Dr David Zigmond

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?	Requires improvement
Are services responsive to people's needs?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter of the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Dr David Zigmond on 5 July 2016. Overall the practice is rated as inadequate.

On the basis of our findings we made an application to Camberwell Magistrate's Court on 11 July 2016 to urgently cancel the provider's registration under section 30 of The Health and Social Care Act 2008 on the basis that there were several breaches of the 2014 Regulations which presented serious risks to people's life, health or well-being. including:

- Lack of emergency equipment
- Staff did not adequately assess consent and capacity
- The processes for managing and prescribing patient medication did not keep patients safe
- The processes in place to record and learn for significant events were not effective
- The practice's procedures around child and adult safeguarding did not ensure that vulnerable people were kept safe.
- The practice did not comply with a number of current medical guidelines and best practice.

Other 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 appropriate recruitment checks had not been undertaken for staff prior to their employment and actions identified to address concerns with infection control practice had not been completed.
- Non-medical equipment had not had portable appliance testing since 2013 and there was no assessment of whether or not this equipment was safe to use.
- There was no oxygen or defibrillator on the premises. Staff at the practice told us of two instances where patients had collapsed in or near the surgery and no staff had completed basic life support training within the last 12 months. Staff had not received fire safety training, there was no completed fire safety risk assessment and the fire alarm was broken. Though the practice had business continuity arrangements in place the GP principal had no awareness of these.

Summary of findings

- Systems around medicines management and treatment of patients with long term conditions or mental health concerns were inadequate. There was no effective system in place to ensure that patients were recalled for reviews and treatment provided often did not reflect current best practice and guidance. The outcome of which was reflected in the practice's poor performance in a number of clinical areas relative to other practices nationally and locally.
- There were inadequate systems in place to safeguard people against abuse or harm and a number staff had no DBS certificates.
- Staff were not clear about reporting incidents, near misses and concerns. We identified several instances where significant events were not acted upon in accordance with practice policy.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- There was no evidence of patient or staff feedback being used to drive improvement.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However the practice only had a female nurse on site once a month and only provided nursing services between 9.30 am and 12.30 pm twice a week.
- The practice had no clear leadership structure and governance arrangements were either limited or ineffective.

Our application was successful and Dr Zigmond's registration with the Care Quality Commission was cancelled on 11 July 2016

Had the provider's registration not been cancelled, we would have set out the following list of 'musts' for their action:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Assess and take action to address identified concerns with infection prevention and control
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines and ensure that these are being followed consistently.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.
- Ensure that adequate records are produced for each patient and that effective systems are put in place to ensure that patients are recalled and reviewed when required.
- Put in place appropriate systems to safeguard vulnerable children and adults.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- Staff were not clear about reporting incidents, near misses and concerns. There were several incidents that staff told us about which amounted to significant events but there was no evidence that these incidents were reported and, though staff said some of these were discussed, there was no documented evidence of this or evidence that safety within the practice had been improved as a result of these incidents.
- Patients were at risk of harm because systems and processes were not in place, had weaknesses or were not effectively implemented in a way to keep them safe. For example processes around safeguarding, recruitment, infection control, medicine management, management of unforeseen circumstances and dealing with emergencies were all insufficient and did not keep patients safe.
- There was insufficient attention to safeguarding children and vulnerable adults. Staff did not recognise or respond appropriately if they suspected abuse had occurred.

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. For example the GP principal did not follow recognised professional guidance for the prescribing of benzodiazepines or assessment of depression.
- Patient outcomes were hard to identify as there was little evidence of any quality improvement initiative.
- There was evidence of minimal engagement with other providers of health and social care including district nurses and health visitors.
- There was limited recognition of the benefit of an appraisal process for staff from the GP principal. Only two members of reception staff had been appraised by the practice.
- Basic care and treatment requirements were not met.

Are services caring?

Requires improvement

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

Summary of findings

- Though the GP principal was aware of potential safeguarding issues that could arise from family members translating for patients he said that he was happy to allow this to happen during consultations.
- Data from the national GP patient survey showed patients rated the practice in line with local and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- The practice was not responding to the needs of their population adequately. There was no website for patients to obtain information on practice services; the practice had only recently employed a female nurse to take cervical screening samples once a month, the rest of the time there was no access to a female clinician.
- Nursing services were only provided two mornings each week.
- Premises were not suited to those with mobility problems, those in a wheelchair or those patients bringing children into the surgery in pushchairs.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Patients could get information about how to complain in a format they could understand. However, there was no 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 leadership structure and though staff said that the GP principal would listen to any concerns and support them; he rejected suggestions of action which may improve practice performance or address the infection control concerns within the practice.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but these were either generic templates, not being implemented in practice or contained incomplete information.
- The practice did not hold governance meetings and issues were discussed at ad hoc meetings.
- The practice participated in friends and family test and had conducted a patient survey but no action had been taken on the basis of patient feedback. There was no patient participation group.
- We only saw evidence of performance reviews for two members of reception staff. There was no evidence of performance reviews or objectives being set for any other member of staff.

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 provider was rated as inadequate for safety, effectiveness, and well led and as requires improvement for caring and responsive resulting in the practice being rated as inadequate overall. The issues identified as being inadequate overall affected all patients including this population group.

- Care and treatment of older people did not always reflect current evidence-based practice.
- The practice did not make effective use of palliative care pathways where required.
- Access for patients with mobility needs was poor due to the layout of the building.
- The leadership of the practice had little understanding of the needs of older people and were not attempting to improve the service for them**.** Services for older people were therefore reactive, and there was a limited attempt to engage this patient group to improve the service.

People with long term conditions

Inadequate

The provider was rated as inadequate for safety, effectiveness, and well led and as requires improvement for caring and responsive resulting in the practice being rated as inadequate overall. The issues identified as being inadequate overall affected all patients including this population group.

- Practice nurse availability in the practice was limited. We asked the GP principal several questions about the management of patients with diabetes and asthma but were told that these were the nurse's responsibilities and they were unaware of how these patients were managed. There was no evidence of any structured clinical supervision for the nurse.
- Diabetes indicators for 2014/15 were in line with national averages. Data provided by NHS England suggested that management of diabetic patients had deteriorated in 2015/16.
- Longer appointments and home visits were available when needed.
- There was no evidence of effective systems of recall in place for patients with long term conditions.

Summary of findings

Families, children and young people

Inadequate

The provider was rated as inadequate for safety, effectiveness, and well led and as requires improvement for caring and responsive resulting in the practice being rated as inadequate overall. The issues identified as being inadequate overall affected all patients including this population group.

- The practice systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances were inadequate. We were told that patients who were discharged from A&E were not followed up by staff at the practice.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years was 58% compared with 80% locally and 82% nationally. The practice had recently hired a female nurse to hold a monthly cervical screening clinic, as the health centre they previously referred patients to had closed down. We were told that this clinic was fully booked until September 2016. Prior to this there had been no female clinician working at the practice.
- Appointments were available outside of school hours. However there were no baby changing facilities and the premises were not suitable for those who had young children in pushchairs.
- The GP principal told us that they never met with health visitors.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safety, effectiveness, and well led and as requires improvement for caring and responsive resulting in the practice being rated as inadequate overall. The issues identified as being inadequate overall affected all patients including this population group.

- The practice did not have a website though patients could book appointments online and order repeat prescriptions online via NHS choices.
- The practice offered no extended hours appointments though we were told that the practice had received feedback from patients who had asked for extended hours appointments.

Summary of findings

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safety, effectiveness, and well led and as requires improvement for caring and responsive resulting in the practice being rated as inadequate overall. The issues identified as being inadequate overall affected all patients including this population group.

- There was limited evidence of the practice working with multi-disciplinary teams in the case management of vulnerable people.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, but they were not clear who the lead for safeguarding was. Although the practice manager told us that the GP principal was the safeguarding lead; the lead was not aware that they fulfilled this role or of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours. For example the GP principal did not attend any locality meetings. They were unable to demonstrate how to annotate notes to highlight children at risk or those on the child protection register.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safety, effectiveness, and well led and as requires improvement for caring and responsive resulting in the practice being rated as inadequate overall. The issues identified as being inadequate overall affected all patients including this population group.

- The practice identified patients experiencing poor mental health and those with dementia.
- We were told that the practice held regular meetings with a counsellor from the local mental health team though there was no evidence of this multi-disciplinary working in the case management of people experiencing poor mental health.
- A review of records highlighted deficiencies in respect of the practice's system for recalling patients for review. For example we reviewed the records for one vulnerable mental health patient who was documented as requiring monthly reviews. However this patient had not been seen since December 2015 and there was no evidence that this patient had been contacted or attended an appointment since.
- The practice did not carry out advance care planning for patients with dementia. The practice did not have a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor

mental health. Practice patients had 20% higher rate of A&E attendances than CCG average. The GP principal was unable to explain why A&E attendances were higher and there was no evidence of any analysis being undertaken to try and identify the causes of higher attendance rates. We reviewed one record where a patient had attended A&E as a result of a medicine overdose however there was no detail of the incident or records received from the hospital recorded on the system.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and thirty survey forms were distributed and 107 were returned. This represented 8% of the practice's patient list.

- 97% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% 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%.
- 82% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 72% 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 35 comment cards which were all positive about the standard of care received. Patients said that all staff were very friendly and helpful and all cards highly praised the care and treatment provided by the practice.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr David Zigmond

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 David Zigmond

Dr David Zigmond is part of Southwark Clinical Commissioning Group (CCG) and serves approximately 1,420 patients. The practice is registered with the CQC for the following regulated activities Diagnostic and Screening Procedures and Treatment of Disease, Disorder or Injury.

The practice population has a high proportion of male patients and lower proportion of female patients compared to the national average. There are higher number of patients of working age and over the age of 75 when compared nationally. The practice is located in the third most deprived decile on the index of multiple deprivation.

The practice is run by a male principal GP. There is one male salaried GP and one male nurse. The practice offers ten GP sessions per week.

The practice is open between 8.00 am and 6.30 pm. The practice offers booked and emergency appointments five days per week. The practice does not have a website though patients can book appointments online and request repeat prescriptions online via the NHS choices website.

Dr David Zigmond operates from St James Church (North Aisle), London, Southwark SE16 4AA which is located within a church. Access to the church is through a separate door and the surgery operates independently from the church building.

Practice patients are directed to contact local out of hours provider when the surgery is closed.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to the enhanced service which aims to facilitate timely diagnosis and support for people with dementia.

The practice is part of Quay Health Solutions which is a local GP federation.

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.

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 5 July 2016. During our visit we:

- Spoke with a range of staff (GPs, practice management and reception and administrative staff) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for.
- 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.
- Spoke with NHS England and Southwark Clinical Commissioning Group.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was an ineffective system in place for identifying, reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents. We were shown a form that was to be used for recording significant events but this had not been completed for any of the significant events that we reviewed. Staff were not aware of the formal system in place for reporting and management of significant events as detailed in the practice policy.
- During the inspection we identified three incidents which should have been considered under the practice's significant event process. One involving the unexpected death of a patient, another involving a patient obtaining more of the medicine the practice had prescribed from another support service and one involving a patient who had collapsed in the waiting area. There was no evidence that these incidents had been analysed or that there was any learning used to improve systems and processes or prevent the same thing from happening again.

Overview of safety systems and processes

The practice had inadequate systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements in place to safeguard children and vulnerable adults from abuse were inadequate. The practice had both adult and child safeguarding policies in place. The adult safeguarding policy was generic and did not contain practice specific information and the child safeguarding policy did not have any information about external safeguarding contacts. The GP principal was the child and adult safeguarding lead though staff we spoke to were not all aware of this. Additionally the GP principal was unaware that they were the designated lead for safeguarding and was unable to show how he would code patients to ensure they were flagged up on the practice's computer system when child protection concerns were identified. There was no evidence of meetings taking place between the GPs and the health visitor team. The GP principal told us on the day of the inspection that he was not sure he had ever met a health visitor. Although we saw no evidence of safeguarding training for the GP principal we did receive evidence of level three training for the salaried GP after our inspection. The nurse had been trained to level 3 and some of the reception and administrative staff had received level 1 safeguarding training. The reception and administrative staff that we spoke with on the day were able to clearly outline what amounted to a safeguarding concern.
- A notice in the waiting room advised patients that chaperones were available if required. No staff had received training for the role and some staff said that they would stand with their view obstructed during the examination. The practice's chaperoning policy did not clarify this. We saw no evidence of Disclosure and Barring Service (DBS) checks for any staff who worked at the practice on the day of the inspection; however, a certificate for the salaried doctor was provided after our inspection. (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 did not maintain appropriate standards of cleanliness and hygiene. The bathrooms and corridor were dusty and there were cobwebs in most areas of the practice. The chairs in the waiting area were made of a permeable fabric and were stained. There was a separate hot water heater in all rooms of the practice though the one next to the patient and staff bathrooms did not work; consequently there was no hot water available for patients to wash their hands after they had used the facilities. In the treatment room there was a picture on the wall above the examination couch which was dusty around the frame. There was dust on the frame of the door of the treatment room and there was no sharps bin. There was a sharps bin in the cleaners' storage area which was full of sharps but no date had been recorded on the bin. We found equipment in the treatment room which was past its expiration date including a drawing needle dated March 2015, two syringes which expired in June 2014 and a 20 ml syringe dated 2013. The drawer where these syringes were kept contained dust and debris. The flooring in the treatment room did not curve where it met the wall the wall and the taps were not in accordance with guidance. There was an infection control protocol in place but no staff had received infection control training with the

exception of the salaried GP whose certificate was produced after the inspection and was dated 2014. The practice nurse was the infection control clinical lead although some staff were uncertain who undertook this role. There were no annual infection control audits completed by the practice. There was no documentation regarding staff immunity status for common communicable diseases like Hepatitis B.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice did not act in accordance with national practice guidelines for safe prescribing; particularly in respect of benzodiazepines. The GP principal said that they did not follow current guidance for the prescribing of these medicines (typically prescribed between 2 – 4 weeks for severe insomnia or anxiety) because he considered that their long term use was not harmful. He stated that benzodiazepines were less harmful than alternatives especially when patients failed to engage with mental health services. The GP principal was unable to demonstrate whether he had a higher proportion of mental health patients who had failed to engage with support service compared with other practices in the locality. The processes in place for handling repeat prescriptions which included the review of high risk medicines were not adequate. Again, in respect of benzodiazepine prescribing, we reviewed the record of a vulnerable patient who was prescribed this medicine and was scheduled to be reviewed monthly. However this patient had not been seen since the last quarter of 2015 and it was evident that there was no system in place for following up at risk patients who did not attend for review. Additionally the updating of repeat prescriptions was not always carried out directly by the doctor and would sometimes be completed by the practice manager who would on occasion delegate this task to a receptionist. There was no audit trail which showed any clinical overview of the repeat prescriptions updated by non-clinical staff. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. In the practice nurse's absence no one was able to locate their Patient Group Directions on the day of the inspection though these were sent after the inspection and all found to be valid; enabling the practice nurse to administer medicines in line with legislation (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed four personnel files but did not find that any appropriate recruitment checks had been undertaken prior to employment. For example, there was no proof of identification, references, qualifications, registration with the appropriate professional body or appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Most risks to patients were not assessed and those that had been assessed were not well managed.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice did not have a completed fire risk assessment. Though there was evidence that the practice had last completed a fire drill in November 2015 there was nothing documented about how effective the drill had been and whether there was any learning for improving the evacuation process. The non-clinical electrical equipment had not been checked to ensure it was safe to use since 2013. Although there was no certificate available the clinical equipment we reviewed had stickers which confirmed that calibration was next due in March 2017. The practice had risk assessments for the control of substances hazardous to health but there was no legionella risk assessment (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 did not have 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.

Inadequate

Are services safe?

- We saw no evidence that any staff had received annual basic life support training within the last 12 months.
- There were emergency medicines available in the treatment room, although the practice was missing rectal diazepam, hydrocortisone for injection and chlorphenamine (medicines used for seizures and allergic reactions respectively). There was no risk assessment in place to evaluate the necessity of these medicines.
- The practice had no defibrillator available on the premises and no supply of oxygen.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. However there was no practice designated within the plan where patients would be relocated to in the event that the building was inaccessible and the GP principal was unaware of any disaster recovery arrangements.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not always assess needs or deliver care in line with relevant and current evidence based guidance and standards. For example the GP principal had not completed depression assessment templates for patients with depression. He stated that he did not believe in using an algorithm to assess those with possible mental health problems and that evidence had shown the answers of patients would be influenced by the responses of the person asking the questions. The GP did not make use of hypertension assessment forms on the practice's online computer system as he felt this would lead to GPs being de-skilled.

The practice had systems in place for the receipt and distribution of relevant alerts to clinical staff. Alerts were stored centrally by the practice manager. However there was no evidence that these alerts were being acted upon by the clinical staff.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 82% of the total number of points available.

This practice was an outlier for several QOF and other national clinical targets.

Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, who had an influenza immunisation in the preceding 12 months was 95% compared with 88% in the CCG and 94% nationally. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 86% compared with 85% in the CCG and 88% nationally. Exception reporting for diabetic patients was comparable to local and national averages. NHS England provided performance data for 2015/16 which showed that overall performance in this area was 53%.
- Performance for mental health related indicators was similar to the national average in the majority of areas. For example 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 was 83% compared to 85% in the CCG and 88% nationally. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 80% compared with 80% in the CCG and 84% nationally. Exception reporting for dementia patients and those with mental health problems was comparable to local and national averages. The 2015/16 data provided by NHS England showed that achievement for mental health was 66% and dementia was 88%. Data provided also showed that no depression assessment templates had been completed by the practice in 2015/16.

The practice was an outlier in several areas:

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 65% compared with 86% CCG and 89% national. Exception reporting for this area was 4% compared with 6% in the CCG and 10% nationally.

The practice's exemption rate for patients with Peripheral arterial disease was 13.5% compared with 4.3% in CCG and 5.8% nationally. NHS England informed us that the practice scored 91% in 2015/16 for the management of patients with this condition.

The practice's exemption rate for patients with chronic obstructive pulmonary disease (COPD) was 22% compared with the national average of 12%. NHS England informed us that the practice scored 57% of the total QOF points for management of COPD for 2015/16.

The overall clinical exception rate for 2015/16 was 6%.

The practice did not provide us with an explanation for these outlying areas. We were told by the GP principal that

Inadequate

Are services effective?

(for example, treatment is effective)

the practice was not driven by QOF achievement and that this was considered a box ticking exercise. The GP principal said that there had been no meetings or discussion aimed at improving QOF performance.

The practice was an outlier in respect of the number of prescribed hypnotics. Prescribing in this area was almost seven times higher than the CCG average and almost four times the national average. Data from NHS England regarding the practice's performance in this area in 2015/16 showed that the rate of prescribing had increased. The GP principal told us that he was aware that he was an outlier in this area but stated that this was because he believed that these medicines were not addictive and that prescribing was safe providing that patients had frequent contact with a GP.

There was evidence of quality improvement including clinical audit. There had been two clinical audits completed in the last two years, both of these were completed CCG initiated audits. One related to the management of patients with atrial fibrillation and the other antibiotic prescribing. Although both audits showed improved performance it was not evident what learning the practice had gained from the atrial fibrillation audit or how they would employ what they had learned in the future to improve patient outcomes. The learning point from the antibiotic prescribing audit was that systems needed to be put in place to ensure that clinicians stay up to date with best prescribing practices and that the practice would endeavour to hold clinical meetings to facilitate this; however there was no evidence of any clinical meetings having been held subsequent to the completion of the audit.

Effective staffing

Staff did not have the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a formal induction programme for newly appointed staff though we were told that staff were inducted in health and safety and provided with mentoring support. We saw a signed health and safety and confidentiality policies in each of the staff files we reviewed.
- The practice could demonstrate how some of their staff ensured role-specific training. For example we saw evidence that the practice nurse had completed a course in diabetes management and had also completed a course in tissue management in 2013. However we saw no evidence of training for the GP principal though we were informed that they had attended courses including mindfulness training, dermatology and end of life care.
- We saw evidence that the practice nurse had completed courses regarding the administration of immunisations though this was dated 2013. We saw no evidence of training for the nurse the practice employed to take cervical screening samples and we were told that none of the other practitioners employed were qualified to do this.
- The learning needs of non-clinical staff were identified through a system of appraisals. The majority of staff had not completed all necessary mandatory training and there was no evidence of fire safety awareness and basic life support for most staff; including the principal GP. Some of the non-clinical staff had received an appraisal within the last 12 months but most, including all clinical staff, had not received an internal appraisal.

Coordinating patient care and information sharing

We saw examples of inadequate record keeping which meant that staff did not have sufficient information to plan and deliver care effectively and the GP principal was resistant to use tools which would support this. For example:

- The GP principal said that he would not use the templates related to the diagnosis of depression as he did not believe in their efficacy. He would also not use templates for the management of hypertensive patients as he felt that these would lead to clinical staff becoming de-skilled.
- The systems for recalling patients, including those with long term conditions or who were on high risk medicines, were ineffective. The GP principal was unable to explain how patients would be recalled when required.
- We were told that correspondence from external healthcare organisations would be reviewed and annotated with handwritten notes by the GP principal. Non-clinical staff would then be tasked with uploading

this information to the patient records. Members of non-clinical staff who performed this task told us that the GP principal would then undertake checks of these patient notes once this information had been uploaded.

There was limited evidence of staff working with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. For example we were told by the GP principal that there was no system in place for following up patients who were discharged from hospital and that the care of these patients was under the remit of the district nursing team who he presumed would contact the surgery regarding the care and treatment of these patient if they felt this was required. NHS England supplied data for 2015/16 which showed that patient attendance at accident and emergency was higher than both the local and national average. There had been no audit, assessment or consideration of the reason for higher attendance figures and therefore no evidence that action was being taken to reduce attendance. The GP principal said that he did not meet with health visitors to discuss the care of vulnerable children. We were told that the GP principal would hold meetings with the counsellor that patients were referred to. There was no evidence of palliative care meetings having taken place since November 2015.

Consent to care and treatment

Staff were not seeking patients' consent to care and treatment in line with legislation and guidance.

- The GP principal did not demonstrate an understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Although the GP principal was able to articulate the correct process for assessing capacity of children and young people he referred to this as a "common sense approach" and said that he was rarely required to consult with minors where this assessment was required.
- We found no system in place to formally assess a patient's capacity to consent to care and treatment.

Supporting patients to live healthier lives

The practice did not identify patients who may be in need of extra support. For example:

- We were told by some staff that the practice catered to a high number of homeless patients or those with drug dependency issues. However there was no specific register for homeless patients and we were told by the practice manager that there were no homeless patients currently registered with the practice; although they had systems in place to allow these patients to register.
- We reviewed the records of a patient who was at the end of their life but had not been placed on a palliative care pathway. We were told that the practice previously held monthly meetings with palliative care nurse but that these were no longer happening. We saw another example of a patient considered as high risk whose notes stated that monthly reviews were required. The patient had not been seen for over six months and no details of any effort made to contact this patient. This patient had also attended accident and emergency but little information about this attendance was recorded other than the reason and the patient had not been followed up after discharge.

The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 58% compared to an average of 80% for the CCG and 81% nationally. NHS England provided us with data for 2015/16 which showed that the practice performance was 54%. Local and national comparative data was not available. Staff told us that patients had previously been referred to a local health centre for this service but that this had been closed and that they had not been notified of the closure and were not aware of it for some time. Prior to June 2016 none of the staff employed by the practice were trained to perform cervical screening. From June 2016 the practice employed a female locum nurse to undertake cervical screening once a month. The practice manager informed us that this clinic was booked until September 2016 and that the practice did not have sufficient financial resource to provide any additional access to this service. Uptake for breast and bowel cancer screening was lower than local and national averages. The practice were in the process of devising a failsafe system to ensure results were received for all samples sent for the cervical screening programme. Previously the practice had relied on information being sent from the health centre regarding patient attendance and results. The practice followed up women who were referred as a result of abnormal results.

Inadequate

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 80% to 100% and five year olds from 67% to 100%.

We were told that 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. As the nurse was not able to attend on the day of the inspection there we were unable to verify if patient who had these assessments were followed up where required.

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.

- Modesty screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. 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 we were told that this was only an option when either the treatment or consulting rooms were free.

All of the 35 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent 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.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 97% 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%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 82% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% 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. However the practice was not adhering to best practice and guidance in respect of the prescribing of medications and was not always using accepted guidance for planning patient's care and treatment.

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:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 79% 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%.
- 83% 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. However the GP principal said that he did not need to use these as patient family members would usually translate; though was able without prompting to articulate possible safeguarding issues arising from this approach. There were no notices in reception advertising translation services.

Requires improvement

Are services caring?

- 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 21 patients as carers (1.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There was no evidence that the needs of the local population had been reviewed and that the practice had made any effort to engage with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and patients who were having their long term conditions reviewed. The GP principal also provided an hour long appointment once a week for patients suffering from mental health problems.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had no website although patients could book appointments and order repeat prescriptions online through NHS choices.
- There was no extended hours access available at the surgery though we were told that patients had asked for this. However the practice did make use of the nearby extended hours access centre which provided access to a GP outside of surgery hours. We were told that this was useful for patients who required dressings to be changed on one of the three days that the practice nurse was not there.
- The practice nurse was only available between 9.30 am and 12.30 pm two days each week and there was only a cervical smear sample taker available once a month.
- There was no hearing loop and access to the building was difficult for wheelchair users. We were told that alterations to the premises were unfeasible as the practice was located in a listed building. The principal advised when a patient's wheelchair was too large they would consult with the patient in a private area of the main church building. Although translation services were available these were not advertised and the GP principal told us that he would usually get family members to interpret for patients.

Access to the service

The practice was open between 8.00 am and 6.30 pm Monday to Friday. Appointments were from 9.30 am to 12.00 pm every morning and 3.00 pm to 5.30 pm daily. In addition to pre-bookable appointments that could be booked 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.

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

The GP principal would assess whether or not a home visit was required and all patients who requested a same day emergency appoint would be given one. 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, alternative emergency care arrangements were made. Staff were aware of certain symptoms which suggested that urgent medical attention was required.

Listening and learning from concerns and complaints

The practice's system for handling complaints and concerns was not effective.

- Its complaints policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England.
- Responsibility for complaints was unclear. The GP principal told us that this was solely within the remit of the practice manager whereas the practice manager said this was spilt between them and the GP principal.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system in the waiting area including the practice complaint policy and information for NHS patient advocacy service.

There had only been one written complaint received in the last 12 months. We found that the complaint was not acknowledged within two working days as per their complaints policy. The final response was issued within a period of 28 working days in accordance with their complaints procedure however the letter did not include the details of the external agencies patients can contact if they were unhappy with the practice's response. The complaint related to the death of a patient and reference was made to a coroner's inquest. The response stated that although the practice had provided a report into the death of the patient they had received no feedback and therefore it was assumed that there was no fault found on the part of the practice. Failure to follow this up could have potentially limited any learning from this incident.

We were told that the practice sometimes received informal complaints but that these were not documented, reviewed and learning was not shared.

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 had no strategy and or supporting business plans. Practice staff including the GP principal stated that the GP principal would retire within the next 12- 24 months. There was no succession planning in place. We were told that when the GP principal retired the practice would be closed and the list would be absorbed by one of the other local practices though this had not been communicated to NHS England or the CCG.

Governance arrangements

The practice's governance framework was inadequate and did not support the delivery of good quality care:

- The GP principal stated that he was committed to providing high quality care for patients. However the GP principal said that he would not follow accepted guidance in a number of respects including the management of patients with depression and guidance for the prescribing of benzodiazepines. He told us that he felt that the guidelines were flawed and did not result in optimum care for patients. Poor record keeping practice also undermined the practice's ability to ensure that high quality care was consistently provided.
- There was no clear staffing structure in place and certain staff were unaware of the leads for infection control and safeguarding.
- Practice policies were not always specific to the needs of the practice or did not contain all the requisite information to be effective; for example the practice's adult safeguarding policy was generic and their child safeguarding policy did not have any details of external safeguarding contacts. The practice's chaperoning policy did not have any guidance on how staff should chaperone. We also found policies that were not implemented for example the practice's recruitment policy which required staff to be DBS checked. The practice's infection control policy required an annual infection control audit to be completed. We were told that no audit had been undertaken for over 12 months and the practice were unable to supply the most recent audit.
- There was insufficient understanding of the performance of the practice. For example the GP principal had limited awareness of how patients with diabetes, colds or asthma were managed as we were told that these were primarily dealt with by the practice nurse. The GP principal was unable to demonstrate any evidence of a structure for clinical supervision, or sharing of information with the nurse in this role.
- There was evidence of audits aimed at improving the performance of the practice. However there were several areas including infection control, record keeping, medicines procedures, safeguarding and the handling of emergencies where poor management negatively impacted on the practice's ability to provide good quality care. The practice were aware of some of these issues but no action had been taken to address these concerns.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were inadequate. For example the practice had conducted no infection control audit, fire risk assessment, legionella assessment, premises and security risk assessment, portable appliance testing within the last three years or assessment as to the necessity of regular testing. The practice's safeguarding procedures were not adequate. The absence of adequate training, policies tailored to the practice's needs and clearly designated leads within the practice meant that patients were at risk of harm.

Leadership and culture

Staff told us the practice principal was approachable and always took the time to listen to all members of staff.

The practice did not have adequate systems 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). For example there was limited evidence of action taken as a result of safety alerts and the practice's significant event processes were not effective which also limited the practice's ability to provide patients with explanations and apologies when things went wrong.

The practice did not have a clear leadership structure in place though staff told us that they felt supported by management.

Are services well-led?

Inadequate

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

- Staff told us the practice held regular team meetings though there was nothing documented to evidence this. Information sharing between GPs was undertaken on an informal basis and there was no recorded evidence that governance meetings took place.
- 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 in doing so. We were told that staff would also arrange social events.
- Staff said that environment was supportive and that they would not hesitate to raise concerns with the GP principal or practice manager but there was no evidence that action would be taken on the basis of staff concerns.

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

The practice did not have a PPG group and had not taken any action in respect of the patient feedback received through surveys. Staff told us that the GP principal was approachable but their feedback was not acted upon.

- The practice had told us that they previously had a PPG but this had been disbanded when the previous chairs had lost interest several years ago. There was now no active PPG and there was nothing in the reception area which encouraged patients to join. The practice provided evidence that they participated in the friends and family test and had undertaken a patient survey though there was no evidence that any action had been taken in response to this as the feedback was largely positive.
- We saw no evidence of feedback from staff that was used to make improvements to the practice. Though we were told that the GP principal and practice manager were very approachable, we were also told that suggestions had previously been made to the GP principal regarding actions that needed to be taken to improve performance and the clinical environment and that these had been dismissed.