Dr P Arumugaraasah's & Partners

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr P Arumugaraasah's and Partners on 4 May 2016. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, staff had not had training which was required for their role.
- The practice had a serious untoward event procedure, but the number of issues recorded was relatively low and the practice did not have robust systems in place to ensure that all events were being identified.
- Patient outcomes from QOF were below the national average. There was little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Urgent appointments were not always available, and the nurse undertook triage for the practice. She was not qualified for this role..
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements. This impacted on the practice's ability to deliver safe, effective, caring and responsive services.

The areas where the provider must make improvements are:

- All staff receive mandatory training and that a record of this training is retained.
- Ensure cold chain guidance is followed when the temperatures at which vaccines can be safely stored are not met.
- Ensure calibration of all clinical equipment is up to date.

Summary of findings

- Ensure the practice's recall systems are reviewed and that patient outcomes are continually reviewed throughout the year.
- Ensure that the appointments system meets the needs of ptients meets the needs of patients who need to be seen both routinely and in an emergency.
- Seek and act on the views of people who use the service.
- Ensure that staffing requirements for the practice are adequate.
- Ensure all staff are appraised on a yearly basis.

The areas where the provider should make improvement are:

- Should ensure that the practice formally discusses serious untoward incidents.
- The practice should consider ensuring that protocols are in place detailing support available to carers and bereaved patients.
- The practice should ensure that its business continuity plan is available and up to date.
- The practice should ensure that all notifications from NICE, MHRA and the GMC from the period when the practice had no access are re-requested and reviewed The practice should also ensure that all clinical staff are aware of how to access best practice guidelines.
- The practice should ensure all clinical staff know how to use translation services.
- The practice should ensure that meetings are held with the local palliative care and mental health teams
- The practice should consider improving identification of carers on the patient list.

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

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

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- The practice did not have robust systems for reporting incidents, near misses and concerns. Although the practice carried out investigations when there were unintended or unexpected safety incidents, lessons learned were not discussed or communicated and so safety was not improved. The practice did not have systems in place to assure itself that all significant events were being identified.
- Patients were at risk of harm because systems and processes were not in place in all areas in a way to keep them safe. For example the practice did not ensure that all staff were trained in mandatory areas.
- Not all staff had been trained in the safeguarding of children and vulnerable adults. Safeguarding was not a standing agenda item in clinical meetings, nor were the specific meetings where safeguarding was discussed.
- There were not enough staff to keep patients safe. The practice had reduced the number of clinical and administrative staff in the last two years.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data showed that care and treatment was not delivered in line with recognised professional standards and guidelines. Specifically there were limited formal follow ups in place for patients who were in high need of care. Nationally reported data showed outcomes for patients with diabetes, hypertension poor mental health and dementia were below national average.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was limited evidence that the practice was comparing its performance to others; either locally or nationally.
- There was limited engagement with other providers of health and social care, and no formal engagement processes with the local mental health and palliative care teams.
- Staff had not completed mandatory training, and some members of staff had not attended required role specific training.

Summary of findings

Are services caring?

Requires improvement

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

- Data from the national GP patient survey showed patients rated the practice in line with national averages.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information for patients about the services was available.
- Limited support was available to carers and patients who had suffered a bereavement.
- Clinical staff told us they preferred to use family members as translators rather than a language line. This is not in line with best practice, as patients may not be comfortable discussing relevant health and social issues in front of a family member.

Are services responsive to people's needs?

Requires improvement

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

- The practice had not reviewed the needs of its local population; it had not put in place a plan to secure improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Patients could get information about how to complain in a format they could understand. There was evidence that learning from complaints had been shared with staff.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led.

- The practice did not have a clear vision and strategy.
- There was no clear or effective leadership structure, although staff reported that they did feel supported by management.
- The practice had a number of policies and procedures to govern activity.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.
- Staff told us they had not received regular performance reviews outside of appraisals.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people.

The provider was rated as inadequate for effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were examples of both good and poor practice.

- The practice offered personalised care to meet the needs of the older people in its population. However, there was no structured process of follow up for older patients.
- The practice offered home visits and urgent appointments for those with enhanced needs. However, patients reported that even urgent appointments could be difficult to access.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions.

The provider was rated as inadequate for effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were examples of both good and poor practice.

- The practice did not have a system in place to ensure that patients with long term conditions were followed up. This was reflected in outcomes, for example he percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 55% compared to a national average of 73%.
- Longer appointments and home visits were available to patients, but they were available on request only, and there was no information detailing that this was available to patients with long term conditions.
- Very few of these patients had a personalised care plan.
- Structured annual reviews were not undertaken to check that patients' health and care needs were being met.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people.

Summary of findings

The provider was rated as inadequate for effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were examples of both good and poor practice.

- There were limited systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- Some of the clinical staff in the practice were unaware of consent issues relating to patients, including Gillick competencies.
- Immunisation rates were in line with national averages.
- 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)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students).

The provider was rated as inadequate for effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were examples of both good and poor practice.

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

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable.

The provider was rated as inadequate for effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were examples of both good and poor practice.

Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had not worked with multi-disciplinary teams in the case management of some vulnerable patients.
- The practice offered longer appointments for patients with a learning disability when requested.
- Some staff in the practice could not provide evidence that they had undertaken safeguarding training.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, not all staff we spoke with were aware of who the practice's safeguarding lead was.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

The provider was rated as inadequate for effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were examples of both good and poor practice.

- 51% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was below the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 51% compared to a national average of 85%.
- The practice had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice did not carry out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Nurses administered injectable medicines for patients with mental illness but there were limited systems in place to follow up non-attenders.

Summary of findings

What people who use the service say

The national GP patient survey results for 2014/15 showed the practice was performing in line with local and national averages. Four hundred and nine survey forms were distributed and 68 were returned. This represented 1% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were mostly positive about the standard of care received. Cards were positive about the staff in the practice, although several commented that waiting times both for urgent and for scheduled appointments could be long.

We spoke with 12 patients during the inspection. All but one of the patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, several of the patients that we spoke to told us that appointments could be difficult to access.

Dr P Arumugaraasah's & Partners

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr P Arumugaraasah's & Partners

The practice of Dr P Arumugaraasah and Partners is based in the London Borough of Southwark. The practice is run by three male GP partners. The practice is located in a modern purpose built building. The address of the practice is Lister Primary Care Centre, 101 Peckham Road, London, SE15 5LJ.

The practice is in an area with a demographic, of generally high deprivation, although in recent years the level of deprivation has reduced. The practice population has a broad ethnic background with white English, Asian or Asian English and Black or Black English populations all forming a significant part of the practice population.

The practice has a list size of approximately 6,000. In addition to the Gp partners there is a salaried GP (also male). In total, 18 sessions of GP appointments are offered per week. There is also a practice manager, a practice nurse and five other administrative and reception staff. A healthcare assistant has been appointed but had not commenced work at the time of our inspection.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, and diagnostic and screening procedures at one location.

The practice is open between 8:00am and 6:30pm Monday to Friday. The practice also has extended hours on Tuesday and Thursday from 6:30pm until 7:30pm and on Monday from 7:00am until 8:00am. Scheduled appointments are available throughout the day apart from 1:00pm until 2:00pm daily, although a duty doctor is on call at this time in the event that a patient needs to see a GP as a matter of urgency.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Southwark CCG.

The practice has not been previously inspected by CQC.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 4 May 2016. During our visit we:

- Spoke with a range of staff (including two of the GP partners, the salaried GP, the practice manager, practice nurse and three receptionists/administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under 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).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- However, the practice did not carry out learning from significant events. There was no significant events meeting at the practice and we were told that significant events were not a standing agenda item at clinical meetings. The significant events recorded were generally of a minor nature.

Overview of safety systems and processes

The practice had limited systems, processes and practices in place to keep patients safe and safeguarded from abuse, although in some cases these were insufficient. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding, although not all of the staff in the practice were aware of who the lead for safeguarding was. The GPs said that they attended safeguarding meetings where possible, but we were not provided with minutes of these meetings. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We were told that GPs were trained to child protection or child safeguarding level 3, nurses to level 2, and reception staff level one. However, a review of five staff records showed that one of the GPs, the practice nurse and one of the reception staff had no recent record of training. The practice did not provide this information following the inspection.
- A notice in the waiting room advised patients that chaperones were available if required. The practice nurse who undertook this role had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene in a number of areas. We observed the premises to be generally clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and some staff had received up to date training, although training certificates were missing from several files, including that of the infection control lead. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. However, several of the chairs in consulting rooms were either not upholstered with wipe clean material, or the upholstery was torn which meant they could not be wiped clean. We also noted that curtains in consulting rooms had not been replaced since 2013. Best practice is that these curtains are changed every six months.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal), with the exception of the storage of vaccines. We noted that on three occasions in the past month the vaccines refrigerator temperature had been recorded as being over the safe level of eight degrees Celsius but no action had been taken. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out medicines audits, with the support of the local CCG pharmacy

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the safe destruction of controlled drugs when required.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were in some cases assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills, which were managed by the owner of the building. Some electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. However, several items of clinical equipment in the practice, specifically those kept on wall mounted units which were plugged in next to examination couches were noted to have not been calibrated since 2013. One of the GPs said that the equipment was not used and should have been removed. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Some staff received annual basic life support training, although a review of staff records showed that two had not undertaken the training in the last year.
- There were emergency medicines available in the treatment room.
- The practice had a defibrillator available at a practice based in the same building and had its own oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice told us they had a business continuity plan but this was not available on the day of the inspection.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice had not assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- For a period of five months from November 2015 to April 2016 the practice had no access to alerts from NICE, MHRA or the GMC as no forwarding address had been provided by the practice. None of the clinicians we spoke with knew how to access NICE guidelines and
- The practice did not have reliable systems in place to ensure that all staff were up to date.

Management, monitoring and improving outcomes for people

The practice had access to 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). However, two of the clinical staff that we spoke to were not aware of how to access QOF data or registers on the database. The most recent published results were 69.2% of the total number of points available. The practice were aware that this was low but had not taken sufficient action to address it. This is significantly below the national average of 95% Exception reporting in QOF was significantly below national averages, and was less than eight per cent for all but one domain. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier in a number of QOF (or other national) clinical targets. Data from QOF showed:

- Performance for diabetes related indicators was below the national average. The percentage of patients with diabetes, on the register, in whom the last glucose monitoring was in line with national guidelines was 55% compared to a national average of 73%.
- Performance for mental health related indicators was significantly below the national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 51% compared to a national average of 85%.
- Performance for dementia related indicators was significantly below the national average. The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015)
- Performance for hypertension related indicators was below the national average. The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2014 to 31/03/2015) was 72%, compared to 81% nationally.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) was 67% compared to 89% nationally.

We asked the GPs in the practice why they were an outlier for their QOF results, and they explained that it was because the practice population often spent much of the year abroad, and as such it was difficult for them to re-attend. The practice did not have a robust follow up system for caring for patients with high needs such as those with poor mental health or with long term conditions.

Following the inspection, the practice provided provisional information for the year 2015/6. There were improvements in some areas, for example, care plans for all patients with poor mental health had increased to 74%, but were still significantly below the national average, and the data was not verified.

There was limited evidence of quality improvement including clinical audit.

- The practice was not able to provide details of any formal audits that had taken place in the last two years. There were only limited quality improvement measures in place at the practice and these were not formalised.

Inadequate

Are services effective?

(for example, treatment is effective)

- The practice had not participated in local audits, and did not provide evidence of having been involved in national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, the practice did not have robust systems for follow up training for more experienced staff.
- A manager had not received an induction or handover to her post when she commenced employment in November 2015.
- The practice could not demonstrate how they ensured role-specific training and updating was completed by relevant staff. For example, the practice nurse did not have formalised reviews with the GPs in the practice and did not attend the local nurse forum. Not all staff had been trained in Gillick competencies, the Mental Capacity Act or cervical cytology. The nurse had also been asked to triage patients when the practice was busy, but the practice did not have procedures to support this and the nurse had not been trained in triaging.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through appraisals, but there was limited formal follow up of staff outside of the appraisal process. Two of the staff that we spoke to had not received an appraisal within the last 12 months.
- Some staff had received safeguarding, fire safety awareness and information governance training in the last year, but some staff had not, and no staff had received basic life support training in the last year. Staff had access to and made use of e-learning training modules and in-house training, but use of these resources had not been monitored.
- The practice had reduced the number of clinical and administrative staff in the last two years. Patient feedback and the fact that the nurse was triaging patients indicated that the number of clinical sessions offered by the practice was insufficient to meet the needs of patients.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice held monthly clinical meetings which were attended by health visitors and district nurses. However, there were no scheduled regular meetings with the local palliative care or mental health teams.

Consent to care and treatment

We saw that in some cases staff sought patients' consent to care and treatment in line with legislation and guidance.

Some of the staff that we spoke with understood the relevant consent and decision-making requirements of legislation and guidance. However, none of the clinicians in the practice had recently undertaken training on the Mental Capacity Act (MCA) 2005. Similarly, when providing care and treatment for children and young people, staff did not carry out assessments of capacity to consent in line with relevant guidance. The practice did not have robust systems in place for ensuring that all staff were aware of Gillick competencies and the MCA.

Supporting patients to live healthier lives

The practice had identified patients who may be in need of extra support and maintained registers. For example, patients receiving end of life care, carers, those at risk of

Inadequate

Are services effective?

(for example, treatment is effective)

developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. However, not all of the clinicians that we spoke to were able to access these registers.

The practice's uptake for the cervical screening programme was 73%, which was below the CCG average of 80% and the national average of 82%. The practice did not have a formal system for following up patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening by way of information in the waiting area, and responsively when patients attended appointments.

Childhood immunisation rates for the vaccinations given were comparable to clinical commissioning group (CCG)/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 89% to 94% and five year olds from 87% to 94%.

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

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, we noted that the curtains had not been changed or cleaned in the last six months.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.However, there was no notice in the reception area advertising this.

Most of the 29 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We also spoke with 12 patients; the majority also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, three patients stated that clinical staff could sometimes be short with them, and in one case the patient had raised a complaint.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%).
- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%)
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%).
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 91%).
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%)

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing

patients this service was available. However, the clinical staff that we spoke to stated that they preferred to use patients' family members, and the practice had not risk assessed whether or not this was appropriate. One member of the clinical team did not know how to use the telephone interpreter service.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 34 patients as carers (0.5% of the practice list). This is lower than the national average, and it was not clear how the practice was using this information to improve care for this group of patients.

Staff told us that if families had suffered bereavement, a member of the reception team sent them a sympathy card. There was no formal protocol for following up patients who had suffered a bereavement.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had not reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG), and as such was not in a position to deliver services targeted to specific groups in need.

The practice offered some responsive services to the practice population:

- The practice offered a 'Commuter's Clinic' on a Tuesday and Thursday evening from 6.30pm until 7.30pm for working patients who could not attend during normal opening hours. Appointments were also available from 7:00am until 8.00am on a Monday morning.
- There were longer appointments available for patients with a learning disability and patients with multiple long term conditions. However, we were told that these appointments were offered by request only, and were not routinely offered.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.
- The practice did not have a hearing loop at their reception for patients who had hearing difficulties.
- Prescriptions and appointments could be requested online.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 8:00am until 12:00pm and 3:00pm until 6:30pm. Extended hours appointments were offered from 7:00am until 8:00am on Mondays and 6:30pm until 7:30pm on Tuesdays and Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 87% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 85% of patients said they could get through easily to the practice by phone compared to the national average of 73%).

Five patients on the day of the visit told us on the day of the inspection that appointments could be difficult to access. At the time of the inspection, the nearest routine available appointment was nine working days later. Routine appointments for that day were available first thing in the morning. Three of the patients that we spoke to and four patients who completed comment cards reported that awaiting times in the waiting room could be very long.

The practice had a duty doctor system in place to assess:

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

However, we were told that at very busy times the practice nurse triaged patients on this basis. The nurse had not been trained in how to triage and there were no processes in place to support this.

Listening and learning from concerns and complaints

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

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

We looked at three complaints received in the last 12 months and found these were satisfactorily handled in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

- The practice did not have a clear vision to deliver high quality care and promote good outcomes for patients.
- The practice did not have a robust strategy in place to ensure they delivered high quality care for patients, and the practice was not able to provide a business plan to demonstrate how care would be delivered in the future. However, the newly appointed practice manager had highlighted and documented areas that required addressing in the coming year and had a plan as to when each would be addressed.

Governance arrangements

The practice had a limited governance framework which did not adequately support the delivery of the strategy and good quality care:

- The practice did not have robust quality improvement systems in place, and there was limited opportunity to reflect on the performance of the practice. For example, there was no action plan in place to improve QOF performance. Clinical staff were also unaware of how to access patient registers.
- There were limited systems to ensure that staff were trained to undertake their roles.
- The practice did not hold regular governance meetings.
- The practice did not have a programme of continuous clinical and internal audit and there was therefore limited opportunity to monitor quality and to make improvements.
- There was a staffing structure in place at the practice. Staff told us they were aware of their own roles and responsibilities in most areas. However, staff reported that the level of staffing was insufficient for the provision of care at the practice. We observed that there was limited access to GP appointments for the practice's population size, and patients reported that sometimes appointments could be difficult to access.
- Practice specific policies were implemented and were available to all staff.

Leadership and culture

On the day of inspection, practice leaders did not demonstrate that they had the capacity to run the practice effectively and safely. Staff told us that the partners did not have the time to implement effective governance procedures in the practice due to the very limited working time of two of the three partners, one of whom worked in the practice one session per week and one three session per week. The partners told us that they were looking to recruit further staff. Leaders in the practice told us they prioritised safe, high quality and compassionate care. However, this was not reflected in the care being provided. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance 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). The partners reported that they encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice did not keep written records of verbal interactions.

There was a leadership structure in place and staff said that they felt supported by the partners and practice manager.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected and valued, particularly by the partners in the practice.

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

The practice did not actively seek feedback from patients at the time of the inspection visit.

- The practice had previously gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. However,

Are services well-led?

Inadequate

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

the group had not met in the past nine months and we were told that the group would need to be relaunched. The practice manager said that she hoped to do this in the coming months.

The practice did not have formal mechanisms for gathering feedback from staff. However, staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run, but that they considered that staffing levels were low, which they had fed back to managers in the practice.

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The practice did not carry out a thorough analysis of the significant events. There was no significant events meeting at the practice and we were told that significant events were not a standing agenda item at clinical meetings. The significant events recorded were generally of a minor nature, and the practice was not able to assure itself that all significant events were being identified. We noted that on three occasions in the past month the vaccines refrigerator temperature had been recorded as being over the safe level of eight degrees Celsius but no action had been taken. Several items of clinical equipment in the practice, specifically those kept on wall mounted units which were plugged in next to examination couches had were not noted to have not been calibrated since 2013.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance When requested, the practice was not able to provide details of any formal audits that had taken place in the last two years. There were only limited quality improvement measures in place at the practice and these were not formalised. The practice did not have robust quality improvement systems in place, and there was limited opportunity to reflect on the performance of the practice. Two of the clinical staff that we spoke to were not aware of how to access QOF data or registers on the database. The most recent published results were 69.2% of the total number of points available. This is significantly below the

This section is primarily information for the provider

Enforcement actions

national average of 95%. The practice did not have a robust follow up system for caring for patients with high needs such as those with poor mental health or with long term conditions. This would normally include a standardised call back system and a system of audit.

For a period of five months from November 2015 to April 2016 the practice had no access to alerts from NICE, MHRA or the GMC. None of the clinicians we spoke with knew how to access NICE guidelines. This meant that the practice were not aware of changes to best practice.

The practice told us they had a business continuity plan but this was not available on the day of the inspection. We were told that the business continuity plan contained some out of date information, including names of contacts. This meant that the practice were not in a position to provide continuity of care in the event of some aspect of the practice not becoming available.

The practice had previously gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. However, the group had not met in the past nine months and we were told that the group would need to be re-launched. At the time of the inspection the practice did not have a formal mechanism for receiving feedback from patients.

Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The practice could not demonstrate how they ensured that staff had completed role specific training. Some staff had received safeguarding, fire safety awareness and information governance training in the last year, but some staff had not, and no staff had received basic life support training in the last year. This meant that the practice might not be in a position to respond to medical emergencies.

There were no systems in place to monitor whether or not staff were trained to undertake their roles.