

Dr Andreas Sampson

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?

Inadequate 

Are services caring?

Inadequate 

Are services responsive to people's needs?

Inadequate 

Are services well-led?

Inadequate 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Dr Andreas Sampson	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	18

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Andreas Sampson (also known as the 'The Surgery') on 10 March 2016 and 24 March 2016. Overall the practice is rated as inadequate.

At the time of the inspection, the practice's patient list consisted of six NHS patients. The staff team consisted solely of Dr Andreas Sampson.

We were advised that the practice did not participate in the national GP patient survey or QOF (a system intended to improve the quality of general practice and reward good practice). We were shown a range of policies and procedures; and shown a patient survey completed in 2015 as part of Dr Sampson's annual appraisal. We were told that all patient records were paper-based.

However, we were declined access to patient records and the opportunity to ask patients (via comment card or in person) for their views about care and treatment;

although we explained our rationale for looking at patient records. This hindered our lines of enquiry such that we were unable to provide a rating for the six population groups.

Our report is therefore based upon Dr Sampson's feedback and upon a review of the available policies; and has not been corroborated by a review of patient records.

We have not been able to assure ourselves that people were being protected from avoidable harm, that people's care and treatment was optimised and that people were being treated with care and compassion.

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

- There was no evidence of recording and learning from significant events. For example, we had previously inspected the location in 2014 and identified infection prevention and control (IPC) concerns. There was no record of the concerns

Summary of findings

having been logged as a significant event or of learning being shared with a GP provider based in the same building which shared IPC processes. No significant events had been recorded since July 2014.

- There were inadequate plans in place to manage risks associated with emergency situations. For example, we were told that the GP had access to the emergency medicines of the GP provider based in the same building but the provider's staff told us that no such arrangement was in place.
- Patient outcomes were hard to identify. For example, there was little reference made to quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Two clinical audits had been undertaken in the last two years but it was unclear how they had been used to drive improvements to patient outcomes. They were not completed audit cycles.
- Some people who used the service had concerns about how they were treated. For example, NHS Choices feedback was not positive regarding levels of compassion and dignity.
- Governance arrangements were unclear. For example, the practice had a list of policies and procedures used to govern activity but some lacked sufficient detail.

The areas where the provider must make improvements are:

- Ensure that there are appropriate systems in place to review governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that clinical equipment is regularly checked.
- Ensure that the GP undertakes annual basic life support training.

- Undertake a risk assessment of the range of emergency medicines carried on home visits.

In addition the provider should:

- Review systems in place for receiving and acting on patient safety alerts.
- Review the chaperone policy to ensure that is fit for purpose.
- Review arrangements for out of hours cover.
- Ensure that the practice's safeguarding policy contains details of how to contact relevant agencies in normal working hours and out of hours.
- Install a privacy curtain in its consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Provide information to help patients understand the services available to them.

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?

The practice is rated as inadequate for providing safe services and improvements must be made.

- There was no evidence of recording and learning from significant events and when things went wrong, lessons learned were not communicated to support improvement.
- Systems and processes to address risks were not implemented to ensure that patients were kept safe. For example, the practice had not undertaken an infection prevention and control audit, arrangements for dealing with medical emergencies were inadequate and clinical equipment was not regularly checked.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made.

- The practice could not demonstrate how it was delivering care in line with recognised professional standards and guidelines. For example, it was not using QOF to monitor and improve quality or an alternative system.
- Patient outcomes were hard to identify as little 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.
- We were told that monitoring of patient outcomes took place informally. We were declined access to patient records and therefore could not be assured that basic care and treatment requirements were being met.
- The GP understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Inadequate



Are services caring?

The practice is rated as inadequate for providing caring services.

- The practice did not participate in the national GP patient survey.
- People's privacy and dignity were not respected. A couch side privacy curtain was not provided in the consulting room to maintain patients' privacy and dignity during investigations and treatments.

Inadequate



Summary of findings

- Some people who used the service had concerns about how they were treated. For example, NHS Choices feedback was not positive regarding levels of compassion and dignity.
- We were shown a patient survey completed in 2015 as part of the GP's annual appraisal. The results were positive but we noted that the respondents included patients from another practice where the GP undertook locum duties.
- We did not see evidence of information to help patients understand the services available to them.

Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- We were told that the practice had reviewed the needs of its local population but this could not be confirmed by reviewing patient records.
- The GP told us that urgent appointments were available the same day.
- We were told that there had not been any complaints in several years but we also noted that the practice did not provide patients with information about how to complain.
- The practice was not well equipped to treat patients and meet their needs. It was located on the first floor and not served by a lift. We were told that there were informal arrangements in place for patients to be seen at a local practice which had better access but there was no formal arrangement in existence.

Inadequate



Are services well-led?

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

- Although there was a clear leadership structure, the practice lacked a documented vision or strategy. For example, the GP told us of plans to relocate and take on the patient list of a nearby retiring GP but these plans were not formalised.
- We did not see evidence of an overarching governance framework; including arrangements to monitor and improve quality; and identify risk.
- We were told that the practice's patient list precluded the need for a patient participation group and that the GP continuously sought patient feedback which they acted on. However, specific examples could not be provided.

Inadequate



Summary of findings

- The practice had a number of policies and procedures to govern activity, but the review date of some of these documents could not be determined and others lacked sufficient detail.

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	Not sufficient evidence to rate	
People with long term conditions	Not sufficient evidence to rate	
Families, children and young people	Not sufficient evidence to rate	
Working age people (including those recently retired and students)	Not sufficient evidence to rate	
People whose circumstances may make them vulnerable	Not sufficient evidence to rate	
People experiencing poor mental health (including people with dementia)	Not sufficient evidence to rate	

Summary of findings

What people who use the service say

The practice did not participate in the national GP patient survey.

We were shown a copy of a 2015 patient survey which had been completed by patients as part of the GP's annual appraisal. However, we were told that the 35 respondents were a combination of the GP's six patients and those he saw when undertaking locum duties at other practices elsewhere. They were therefore not specifically attributable to this practice or its patients. The survey results showed:

- 74% of respondents felt that the GP was very polite
- 71% felt that the GP was 'very good' at listening
- 80% felt that the GP was 'very good' at explaining tests and treatments

- 57% felt that the GP was 'very good' at involving them in decisions about their care

The practice did not participate in the Friends and Family Test.

Five patients had left feedback on NHS Choices between 2010 and 2013. Feedback was negative and their aggregated rating was that they were 'extremely unlikely to recommend the practice'.

We were not able to determine responses from CQC comment cards which were sent to the practice two weeks prior to our inspection. We were told these had not been received.

Areas for improvement

Action the service **MUST** take to improve

- Ensure that there are appropriate systems in place to review governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure that clinical equipment is regularly checked.
- Ensure that the GP undertakes annual basic life support training.
- Undertake a risk assessment of the range of emergency medicines carried on home visits.

Action the service **SHOULD** take to improve

- Review systems in place for receiving and acting on patient safety alerts.

- Review the chaperone policy to ensure that is fit for purpose.
- Review arrangements for out of hours cover.
- Ensure that the practice's safeguarding policy contains details of how to contact relevant agencies in normal working hours and out of hours.
- Install a privacy curtain in its consulting room to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Provide information to help patients understand the services available to them.

Dr Andreas Sampson

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Andreas Sampson

The Dr Andreas Sampson surgery is located in the London Borough of Haringey, North London. The practice has a patient list of six NHS patients. We were told that all patients were aged between 20 and 70 and that four were male and two were female. Two patients had long term conditions and none of the patients were identified as carers. This could not be confirmed by a review of patient records.

The services provided by the practice include immunisations and management of long term conditions.

The staff team comprises Dr Sampson whom we were told had undertaken approximately six to seven consultations in the previous six months. Dr Sampson holds a General Medical Service (GMS) contract with NHS England.

The practice's opening hours are:

Monday-Friday 9:15am – 11:30am and 4:45pm–7pm

Appointments are available at the following times:

Monday: 8:30am-1:30pm, 2:30pm-6:30pm

Tuesday: 8:30am-12:30pm, 3:30pm-6:30pm

Wednesday: 8:30am-1pm, 3:30pm-6pm

Thursday: 8:30am-12:30pm, 2:30pm-6pm

Friday: 9am-12:30pm, 3:30pm-6pm

Outside of these times, cover is provided by Dr Sampson via mobile phone, by triaging the patient and advising on the best course of action. We were told that this service is provided seven days per week including holidays; and that there is an informal arrangement in place with a nearby GP practice when Dr Sampson is unavailable. We were not able to confirm this arrangement.

The practice is registered to provide the following regulated activities which we inspected:

Diagnostic and screening procedures and Treatment of disease disorder and injury.

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.

We have inspected this provider before using our old methodology. At an inspection on 11 February 2014, we found that people were not always cared for in a clean and hygienic environment. We noted that two ground floor clinical rooms were dirty and posed an infection risk. We also found that the provider did not have sufficient systems in place to seek the views or feedback from the people who

Detailed findings

used the service. When we inspected in 30 July 2014 we found that the provider had made the necessary improvements to ensure compliance with the regulations in force at the time.

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 10 March 2016 and 24 March 2016. During our visit we:

- Spoke with the GP;
- Reviewed a selection of the practice's policies and procedures;
- Reviewed the latest GP appraisal patient survey results which were provided by the GP.

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 during this inspection we were declined access to patient records and the opportunity to ask patients (via comment card) for their views about care and treatment. This hindered our lines of enquiry such that we were unable to provide a rating for the six population groups.

Are services safe?

Our findings

Safe track record and learning

There was no evidence of recording and learning from significant events. The GP told us that they did not use clinical software and that all patient records were paper based. They could not recollect having recorded any significant events for several years. However, at our February 2014 inspection we identified infection prevention and control concerns which resulted in compliance actions being issued. At our 10 March 2016 inspection, there was no evidence that this significant event had been recorded or learning shared with the other GP provider at the premises, so as to improve safety. We also noted that the GP could not provide evidence of having received and acted on NHS England patient safety alerts.

Overview of safety systems and processes

We looked at systems, processes and practices in place to keep patients safe and safeguarded from abuse:

- Some arrangements were in place to safeguard children and vulnerable adults from abuse. For example, the GP demonstrated they understood their responsibilities and had received child protection/child safeguarding level 3 training. However, although policies were accessible, they lacked local safeguarding contact numbers for further guidance in the event that the GP had concerns about a patient's welfare. The GP could not evidence having systems in place to identify and follow up patients who were living in disadvantaged circumstances and who were at risk.
- We asked about chaperoning arrangements. The GP told us that they did not undertake intimate examinations but that should the need arise, they would ask a female staff member from a practice based in the building. Disclosure and Barring Service checks he policy did not specify that the presence of a chaperone should be detailed in the patient's notes. We did not see a notice in the waiting room advising patients that chaperones were available.
- The provider did not maintain the appropriate standards of cleanliness and hygiene. We noted that the patient toilet was dirty and cobwebs were clearly visible. The flooring was raised and in a poor state of repair and the skirting boards were dirty. Disposable hand towels

were not available. In the waiting room we noted excessive dust on skirting boards, cobwebs in corners and ceilings; and watermarks on two walls which appeared to be damp damage. In the hallway, the artificial flowers were dusty and appeared dirty. The practice did not undertake infection prevention and control audits. Cleaning schedules were not in place which was contrary to Department of Health guidance and the practice's Environmental Cleaning Services Policy. Records showed that the GP had undertaken level 1 IPC training but that their level 2 advanced training had expired in February 2015. We noted that the IPC concerns we identified in our 2014 inspection related to ground floor clinical rooms which were no longer used by the provider.

- We looked at arrangements for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal). We were told that the GP had processes in place for handling repeat prescriptions but in the absence of access to patient records we could not be assured that patient safety was being maintained. There was no evidence that the practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure that prescribing was in line with best practice guidelines for safe prescribing.
- We were told that the GP administered vaccines but it was unclear how they ensured that they were safely stored. Staff working at the other practice in the building told us that there were no arrangements in place for sharing resources such as its vaccines fridge.
- Records showed that the GP had undertaken a Criminal Records Bureau (CRB) check in 2005.

Monitoring risks to patients

We looked at procedures in place for monitoring and managing risks to patient and staff safety.

- The practice had a health safety policy but did not display a health and safety poster identifying local health and safety representatives. The practice had not undertaken fire risk assessments. We were told that they were undertaken by the other practice based in the building but a copy was not kept on file. There was also no evidence that regular fire drills took place. There was no record of electrical equipment having been checked to ensure the equipment was safe to use or of clinical equipment being checked to ensure it was working

Are services safe?

properly. There was no evidence that risk assessments regarding control of substances hazardous to health and infection control or legionella took place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We were told that these were undertaken by the other practice sharing the building but a copy could not be provided.

- The GP told us that during periods of annual leave or sickness, an informal cover arrangement was in place with the other GP using the building. However, we did not see evidence of a formal protocol regarding access to patient records.

Arrangements to deal with emergencies and major incidents

We looked at arrangements in place to respond to emergencies and major incidents.

- Records showed that Dr Sampson had undertaken cardiac resuscitation training in January 2015.
- When we asked about emergency medicines provision, we were told that Dr Sampson had access to the

emergency medicines of the other GP provider working in the building. However, this arrangement was not confirmed by the provider's staff on either 10 March or 24 March 2016 or in any documentation we reviewed. When we looked at Dr Sampson's policies and procedures, we saw a handwritten risk assessment on his decision not to have emergency medicines on the premises. Shortly after our inspection we received a letter confirming that Dr Sampson had access to the emergency medicines, oxygen and defibrillator of the other GP using the building. Dr Sampson provided a list of the emergency medicines he kept in his doctor's bag for home visits. We noted that the list did not include Adrenaline and that this decision had not been risk assessed by Dr Sampson.

- We were told that the practice's patient records were entirely paper based and stored at the GP's home address but the practice did not have a comprehensive business continuity plan in place for major incidents such as building damage and we could not be assured that the records were being securely stored.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

It was unclear what action was being taken to improve people's outcomes as there was limited monitoring of people's outcomes of care and treatment. We were told that the practice 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.

- The GP told us they had access to guidelines from NICE via the internet and that they used this information to deliver care and treatment that met patients' needs.

We could not confirm however that the GP monitored that guidelines were followed through, for example, checks of patient records.

Management, monitoring and improving outcomes for people

The practice did not participate in 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. There was no evidence that an alternative quality improvement system was in place.

The GP told us that they used their clinical experience to informally monitor patient outcomes with regards to the disease concerned. Health screening (which is a way of finding out if patients are at higher risk of a health problem) was offered opportunistically when patients made appointments. We were also told that the GP routinely discussed ongoing treatment concerns with another GP sharing the building but that these discussions were informal and not minuted.

We looked at the practice's limited quality improvement systems; including clinical audit.

- Patient outcomes were hard to identify. For example, there was little reference made to quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- The GP had undertaken one clinical audit in the last two years. We were told that due to the practice's small

patient list size, the audit was based upon the patients of another local practice. The audit was a two cycle completed audit and was triggered by high antibiotic prescribing rates at the other practice.

In April 2014 the GP reviewed ten patients who had had an ear infection to see whether they had been prescribed antibiotics prior to referral to an Ear, Nose and Throat specialist. The initial review showed that 7 out of 10 patients had been prescribed antibiotics. The second cycle of the audit in April 2015 showed that 6 out of 10 patients were prescribed antibiotics prior to referral.

However, it was unclear how this improvement had been achieved or how learning had been shared and used to improve services for the practice's six patients.

Effective staffing

We looked at whether the practice had the skills, knowledge and experience to deliver effective care and treatment.

- The GP told us that they undertook role-specific training and updating. For example, regarding reviewing patients with long-term conditions.
- The GP told us that their learning needs were identified through CCG meetings and that they had access to appropriate training to meet their learning needs and to cover the scope of their work. We were told that they had been revalidated in September 2015 although documentary evidence was not provided.

Coordinating patient care and information sharing

We were told that the information needed to plan and deliver care and treatment was available to the GP in a timely and accessible way through the practice's paper based record system. We were further told that this included care and risk assessments, medical records and investigation and test results and that the GP shared relevant information with other services in a timely way, for example when referring patients to other services.

However, we were declined access to medical records which meant that we could not be assured that hospital discharge letters and blood test results were received and appropriately actioned, that referrals were being processed in a timely fashion, that there were systems in place for safe

Are services effective?

(for example, treatment is effective)

prescribing, that there were systems in place for effective and evidence based chronic disease management and that preventative interventions were being offered and undertaken.

In addition, we could not be assured that there was a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

We were told that none of the practice's patients currently required meetings with other health care professionals or care planning. However, we could not be assured that this was the case.

Consent to care and treatment

We looked at systems in place for ensuring that the GP sought patients' consent to care and treatment in line with legislation and guidance.

- They understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

Although there were no patients aged 18 or under, when providing care and treatment for children and young people, the GP told us that they carried out assessments of capacity to consent in line with relevant guidance.

However, this could not be confirmed as we were declined access to patient records.

Supporting patients to live healthier lives

We were told that the practice had systems in place to identify patients who may be in need of extra support such as patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring smoking and alcohol cessation advice. We were further told that these patients were signposted to the relevant service but we could not confirm that this took place.

The practice was unaware of its uptake for the cervical screening programme. We were told that the practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening but performance data was not available.

None of the practice's patients were aged 18 or under and so childhood immunisation data was not available.

We were told that patients had access to appropriate health assessments and checks including health checks for patients aged 40–74 but this could not be confirmed by looking at patient records. There was no focus on prevention and early identification of health needs. Systems in place were reactive rather than proactive in supporting people to live healthier lives.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We looked at how the practice involved and treated people with compassion, kindness, dignity and respect.

- We were told that the treatment room door was closed during consultations so that conversations taking place could not be overheard.
- People's privacy and dignity were not respected. A couch side privacy curtain was not provided in the consulting room to maintain patients' privacy and dignity during investigations and treatments. We were told that if necessary, patients could be seen in the consulting rooms of the other GP based in the building (which had privacy curtains). However, when we spoke with the other GP's staff team, they told us that no such arrangement was in place.

Care planning and involvement in decisions about care and treatment

We were declined access to patient records and therefore could not be assured that patients were involved in decisions about their own care or that their preferences and choices were taken into account when care was being planned or delivered.

We were shown a patient survey completed in 2015 as part of the GP's annual appraisal. The results were positive but we noted that the respondents included patients from another practice where the GP undertook locum duties.

Patient and carer support to cope emotionally with care and treatment

We did not see evidence of patient information leaflets in the patient waiting area to advise on how to access support groups and organisations.

We were told that none of the practices patients had carer responsibilities.

We were told that if families had suffered bereavement, the GP contacted them; followed by a patient consultation to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was limited evidence that the practice had reviewed the needs of its local population:

- We were told that home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- We were told that same day appointments were available.
- We were told that patients with long term conditions were offered longer appointments.

This could not be confirmed without reviewing patient records or speaking with patients.

The facilities and premises used were not appropriate for the services being provided, and action was not taken to address this. For example:

- The practice was based on the first floor and not serviced by a lift.
- The practice's patient toilet was not disabled accessible.
- A hearing loop was not installed.
- The surgery was not suitable for older people in that it was based on the first floor and not served by a lift. It was unclear how patients with reduced mobility would be seen.
- Appointments could only be booked by telephone and there were no early opening hours for patients who worked or students.

We also noted that the practice did not have a website and that on line services such as repeat prescriptions were not offered.

Access to the service

The practice's opening hours are:

Monday- Friday 9:15am – 11:30am and 4:45pm – 7pm

Appointments are available at the following times:

Monday: 8:30am-1:30pm, 2:30pm-6:30pm

Tuesday: 8:30am-12:30pm, 3:30pm-6:30pm

Wednesday: 8:30am-1pm, 3:30pm-6pm

Thursday: 8:30am-12:30pm, 2:30pm-6pm

Friday: 9am-12:30pm, 3:30pm-6pm

Outside of these times, cover is provided by Dr Sampson via mobile phone, by triaging the patient and advising on the best course of action. We were told that this service is provided seven days per week including holidays; and that there is an informal arrangement in place with a nearby GP practice when Dr Sampson is unavailable. We were unable to confirm this arrangement.

We were told that home visits were rarely requested but that there were systems in place to assess:

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

This entailed telephoning the patient in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, the GP would advise the patient regarding alternative emergency care arrangements.

Listening and learning from concerns and complaints

We looked at the practice's systems for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England with the exception of information being readily available to help patients understand the complaints system. We also noted that the policy did not have a review date.
- The GP was the designated responsible person who handled all complaints in the practice.

We were told that there had not been any written complaints received in several years. However, when we looked at NHS Choices patient feedback we noted that between 2010 and 2013, five negative complaints had been posted regarding rudeness and a lack of compassion. The posts had not been addressed and that there was no evidence that lessons had been learnt or actions taken 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

When we asked about the practice's vision and strategy we were told of the lead GP's plans to relocate and take on the patient list of a nearby retiring GP. However, we did not see evidence of a detailed plan to achieve this strategy. For example, there was no evidence that NHS England had been consulted regarding the proposal.

Governance arrangements

The governance arrangements and their purpose were unclear.

- The practice had a number of policies and procedures to govern activity but the age and review date of some documents (for example the complaints policy) could not be determined. We also saw that other policies (such as the chaperone policy) lacked sufficient detail.
- The practice lacked an effective system for identifying, capturing and managing issues and risks (for example regarding infection prevention and control risks).
- We noted that the provider did not have quality improvements systems in place such as QOF or any alternative system to assure itself that patient outcomes were being optimised.

Governance arrangements did not provide reassurance that people were being protected from avoidable harm, that people's care and treatment achieved good outcomes,

that people were being treated with compassion, that the care provided met people's needs or that governance arrangements facilitated the delivery of high-quality person-centred care.

Leadership and culture

We were unable to ascertain that the practice provided high quality care. The GP told us they prioritised safe, high quality and compassionate care but this was not borne out by the lack of governance, risk management and quality improvement systems in place. We were concerned by a lack of openness regarding providing evidence of effective monitoring of patient outcomes.

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

There was minimal engagement with people who used the service. The GP had not responded to NHS Choices feedback and did not participate in the GP national patient's survey. We noted that at our July 2014 inspection, the provider had evidenced an April 2014 patient survey. This was in response to patient engagement concerns we identified in February 2014.

However, further annual practice patient surveys had not taken place at the time of our March 2016 inspection. We were told that the practice's small patient list precluded the need for a patient participation group and that the GP continuously sought patient feedback which they acted on. However, specific examples were not provided.

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.

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 Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by:</p> <ul style="list-style-type: none">• Failing to ensure that appropriate infection prevention and control systems were in place.• Failing to ensure that clinical equipment was regularly checked.• Failing to ensure that the GP had undertaken annual basic life support training.• Failing to undertake a risk assessment of the decision not to include Adrenaline on the list of emergency medicines carried on home visits. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Regulation 17 Good Governance</p>

This section is primarily information for the provider

Enforcement actions

- Failing to ensure that appropriate governance arrangements were in place to assess and monitor risks and improve the quality of service provision.

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014