

Dr Ijaz Hayat

Quality Report

Hayat Medical Centre,
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Date of inspection visit: 17 June 2015
Date of publication: 24/09/2015

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out a comprehensive inspection of this practice in October 2014 where we found the practice to be inadequate for providing safe, effective, caring, responsive and well-led services. It was also inadequate for providing services for the care provided to older people, people with long term conditions, families, children and young people, working age people (including those recently retired and students), people living in vulnerable circumstances and people experiencing poor mental health (including people with dementia). You can view the full report by selecting the 'all reports' link for Hayat Medical Centre on our website at www.cqc.org.uk

We undertook this focussed inspection on 17 June 2015 to check that the provider had made improvements and now met legal requirements. This report only covers our findings in relation to those requirements.

We found some minor improvements had been made:

- Staff had attended child protection and adult safeguarding training
- Staff had been trained to carry out chaperone duties

- Suitable arrangements were in place to ensure medicines were appropriately stored and that fridge temperatures were recorded in line with recognised guidance.

However, we found that overall the practice was still providing **inadequate** care that was not safe, caring, effective, responsive or well-led.

We found the provider to be in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The regulations breached were:

- Regulation 7 – Requirements relating to registered managers
- Regulation 17 – Good governance
- Regulation 12 – Safe Care and treatment
- Regulation 18 – Staffing
- Regulation 15 – Premises and equipment
- Regulation 16- Receiving and acting on complaints

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

- The practice had no clear leadership structure and limited formal governance arrangements.
- Suitable arrangements for leadership, training and implementation of effective infection control measures were not in place

Summary of findings

- There were no systems in place to manage risk, including procedures and audit to monitor effective risk assessment of any actions that had been taken to mitigate the risks
- Clinical audit cycles were not completed undertaken.
- There were no systems to ensure that patients received treatment and care relevant to their condition, including routine reviews of patients with long term conditions.
- Appropriate arrangements were not in place to respond to medical emergencies
- Patients receiving repeat prescriptions were not regularly reviewed by the GP
- There were no arrangements in place for working with other health and social care professionals to ensure patients with complex needs or priority conditions were discussed and appropriate action taken
- Patients felt they were not able to make or participate in decisions relating to their care or treatment.
- Recruitment checks were not carried out for all staff prior to employment.
- Staff were not appropriately trained, supervised and appraised.
- There were no arrangements in place for annual testing of electrical equipment.
- There were no systems in place to audit, manage, respond to and learn from incidents, complaints and occasions when things went wrong

If the provider had continued to be registered with the Care Quality Commission, the provider would have been placed into special measures. The areas where the provider must have made improvements are:

- Put in place systems to audit, manage, respond to and learn from incidents, complaints and occasions when things go wrong.
- Ensure that recruitment checks are carried out for all staff prior to employment.

- Ensure that patients receiving repeat prescriptions are regularly reviewed by the GP.
- Make suitable arrangements for leadership, training and implementation of effective infection control measures.
- Ensure arrangements are in place for annual testing of all electrical equipment.
- Ensure appropriate arrangements are in place to respond to emergencies.
- Put in place systems to ensure that patients receive the treatment and care relevant to their condition, including routine reviews of patients with long term conditions.
- Ensure that all staff are appropriately trained, supervised and appraised.
- Put in place systems to manage risk, including procedures and audit to monitor effective assessment and implementation of actions identified.
- Ensure audit cycles are undertaken.
- Implement clear leadership structures and ensure staff are made aware of governance arrangements.
- Ensure patients are enabled to make or participate in decisions relating to their care or treatment.
- Make suitable arrangements for working with other health and social care professionals to ensure patients with complex needs or priority conditions are discussed, and agreed appropriate action taken

We believed that there was a serious risk to patients' lives, health or wellbeing so we took immediate enforcement action. The registration of Dr Hayat to provide Diagnostic and Screening Procedures and Treatment of Disease Disorder or Injury, at this location, was cancelled with immediate effect by an order of the Court on 19th June 2015.

As part of this action CQC liaised with NHS England to ensure measures were put in place to provide support, care and treatment for the patients affected by this closure. Patients previously registered with Hayat Medical Centre were transferred to another local practice.

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 was rated as inadequate for providing safe services when we inspected on 22 and 23 October 2014.

During our inspection in June we found patients continued to be at risk of harm because systems and processes to protect them were not in place. The practice did not have a risk register and did not have systems in place to check the safety and effectiveness of clinical provision. No significant events or incidents had been recorded since October 2014 despite staff telling us that some had occurred. No systems were in place to circulate national patient safety alerts in the absence of the practice manager. There were no systems in place to check whether locum GPs had had checks carried out with the Disclosure and Barring Service (DBS).

The provider was unable to employ enough locum GPs to meet the needs of patients.

The practice did not have a business continuity plan.

Inadequate



Are services effective?

The practice was rated as inadequate for providing effective services when we inspected on 22 and 23 October 2014.

During our inspection in June we found the practice was using locum GPs on a daily basis and there was no evidence to demonstrate what arrangements were in place for sharing best practice guidelines. The registered manager did not have any clinical oversight of patient care. We found that whilst some clinical audits had been started there were no completed audits and the first phase of clinical audits was incomplete. There was a lack of continuity and consistency in diagnosis and treatment by locum doctors

Suitable alternative arrangements had not been put in place in the extended absence of the practice manager.

There were still no arrangements in place for multi-disciplinary (MDT) meetings to manage complex cases.

Inadequate



Are services caring?

The practice was rated as inadequate for providing caring services when we inspected on 22 and 23 October 2014.

During our inspection in June we found patients told us they were still not satisfied with the overall quality of care and support offered by the practice from both clinical and non-clinical staff.

Inadequate



Summary of findings

Are services responsive to people's needs?

The practice was rated as inadequate for providing responsive services when we inspected on 22 and 23 October 2014.

During our inspection in June we found patients reported difficulty in contacting the surgery and that there was poor continuity of care. Appointment systems were not working well as no advance appointments or emergency appointments were available. Patients could only book an appointment on the same day.

There were no systems in place to review the needs and care of patients with long term conditions or those patients needing clinical follow up. Further, it was not clear how patients were provided with home visits.

The practice did not record all complaints received. Staff told us that they received many verbal complaints every day and that they had not been recorded or investigated

Inadequate



Are services well-led?

The practice was rated as inadequate for providing well-led services when we inspected on 22 and 23 October 2014.

During our inspection in June we found the provider did not understand their obligations under the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014 (as amended) to ensure the service was delivered to meet essential standards of quality and safety. They did not demonstrate that they had the necessary skills and experience to carry on the regulated activities.

The registered manager, who was also the provider, did not have a clear vision and strategy for the practice. They demonstrated a lack of insight into the functions of the role of registered manager. There was no clear leadership structure and staff did not have clear objectives or feel supported by management. The practice had not proactively sought feedback from staff and did not have an active patient participation group (PPG).

Inadequate



Summary of findings

What people who use the service say

All nine patients we spoke with during the inspection told us they were not satisfied with the overall quality of care and support offered by the practice from both clinical and non-clinical staff, as they felt neither treated them with dignity or respect.

Patients expressed concern about the difficulty in contacting the surgery to book appointments, the fact that no emergency appointments were available and the lack of consistency in diagnosis from the locum doctors.

Dr Ijaz Hayat

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor, a second inspector and a nurse specialist advisor. All specialist members of the inspection team were granted the same authority to enter registered persons' premises as CQC inspectors.

Background to Dr Ijaz Hayat

Hayat Medical Centre is situated at 273 Boundary Road, London, E17 8NE. The practice provides primary care services through a General Medical Services (GMS) contract to approximately 5000 patients in the local area. The practice is part of the NHS Waltham Forest Clinical Commissioning Group (CCG) which is made up of 45 GP practices that serve a population of 292,000.

The practice is located in a converted terraced property with all patient accessible areas on the ground floor; a ramp provides access for wheelchair users. The practice serves a younger adult population group with patients predominantly in the 25-34 years age range. Twenty five percent of patients are young people and children under 18 years of age which is higher than both the CCG and national averages, whilst only 7.6% of patients are over 65 years of age, below the CCG and national averages.

The practice serves a multi-cultural population including patients of Bengali and Arabic origin. The practice is situated in an area of high deprivation. There is a high prevalence of diabetes among patients at the practice.

At the time of our inspection and prior to cancellation the practice was registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures and the treatment of disease, disorder and injury.

The practice staff comprised of one male lead GP, Dr Hayat, who is both the "provider" and "registered manager" of the practice, a nurse, a practice manager, office manager and three administrators. At the time of the inspection Dr Hayat was not able to carry out clinical activity at the practice as a consequence of conditions on his General Medical Council (GMC) registration. Approximately 12 locum GPs had made up the clinical establishment in the month preceding our inspection.

Hayat Medical Centre, did not provide an out of hours service and patients calling the surgery when it is closed are directed to NHS 111 if they require the services of a GP. If surgery appointments are full in working hours patients are directed to either the local walk in centre or to the accident and emergency department at Whipps Cross Hospital

Appointments were available from 9am to 12pm and 3pm to 6pm on weekdays except Wednesdays when the practice closed at 12.00pm. The last appointment time was 5.50pm.

Why we carried out this inspection

During 2013/14 CQC conducted five statutory inspections of the practice; on each occasion the practice failed to demonstrate that the essential standards were met. Enforcement action to cancel the provider's registration was started.

Detailed findings

We undertook this announced focussed inspection of Hayat Medical Centre to check whether there had been any improvements to meet legal requirements since our inspection in October 2014.

How we carried out this inspection

We inspected the practice against the five key questions we ask about services:

- Is it safe?

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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew including NHS England .

We carried out a short notice announced visit on 17 June 2015. During our visit we spoke with the registered manager, the locum GP, office manager and receptionists. We also spoke with nine patients who used the service.

Are services safe?

Our findings

Safe Track Record and learning and improvement from safety incidents

We found that no improvements had been made to identify risks and improve patient safety since our last inspection on 22 and 23 October 2014. We noted the latest incident recorded was when medications had been left out of the fridge on the day of our previous inspection visit. The registered manager told us there had not been any significant events since then. Staff told us there had been occasions where they were threatened due to patients getting frustrated about the appointments system and the fact that their complaints were never addressed. These incidents had not been logged as significant events, had not been discussed by the practice staff and no action had been taken to minimise the risk of reoccurrence. Staff we spoke with also stated they were unclear as to whom to report incidents to now that the permanent practice manager was on leave.

We were not provided with evidence to show improvements had been made to processes for learning from incidents. One member of staff told us they completed incident forms; however they were unable to locate one during our inspection and could not evidence any action taken as a result of incidents that had occurred.

The practice manager had told us at our previous inspection, that national patient safety alerts would be sent directly to them and they would then circulate to doctors. However, when we inspected the practice manager was on leave and staff were unable to tell us what happened to these alerts during their absence.

Reliable safety systems and processes including safeguarding

We checked 11 staff files and found records that confirmed that six staff had completed child protection training to level 1 and four had completed safeguarding adults training. All certificates were dated between July 2013 and January 2014.

The registered manager was not able to tell us how they checked whether the locum GPs had been Disclosure and

Barring Service (DBS) checked, were trained to Level 3 in child protection or had received any adult safeguarding training, therefore they could not be confident that the locum GPs did not present any risk to patients.

We were told reception staff had acted as chaperones and had been trained by the registered manager. We found staff understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination. Although the registered manager told us Disclosure and Barring Service (DBS) checks had been completed for non-clinical staff undertaking chaperoning responsibilities, there was no documented evidence to confirm this. (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).

Medicines Management

We found an appropriate range of emergency medicines were available, accessible and in date. The practice had a system for regular checking of these medicines which included expiry dates and stock levels. We checked the fridge used to store vaccines and found storage was in line with current guidance and regular checks had been completed.

There were appropriate Patient Group Directions in place, giving legal authority for the current nurse to administer vaccines.

We found there had been no improvements to the systems to provide repeat prescriptions. Patients we spoke with told us it was difficult to get repeat prescriptions in a timely way. For example, a patient told us they had run out of their asthma medication despite requesting his prescription a week before he ran out. We checked the practice online system and noted that there were 13 electronic requests for repeat prescriptions dating from 13 June 2015 that had not been actioned. We asked the registered manager about this and were told that the salaried GP who could access that part of the system had left the practice and no one else knew how to use the system. We were concerned that the number of requests would build up rapidly as no managerial action had been taken to resolve this situation and requests were coming in daily. Patients had not been informed of probable delays or alternative ways of requesting repeat prescription medication.

Are services safe?

During our inspection a patient informed us they had attended the surgery every day for the last five working days asking for a prescription for a family member which had been requested in a document from a hospital outpatient department on 9 June 2015. However, they had been told that the practice would not now give them the prescription. We asked the registered manager why the prescription had not been given and was told there was no reason. Whilst we were there the locum GP provided the requested prescription.

Cleanliness & Infection Control

We observed the premises to be clean and tidy. We were told a cleaner was employed on a daily basis and we saw cleaning schedules were in place which detailed daily, weekly and monthly tasks to be carried out.

We were shown a protocol for infection prevention and control that had been produced since our last inspection. However, it was brief and did not meet the requirements set out in the Department of Health code of practice on prevention and control of infection under The Health and Social Care Act 2008. It did not contain sufficient guidance for members of staff regarding processes to follow within the surgery. The protocol stated that all partners were the leads however, there were no partners and the registered manager told us they were not the lead and expected the practice manager, who was currently on extended leave, to lead on infection control matters. Staff we spoke with were not aware of who the infection control lead was. We did not see any evidence to confirm whether there had been a recent infection control audit or whether the issues identified in the audit of March 2014 namely that occupational health assessments, a uniform policy, a single use instrument policy and measures to be put in place to prevent the medicines fridge being switched off, had been completed.

We found the practice was still not following the recommendation of testing the water regularly in order to reduce the risk of infection to staff and patients as identified in a legionella risk assessment carried out in June 2014.

Equipment

We saw evidence that the weighing scales, blood pressure monitor, ear irrigator and nebuliser compressor had been calibrated in March 2015. However, there were no records to show that portable electrical equipment was routinely tested.

Staffing & Recruitment

The registered manager had conditions imposed on his GMC registration which restricted his ability to practice at the surgery and there was no salaried GP at the time of our inspection. The practice therefore had to rely on locum GPs. The registered manager said they did not have any formal procedures in place for booking locums and this was either carried out by the part-time assistant practice manager or the office manager. The registered manager acknowledged that clinical services were being delivered by a large number of locum GPs. There was no evidence available to confirm that appropriate checks were carried out before locums started work at the practice.

We looked at staff records and found that appropriate recruitment checks had not been undertaken prior to employment. Three new members of staff had been recruited since the last inspection in October 2014. We saw the recruitment records only included one reference for two members of staff and none for the third, which is not in accordance with the requirements of the Health and Social Care Act. Further, there was no evidence that these new starters had Disclosure and Barring Service (DBS) checks. (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).

We found the registered manager did not have effective processes in place for ensuring the nurses were competent for the role they were being employed to carry out. For example, there was no evidence they were trained beyond that gained in pre-registration training to administer vaccines or care for patients with diabetes. The registered manager said they had training records for all staff, however, we could not find any records of clinical role-specific training for the current nurse who had been employed in February 2015. In addition, there were no training records available for a previous nurse who had been working at the surgery on a locum basis apart from a record of an asthma update.

Monitoring Safety & Responding to Risk

Are services safe?

The registered manager told us the practice did not have an environmental risk log and did not have systems in place to check the safety and effectiveness of clinical provision. Therefore they were unable to identify and respond to changing risks to patients, including deteriorating health and well-being.

We saw fire extinguishers had been serviced since our last inspection; however staff told us they were still not aware of a fire evacuation procedure and had not been trained to use the fire equipment and weekly fire alarm checks had not been taking place.

The health and safety policy was still incomplete as named roles identified in the policy for people to report concerns to had not been included. Identified actions from a Health and Safety audit which had been carried out in July 2014 still had not been completed. For example, it stated that the practice should carry out a lone worker risk assessment and undertake testing of emergency lighting and neither had been completed.

We expressed our concerns regarding the safety of services being provided for the patients registered with the practice and the registered manager accepted that there was a risk to patients.

Arrangements to deal with emergencies and major incidents

Oxygen cylinders and an Automated External Defibrillator were available in the treatment room. However, there were no systems for checking that these were in working order.

We checked 11 staff files and found that three staff had not received basic life support (BLS) training.

A business continuity plan was not in place to deal with a range of emergencies that may impact on the daily operation of the practice. Therefore staff could not tell us what they would do in the event of a power failure or inability to access to the building.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was no evidence to show that clinical guidelines from the National Institute for Health and Care Excellence (NICE) were being followed. The registered manager did not know how NICE guidance was received into the practice and disseminated to staff. They could not outline the rationale for their treatment approaches or tell us how care was planned to meet identified needs. Further, they were not sure how patients with long term conditions were reviewed at required intervals to ensure their treatment remained effective.

Management, monitoring and improving outcomes for people

The registered manager showed us details of a number of clinical audits, including one for patients on warfarin, another for patients on non-steroidal anti-inflammatory drugs and a third relating to antibiotic prescribing. The purpose or the criteria for the audit was not recorded. . . All the documents we were shown were the first step to identify patients. All were single phase clinical audits which were incomplete. The second phase had not been completed. There were no notes of any discussion about the audit. There was no timeline to suggest that a second cycle of audit would be completed, neither was there any plan to disseminate learning from the audits once they were completed.

On the day of our inspection we found that there were 36 blood results awaiting review and action, all from within the previous 24 hours. There were 24 abnormal results. We found six from the previous day had been actioned by a non-clinical member of staff through what are known as patient notes or tasks. These advised other non-clinical staff to take actions such as book patients in to see a GP. Administrative staff told us they could not book any patients into future surgeries; therefore it was unclear how the patients with abnormal results would be followed up. This situation put patients at risk as each day more abnormal test results would be coming into the system. We discussed our concerns with the registered manager who told us they felt the assistant practice manager had the

experience to check these results and allocate actions accordingly. However, they said they were not aware of what training they had received and had not assessed their competency.

Two nurses had been carrying out reviews of patients with diabetes. However, the template had not been completely filled in and foot checks were not being carried out. There was no evidence that patients had been referred anywhere else to have their feet checked. Failure to check the feet to assess risk level poses a serious risk to patients with diabetes due to damage to sensation and circulation. Ten minutes was allocated for diabetes reviews which is insufficient time for a thorough review.

Effective staffing

The practice was using locums on a daily basis as the registered manager was unable to carry out clinical duties; however the locum GP on the day of our inspection told us they had not received an induction and were unaware of any managerial or professional support offered by the practice. They told us they felt both patients and staff were at risk due to the lack of clear processes and they would not be returning to work at the practice.

We noted the locum GP on duty on the day of our inspection had seen patients without a break for more than four and a half hours and said he was exhausted at the end of the surgery, which ran over by more than an hour due to the amount of patients booked to see them. They stated they would not undertake a further locum session at the practice as they considered the pressures to be putting patient care at risk. The registered manager told us they had had difficulties finding enough locum GPs to cover the workload. We were told by reception staff that when the appointment list was full, all patients were directed to attend the nearby walk in centre, Whipps Cross Hospital Accident and Emergency Department or advised to dial 999. They would redirect patients from as early as 09:00 as they had no urgent appointment slots available on a daily basis.

We asked the registered manager what contact did he have with locum GPs and how did he check on their clinical practice, particularly in respect to the care and treatment given to patients. He told us he did not have any contact with them, only to say hello if he saw them in the practice.

Are services effective?

(for example, treatment is effective)

It was noted, and the registered manager acknowledged, that the relatively high volume of locum GPs caused issues and risks relating to the continuity of patient care and communication.

The practice manager was on leave and we were told by the registered manager that the office manager was the acting practice manager until the practice manager returned. However, the office manager told us this was not the case.

We also found the nurse had given in their notice and would be leaving the practice at the end of June 2015. However, no arrangements had been made to find a replacement. The office manager told us they had had discussions with a nurse who had previously worked at the practice but that no firm arrangements had been made for her to work at the practice.

Working with colleagues and other services

The practice did not work effectively with other service providers to meet patient's needs and manage complex cases. We found there were still no arrangements in place for multi-disciplinary (MDT) meetings. The practice was unable to evidence any formal multi-disciplinary working arrangements with other health and social care professionals. The GP said they contacted health visitors, district nurses and social workers when they needed to exchange information about patients using a standard form. However, they were unable to locate the form on the day of our inspection.

Information Sharing

The practice had an electronic patient record system in place to provide staff with the information they needed to coordinate, document and manage patients' care. We found there were 27 inbound documents not associated with any patient. There were also 432 unassociated documents awaiting action dating from 1 May 2015. We checked 20 of these documents and whilst most were from out of hours (OOH) providers and did not require action there were others where a clinical decision was required and had not been made. GP follow up was indicated in 5 out of 20 where the OOH reports had advised that further, non-urgent, GP follow up was to be arranged. These were for relatively minor illnesses and minor injuries and could

have been handled either by telephone consultations or face to face consultations. It was apparent from the notes for these patients that no follow up had occurred and their care had been neglected.

There were no outstanding items under the headings "referral management" or "referrals" on the clinical system. It appeared that the practice did not make use of this part of the system. We also found some documents from OOHs were emailed directly to the registered manager in a different part of the system. However, the registered manager did not open these documents, instead he forwarded them to a non-clinical member of staff who was expected to action them. This process was unclear and was potentially unsafe.

A further part of the management system showed there were 67 Summary Care Records awaiting action dating from 24 March 2015. Whilst of low clinical risk this demonstrated further aspects of the system that appeared not to be well managed. (A summary care record is an electronic patient record, which summarises National Health Service patient data for the purpose of having patient data readily available anywhere that the patient seeks treatment).

Consent to care and treatment

We asked for but were not given evidence to show improvements had been made to ensure that locum GPs understood and implemented the key parts of the Mental Capacity Act 2005 and Gillick competencies. (Gillick competency is where a test to enable a GP to decide whether a child (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge).

Health Promotion & Prevention

The registered manager was not aware of how they were performing regarding cervical smear uptake and the practice nurse was not available on the day of our inspection. However NHS monitoring information stated the practice take up was approximately 62% compared to the CCG average of 72%. Administrative staff said they would send text messages to remind patients of their appointments. However, there were no system in place for following-up patients who did not attend cervical screening. We were told the current nurse working at the surgery was not trained to take samples for cervical screening. As there was no permanent female GP at the

Are services effective? (for example, treatment is effective)

practice patients had been asked to attend a nearby surgery. This surgery was no longer offering this service and no alternative arrangement was in place. This presented a serious risk to women who were unable to access this NHS screening test.

We were told that all patients requesting vaccines who were due to travel abroad were told to go to private clinics as there was no nurse who could provide this service. This was actioned without an assessment of the vaccines required, some of which were available under the NHS.

We were not given evidence to show improvements had been made to increase the number of physical health checks carried out in the last year for people on the learning disability register which stood at 10% overall at our last inspection as compared to the national average of 44%.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We spoke with nine patients on the day of our inspection. All told us they were not satisfied with the care provided by the practice. Common themes included not being able to see the same GP, getting different diagnoses from different doctors and having to wait a long time after their stated appointment time to be seen. They also said when they were seen they were not treated with dignity or respect by some of the locum doctors.

Since our last inspection the practice had relocated its switchboard away from the reception desk to ensure patients waiting at reception could not hear confidential information being discussed on the phone. They had also drawn a red line on the floor about 1 metre away from the reception and asked patients waiting to remain behind the line to avoid them overhearing potentially private conversations between patients and reception staff.

Reception staff told us that on occasions they felt vulnerable behind reception as quite a number of patients often displayed threatening behaviour. They told us they had requested some training on how to defuse potentially difficult situations but they had not yet received it. There was a notice in the patient reception area stating the practice's zero tolerance for abusive behaviour.

We observed that staff did not always treat people whose circumstances may make them vulnerable, in a sensitive manner. For example, we saw older patients and patients with learning disabilities were turned away from reception

when they attended the surgery for emergency appointments and were told to try again the next day or to go to the urgent care centre. The reception staff told us they were never able to give emergency appointments and that all patients were directed to the urgent care centre.

Care planning and involvement in decisions about care and treatment

Patients we spoke with on the day of our inspection told us that health issues were not discussed with them and they did not feel involved in decision making about the care and treatment they received. They also told us they did not feel listened to and supported by staff and did not have sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. We were told that everyone, including patients with long term conditions such as diabetes could only discuss one issue with GPs at their appointment as extended appointments were not available. Patients told us they would have to book more than one appointment but appointments could only be booked one at a time.

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with on the day of our inspection were not positive about the emotional support provided by the practice. One patient told us they had waited more than two weeks to get a death certificate.

There was no information displayed in reception regarding bereavement counselling and the registered manager told us they were not aware of any such service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

In the national GP survey 26% of patients that responded said they found it easy to get through to the surgery by phone, 39% said the last GP they saw or spoke to was good at listening to them and 29% described their overall experience of the surgery as good.

We undertook a review of records for patients with long term conditions including diabetes, chronic obstructive pulmonary disease and hypertension. We noted that at least 11 different GPs and two nurses had written consultation notes for patients with long term conditions in the 25 patient records we looked at. This meant that patients were not being offered continuity of care. This increased clinical risk as patients were less likely to consult the GP and follow medical advice which could adversely impact their health outcomes.

Of the 20 sets of notes reviewed for patients with diabetes the medication had been reviewed in a timely way for 16 patients and a review for 4 patients had not been carried out. Whilst some checking of important aspects of clinical care had been undertaken, the quality of the checking varied considerably with many aspects of care omitted, such as foot checks.

We found there were no systems in place to review the needs and care of patients needing clinical follow up. The locum GP told us they had spoken to a relative of an elderly person who had a worsening rash and needed a home visit. The locum advised that he would ensure someone visited to assess the rash but could not say when this would be as he was not aware of any process to support home visits. He told us had the case been urgent he would have visited or called an ambulance because he had already been working more than an hour longer than he had been contracted for.

There was a lack of continuity of care and no advance appointment booking system, therefore patients with long term conditions were being put at risk of their conditions deteriorating which could put them at risk of serious health issues.

Tackling inequity and promoting equality

The practice had access to online and telephone translation services and we were told that they tried to book locum GPs that spoke the main relevant languages

such as Urdu and Hindi. However, the GP working on the day of our inspection told us they had difficulty communicating with some patients as the practice had not mentioned any language requirements when they were booked.

Access to the service

The practice was open from 9am to 12pm and 3pm to 6pm on weekdays except Wednesdays when the practice closed at 12.00pm. The last appointment time was 5.50pm. When the practice was closed an answer machine directed patients to call the NHS 111 service or go to the urgent care centre. Extended hours appointments were not available.. There were no advance bookable appointments for patients; all appointments had to be booked on the day. Patients had to call the surgery at 8am in the morning to get an appointment and all patients we spoke with complained of significant difficulty getting through on the telephone system to make appointments. One patient told us they waited 69 minutes to get through to the practice on the day of our inspection and when they got through all the appointments were taken.

We saw there were appointments in the electronic diary for the day after our visit and staff told us these appointments had been booked in prior to being told by the registered manager not to make any advanced appointments. However, staff said they were not sure if a GP locum was going to attend the following morning or if they were going to have to cancel the surgeries.

We discussed our concern that there was serious risk to patients if they were in need of a home visit or an urgent appointment as they could not get through to the practice for advice because the telephone system in place was not able to meet patient needs and demand. The registered manager said they were trying to improve the situation and had installed an additional telephone line recently.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Seven complaints were made between 3 March 2015 and 12 June 2015. The practice manager had responded with letters of apology to three patients. We were told by staff they received many verbal complaints every day, however there was no record made of these. Most of the complaints related to difficulty in booking

Are services responsive to people's needs? (for example, to feedback?)

appointments or delays in referrals for investigation. The practice had not carried out any reviews of themes identified through complaints and no learning or improvements had taken place.

Are services well-led?

Inadequate 

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

Our findings

Vision and Strategy

We were not provided with evidence that the practice had developed a clear vision or had a strategy to deliver high quality care and promote good outcomes for patients. Staff said they were not aware of any vision or values for the practice.

Governance Arrangements

The sole GP was also the registered manager who explained they were not able to carry out clinical work, but was being supervised by another practice. They said they worked 3 days a week, Monday, Thursday and Friday at the other practice and said that on these days the registered manager's duties were not delegated to any of the other practice staff

The registered manager did not understand their role particularly in relation to the day to day responsibility for running the practice. There was a clear failure on behalf of the registered manager to monitor the quality of practice and ensure there were safe processes in place to protect patients and deliver good care. They did not have an on-going programme of clinical audit to identify where action should be taken to improve the care provided.

Leadership, openness and transparency

There had been no improvements in the way the practice was led since our last inspection in October 2014. Staff were not clear about who the lead was for areas such as infection control and safeguarding and were not clear about their own roles and responsibilities.

The practice manager was on leave and we found appropriate arrangements had not been put in place to supervise and support staff. We were told an interim arrangement was in place for another worker to be the practice manager; however they only attended the practice between 4:30 to 6:30 daily and were not present on the day of our inspection. We found that staff were unclear about what the interim arrangements were in the absence of the practice manager and registered manager.

The practice was still not following its recruitment and selection policy since our last inspection. For example, the policy stated that all members of staff would be given a written job description and that references would be sought prior to employment. Reception staff told us they did not have job descriptions and we found there were no references or DBS checks on file for some members of staff that had been recruited since our last inspection visit in October 2014.

Practice seeks and acts on feedback from users, public and staff

The registered manager told us they had a patient participation group, however, there was no evidence this group was established or making an impact. There were no minutes available and staff could not tell us when the last meeting was held or when the next one would be.

Staff meetings were not being held.

Management lead through learning & improvement

There was no evidence of learning and improvement at the practice.