service.

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 99.3% of the total number of points available, with 7.9% exception reporting, this was in line with the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- Performance for diabetes related indicators was slightly above the national average (overall practice average of 100% compared to a national average of 89.2%). Exception reporting was in line with the CCG and national averages.
- The percentage of patients with hypertension having regular blood pressure tests was slightly higher than the national average (practice average of 87% compared to a national average of 83%).
- Performance for mental health related indicators was above the national average (practice average of 100% compared to a national average of 89%). However the exception reporting in this area was above both CCG and national averages by between 10.3% and 21.5%.

There were two areas where the practice was an outlier for QOF (or other national) clinical targets;

- There was a very large variation in the average daily quantity of hypnotics (medicines used to help with sleep) prescribed in the period 01/01/2014 to 31/12/2014. The practice had a rate of 0.82 compared to 0.29 nationally.
- There was also a very large variation in the ratio of reported versus expected prevalence for coronary heart disease (CHD) in the period 01/04/2013 to 31/03/2014. The ratio for the practice was 0.37 compared to 0.72 nationally.

The practice had not completed an audit to determine reasons behind the large variation in hypnotics prescribing. We were told this was planned, but not commenced. We saw that a toolkit to help with planning of this had been obtained from the CCG but had not yet been used. With regards to the lower levels of CHD than expected being picked up by the practice, the GP informed us that this would be looked into in the near future.

- There had been two clinical audits undertaken in the last two years. However, none of these were completed audits cycles where the improvements identified had been implemented and monitored.

Effective staffing

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

- The practice staff told us that they had an induction programme for newly appointed non-clinical members of staff. However, this was not documented and evidence was not available of the topics that had been covered. Both of the reception staff we spoke with were able to demonstrate that they had received an induction that covered areas such as infection control and safeguarding.
- The learning needs of staff were identified through a system of appraisals. We saw evidence to show that staff had access to training to meet these learning needs and to cover the scope of their work. Staff files we looked at all had had an appraisal within the last 12 months.
- Staff had access to and made use of e-learning training modules, external training and in-house training. Staff received training that included: safeguarding, fire procedures and basic life support.

Requires improvement

Are services effective?

(for example, treatment is effective)

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. We saw examples of detailed personalised care plans for dementia.
- 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We viewed evidence that demonstrated that medication reviews took place following patient discharge from hospital. We also saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated. These meetings involved community matrons as well as community and specialist nurses.

Consent to care and treatment

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

- The GP we spoke with had good knowledge of 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.
- The GP also routinely referred the patient to a specialist when a patient's mental capacity to consent to care or treatment was unclear and recorded the outcome of any assessment.
- We viewed the consent process relating to minor surgery and saw that the form used to gain consent was detailed and informative.

Supporting patients to live healthier lives

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

- The practice maintained a register of patients with dementia, learning disability or those that required palliative care. Patients with long term conditions were scheduled for regular reviews.
- Patients requiring advice on their diet, smoking and alcohol cessation were identified and signposted to the relevant service where appropriate.

The practice's uptake for the cervical screening was 81%, this result was comparable to the national average of 82%. However the exception reporting rate for this was above the national average (of 6%) with a practice exception reporting rate of 15%. There was a policy to offer both letters and telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were near the CCG averages. For example, childhood immunisation rates for under two year olds ranged from 83% to 100% and five year olds from 76% to 87% for the practice which were comparable to the CCG rates of 80% to 95% and 86% to 96% respectively.

Flu vaccination rates for the over 65s was 64% which was lower than the national average of 73%. The flu vaccination rates for those groups considered to be at risk were 44% which was again lower than the national average rate of 50%. The practice staff told us that they recognised this was an issue although steps had not been undertaken to try and increase uptake.

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. Health checks for those over 75 took place opportunistically at the practice.

Inadequate

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Patients were treated with dignity and respect.

- We saw that curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff we spoke with told us that they would take a patient to a private room or area when patients wanted to discuss sensitive issues or appeared distressed

All of the 48 patient Care Quality Commission comment cards we received were positive about the service experienced in this area. Patients commented that they felt that the practice offered an excellent service and staff including the GP listened to them, were helpful, supportive and treated them with dignity and respect.

We spoke with one member of the patient participation group. The PPG representative told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Minutes of the last PPG meeting indicated that the PPG was not happy with the lack of a female GP at the practice. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published on 2 July 2015 showed that most patients felt they were treated with compassion, dignity and respect. However, the practice was consistently below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 72% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 76% said the GP gave them enough time (CCG average 86%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 71% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 74% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)
- 49% of patients said they would recommend the practice to someone who has just moved to the local area (CCG average 74%, national average 79%).

We found that the practice staff were not aware of the national patient survey results, therefore no action had been taken to improve on the feedback. The practice told us that the low recommendation of the practice to someone new was most likely due to the lack of female GP but that they were unable to employ one at the moment.

The practice told us that they had carried out their own practice survey. However, we found that this was undated and no analysis or action plan had been carried out.

Care planning and involvement in decisions about care and treatment

We spoke with seven patients on the day of the inspection. Patients told us they did not always feel involved in decision making about the care and treatment they received. Most patients told us they felt supported by staff but did not always have sufficient time during consultations.

Results from the national GP patient survey published on 2 July 2015 were aligned with these views and showed patients rated the practice below local and national averages in relation to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 64% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 81%)

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

Inadequate

Are services caring?

Patient and carer support to cope emotionally with care and treatment

We were told that the practice had a carer's register but the practice was unable to provide any more information including the number of patients at the practice that had been identified as carers. We were also told that there was no formal system to support carers or those who had suffered bereavement. After the inspection the practice told us they currently had 22 carers on their register (1% of the practice patient list). However, there was no evidence of how the carers register was being used to support carers.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had carried out some reviews of the needs of its local population to make improvements to services where these were identified, however it had not acted on feedback from satisfaction surveys. For example;

- The practice offered extended hours on a Monday from 6pm to 7.30pm for working patients who could not attend during normal opening hours.
- The practice operated "open access" surgery on Tuesday mornings.
- Patients were able to book appointments and order repeat prescriptions online.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were translation services available
- A hearing loop was not available at the practice. Practice staff told us they would speak louder when talking with patients with hearing difficulties. However this may not always be appropriate.
- The practice informed us they had carried out Disability Discrimination Act (DDA) assessment which could not be found on the day of the inspection. However, we were sent a copy of this post inspection and saw that it had not considered the use of a hearing loop.
- Baby changing facilities were not available.
- Consultation rooms were all located on the ground floor

Access to the service

The practice was open between 9am and 6.30pm Monday to Friday except for Thursday afternoons when the practice closed at 1.30 pm. Appointments were available 9.30 am to 12.30 pm every morning and 2pm to 6pm daily. The practice also offered extended hours on a Monday from 6pm to 7.30pm. Pre-bookable appointments that could be booked up to 2 days in advance, urgent appointments were also available for people that needed them. However, we noted that the opening times were inaccurate on both the practice leaflet and the NHS Choices website.

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

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and national average of 75%.
- 69% patients said they could get through easily to the surgery by phone (CCG average 62%, national average 73%).
- 74% patients said they always or almost always see or speak to the GP they prefer (CCG average 56%, national average 59%).

Listening and learning from concerns and complaints

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

- The practice had a complaints policy although this was not dated.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, there was a complaints poster in reception and the practice leaflet also contained information on making a complaint.

We looked at the three complaints received in the last 12 months. These had been completed using a complaints form, which recorded information such as details of the complaint, action taken and recommendations. We found that the complaints were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, one patient had complained about the level of questioning by the receptionist and the practice had taken action to ensure that this was restricted to a minimum level and led by the patient.

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

We discussed the vision and strategy for the practice with a GP. They told us their vision was to strive to achieve high targets both clinically and in patient satisfaction.

- The practice had developed a patient charter listing the rights and responsibilities of patients and the practice.
- The practice had also produced a business development plan. We viewed this on the day of the inspection and saw that it lacked detail. The practice business development plan simply stated that higher targets must be achieved in QOF and immunisations rates and that that the practice would work in partnership with other agencies.

Governance arrangements

The practice had some structures and procedures in place to support them with the delivery of the strategy and good quality care. However, policies the practice did not demonstrate that polices were reviewed regularly to ensure that they were embedded and reflected the process and systems in place at the practice. We found that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- There were some procedures in place to govern activity, but some of these were not practice specific or were outdated such as the business continuity plan.
- The practice did not hold regular governance meetings although some issues were discussed at staff meetings.
- Polices were not easily assessable. When asked, the practice found it was very difficult to find relevant policies or information.
- There were limited formal governance arrangements in place. Systems to identify, assess and mitigate risk were not effective. There were no systems in place to consider and act on improvements required. There was limited use of clinical and non-clinical audits to identify quality improvement with minimal action taken to improve patient outcomes. None of the clinical audits completed in the last two years were completed audit cycles where any changes made had been reviewed.
- Although the practice met most QOF targets well, it was an outlier for some QOF and other local and national clinical targets such as flu vaccination rates and quantity of hypnotics prescribed.

Leadership and culture

The practice was first inspected on 01 November 2013 under the previous inspection methodology which identified three breaches:

- Care and treatment was not always planned and delivered in a way that was intended to ensure patient's safety and welfare. Arrangements in place for dealing with medical emergencies were inadequate and were not in line with national guidance.
- Systems in place did not ensure patients were cared for, or supported by, suitably qualified, skilled and experienced staff. Appropriate checks of people's character and experience were not undertaken or could not be evidenced.
- The provider did not have effective systems in place to regularly assess and monitor the quality of service that patients receive. Patient's views were not actively sought and regular audits were not undertaken to ensure the safety and quality of the service patients received.

The practice was then re-inspected for the above breaches on 13 May 2014 under the previous inspection methodology. This inspection found that the practice had still not made sufficient improvements with regards to two of the three previously identified breaches. These breaches related to unsatisfactory practice recruitment processes, inadequate assessment and monitoring of service quality for example through audits and not proactively seeking patient views.

The practice was the re-inspected for a third time on 21 August 2014 under the previous inspection methodology with regards to the above ongoing breaches and was found to have met standards required.

At this inspection, staff told us the GP and practice manager were approachable and always took the time to listen to all members of staff and encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents. The practice gave affected people reasonable support.

There was a leadership structure in place and staff we spoke with felt supported by management.

- Staff told us the practice held team meetings which took place every two or three months.

Are services well-led?

Inadequate

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

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or more informally. Staff said that they were confident in doing so and felt supported if they did.

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

The practice had not proactively sought feedback from staff and patients.

- Feedback from patients was limited and the practice was not aware of the national patient survey. The practice told us that it had gathered some feedback from patients through its own practice survey and complaints received. However, the practice survey results had also not been analysed. The PPG had recently been set-up which had met three times since June 2015 and we saw evidence that it had submitted some proposals for improvements to the practice management team. For example, regarding changes to the appointments system. Action had been taken resulting in patients telephoning the practice being informed where they were in the queue.
- The practice manager told us and staff we spoke with confirmed that they were able to provide feedback at staff meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

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:** We found the provider had not protected persons employed, services users and others who may be at risk against identifiable risks of receiving care or treatment. The practice did not have risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, health and safety or an effective fire risk assessment. Other risks to patients were not assessed such as evidence that computers and related electrical equipment had been checked. The defibrillator had also not been tested to ensure it was fit for use. A risk assessment had not been carried to determine if it was safe to not keep nationally recommended emergency medicines at the practice. The system for managing significant events was not robust to ensure learning was identified and effectively shared to mitigate further risks. The business continuity plan was out-of-date and was not sufficiently detailed to support the practice in the event of an emergency. This was in breach of Regulation 12 (1)(2)(a)(b)(d)(f) Health & Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Treatment of disease, disorder or injury	We found the provider did not assess, monitor and improve the quality and safety of the services provided. For example there were no audit cycles of clinical and non-clinical audits in order to assess, monitor and improve the quality and safety of the service. The provider did not act on feedback from patients on the services provided for the purposes of continually evaluating and improving services This was in breach of Regulation 17 (1) (2) (a) (b) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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:** We found that the registered person had not operated effective recruitment procedures in order to ensure that no person was employed for the purposes of carrying out a regulated activity unless that person is of good character, has the qualifications, skills and experience which are necessary for the work to be performed and is physically and mentally fit for that work. The provider had not ensured that information specified in Schedule 3 was available in respect of a person employed for the purposes of carrying on a regulated activity. This was in breach of Regulation 19 (1) (2) (3) (4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.