

# Dr Abdul Qayoom Brohi

## 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.

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	6
Areas for improvement	6

### Detailed findings from this inspection

Our inspection team	7
Background to Dr Abdul Qayoom Brohi	7
Why we carried out this inspection	7
How we carried out this inspection	7
Detailed findings	8
Action we have told the provider to take	24

# Summary of findings

## Overall summary

Dr Abdul Qayoom Brohi's practice is located in the London Borough of Newham. The practice provides primary medical services to around 2,300 patients. We carried out an announced inspection on 30 July 2014. The inspection took place over one day and was led by a lead inspector, a GP and a practice manager. An expert by experience was also part of the inspection team.

During our inspection we spoke with 10 patients and we received and reviewed 32 comments cards. We spoke with seven members of the clinical and non clinical staff team.

The regulated activities we inspected were diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease and disorder or injury. Overall we saw the service was responsive to the needs of older people, people with long term conditions, mothers, babies, children and young people, the working age populations and those recently retired, people in vulnerable circumstances and people experiencing poor mental health. People with long term conditions such as Chronic Obstructive Pulmonary Disease (COPD) received regular reviews of their health condition at the practice.

The practice had systems in place to report and record safety incidents, concerns and near misses. However, measures were not in place to investigate, learn from these incidents and prevent them from happening again.

Safeguarding policies and procedures were in place for both children and vulnerable adults. Not all clinical staff had received up to date training on safeguarding children.

The arrangements for the management of medicines were not safe. Some medicines were not stored and disposed of safely, including controlled drugs.

There was not a nominated lead for infection control at the practice. This had impacted on the cleanliness of the premises and clinical areas.

There were formal processes in place for the recruitment of staff. A disclosure and barring service (DBS) check, formally known as a criminal record bureau (CRB) check had been obtained for non-clinical staff who acted as chaperones.

The practice provided a caring service. Patients told us they felt cared for. Patients' needs were assessed and treatment was delivered in line with current legislation and best practice.

The practice was not well-led on a day-to-day basis. It lacked leadership and a clear management structure. The practice did not have effective systems in place to assess and manage risks posed to the health and welfare of patients who used the 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?**

Although the practice was open and transparent when there were incidents and recorded them as they occurred, action was not taken to improve systems. Investigations were not completed and learning from these events did not take place. This placed patients at risk.

Safeguarding policies and procedures were in place for both children and vulnerable adults. Not all clinical staff had received up to date training on safeguarding children, as the lead GPs level three training was out of date.

Effective systems and protocols were not in place to ensure business continuity in the event of any emergency, for example, power failure or flood. Regular reviews of health and safety had not taken place.

The arrangements for the management of medicines were not safe. Some medicines were not stored and disposed of safely, including controlled drugs.

Robust recruitment checks were in place to ensure staff working at the practice were properly vetted to ensure the protection of patients.

There were not effective systems in place to reduce the risk and spread of infection.

### **Are services effective?**

Although Quality and Outcomes Framework (QOF) searches and audits were completed and were used to manage patients with long term conditions and monitor their health. Initiatives to improve health outcomes for other patients groups with particular health problems also highlighted in local consensus data for the London Borough of Newham, were not utilised by the practice to improve health outcomes for these groups.

Not all staff received an appraisal. They had not had their learning needs identified and there were no plans to address these.

Multidisciplinary working was reportedly taking place but was generally informal and record keeping was limited or absent.

The practice was following guidelines from the National Institute for Health and Care Excellence and from local health commissioners .

The practice offered all new patients registering with the practice a health check.

# Summary of findings

## Are services caring?

The majority of patients said they were treated with compassion, dignity and respect. Patients completed Care Quality Commission comment cards to provide us with feedback on the practice. We received 32 completed cards and the majority were positive about the service they experienced. Patients said they felt safe at the practice and with clinical staff. All 32 patients said their consultations were held in private and all staff treated them with dignity and respect.

Comments were less positive about the chaperone process. Information was available to help patients understand the care available to them but it was not accessible to all. An interpreting service was not in place and staff told patients to bring someone with them to their appointment.

Patients said they were involved in planning their care and were supported to make their own decisions.

## Are services responsive to people's needs?

The needs of their local population had not been assessed. Although urgent appointments were available the same day, the closure of the practice during the day caused inconvenience to patients, this was also reflected in their comments to us.

Although the practice was equipped to treat patients and meet their needs, the premises needed upgrading.

Accessible information was provided to help patients understand the complaints system. However, there was no evidence of shared learning from complaints with staff.

A training programme was in place for all staff but this did not support them in their job role. For example, staff acting as chaperones had not received training, which placed both staff and patients at risk.

## Are services well-led?

The practice did not have a clear vision and strategy for effective service delivery. The practice had a number of policies and procures to govern activity, however staff were unaware of these.

The practice did not hold regular governance meetings. It had not proactively sought feedback from staff or patients. Not all staff had received regular performance reviews and did not have clear objectives for the future.

# 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

Overall the service was responsive to the needs of older people. Care was tailored to individual needs and circumstances, including a patient's expectations, values and choices.

### People with long-term conditions

Overall the service was responsive to people with long-term conditions. People with long term conditions such as diabetes, coronary heart disease (CHD) or osteoporosis were supported with annual, or when required, health checks and medication reviews.

### Mothers, babies, children and young people

Overall the service was responsive to mothers, babies, children and young people. People with young children and babies we spoke with told us the service was quick to respond to appointment requests for young children and babies. Young children and babies were prioritised and given urgent appointments.

### The working-age population and those recently retired

Overall the service was not responsive to the working-age population and those recently retired. The service offered same day appointments for emergencies but closed from 12.20pm to 4.00pm which some patients said caused inconvenience to them as it restricted access to the practice. Systems were not in place to monitor the appointments system or identify improvements where there was a lack of appointments. The current appointment system did not ensure patients were able to access healthcare when they needed to.

### People in vulnerable circumstances who may have poor access to primary care

Overall the service was responsive to people in vulnerable circumstances. We were told the staff were very helpful and supportive.

### People experiencing poor mental health

Overall the service was responsive to people experiencing poor mental health. The practice had close links with local community mental health teams.

# Summary of findings

## What people who use the service say

We spoke with 10 patients who used the service during our inspection. We spoke with two representatives from the patient participation group (PPG). Patients told us they felt safe and had confidence in the GP and nurse, and staff at the practice. They described the practice as professional and felt they were well looked after. They told us they were involved in decisions about their care and treatment and were treated with dignity and respect.

Patient's did not raise any concerns about their safety. We looked at 32 completed comments cards, which had been left at the service by CQC to enable patients to record their views on the service. All the comments were positive and emphasised the standard and quality of care patients had received. However, some patients were not satisfied with the number of appointments available and chaperone process.

## Areas for improvement

### Action the service MUST take to improve

- The practice must have effective systems in place to analyse incidents or significant events that resulted in, or had the potential to result in, harm of people using the service. Audit systems must be in place to assess and manage risks to the health and welfare of patients who used the surgery and others.
- The practice must ensure that maintenance of appropriate standards of cleanliness and hygiene in relation to the premises occupied for the purpose of carrying out the regulated activity are met.
- The arrangements for the management of medicines were not safe. Some medicines were not stored and disposed of safely, including controlled drugs. All medications must be recorded and accounted for to ensure the safety of patients using the service.
- Arrangements must be in place to ensure that staff employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities by receiving appropriate training, professional development and an appraisal.
- There was not a defibrillator at the practice (a defibrillator is an electrical device that provides a shock to the heart when there is a life threatening erratic beating of the heart). Procedures must be in place for dealing with emergencies which are reasonably expected to arise and which would, if they arose, affect the provision of services.

# Dr Abdul Qayoom Brohi

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC Lead Inspector, a GP and a practice manager. The team also included an expert by experience.

### Background to Dr Abdul Qayoom Brohi

Dr Abdul Qayoom Brohi practice provides a primary care service to patients in Newham. Services are provided by one full time GP and a full time practice nurse. The service is responsible for providing primary care to around 2,300 patients. Appointments were available from 9.00 am to 12.30 pm and then from 4.00 pm to 6.30 pm on Monday, Tuesday, Wednesday and Friday. The practice was open from 9.00 am to 12.30 pm on Thursday and from 9.30 am to 10.30 am on Saturday.

The London Borough of Newham had higher than average proportions of drug misuse, recorded diabetes, incidents of tuberculosis and acute sexually transmitted diseases.

Newham's Clinical Commissioning Group Patient Prospectus 2013/14 informed us that diabetes is one of the biggest health issues in Newham.

### Why we carried out this inspection

We inspected this service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

### How we carried out this inspection

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

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

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health.

We carried out an announced visit on 30th July 2014 between 9.00am and 6.00pm.

During our visit we spoke with seven members of the staff team, including both clinical and non clinical staff and reviewed records.

# Are services safe?

## Our findings

### Summary of findings

Although the practice was open and transparent when there were incidents and recorded them as they occurred, action was not taken to improve systems. Investigations were not completed and learning from these events did not take place. This placed patients at risk.

Safeguarding policies and procedures were in place for both children and vulnerable adults. All staff had received training in safeguarding adults and children, except the lead GP who's level three training in safeguarding children had expired.

The practice did not have systems and protocols in place to ensure business continuity in the event of any emergency, for example, power failure or flood. Regular reviews of health and safety had not taken place.

The arrangements for the management of medicines were not safe. Some medicines were not stored and disposed of safely, including controlled drugs.

Recruitment checks were in place to ensure staff working at the practice were properly vetted.

Effective systems were not in place to reduce the risk and spread of infection.

### Safe patient care

Mechanisms were in place to report and record safety incidents, concerns and near misses. Staff were aware of the process to report such incidents within the practice and knew where to find the guidance. Any accidents were recorded in an accident book and contact details for the Clinical Commissioning Group's (CCG) team were available, if required.

### Learning from incidents

The practice kept records of significant events that had occurred during the last year and these were made available to us. Whilst incidents were reported, internal investigations were not always completed following significant events. For example, within the last year, two significant events had taken place and we found investigations had not taken place to prevent reoccurrence. One of these incidents related to medication, where out of date blood glucose testing strips were used. An investigation had not been completed to learn from the incident. We were shown two recorded incident logs where

the Police were called and meetings that followed to learn from the incidents. However, the Care Quality Commission was not informed of these events. Under regulation 18, incidents reported to or investigated by Police must be notified to the Care Quality Commission.

### Safeguarding

There was a safeguarding policy in place for the protection of vulnerable children and adults. This identified the forms of abuse and information on who to contact if they believed a child or adult was being abused. The policy included the contact numbers for the adults and children's safeguarding teams and the local Clinical Commissioning Group (CCG).

All non clinical staff had received relevant training in safeguarding adults and children, which was confirmed by certificates. We spoke to three members of the staff reception team who were aware of how to identify abuse and respond appropriately. The lead GP required up to date training in child safeguarding, which was last completed in March 2012.

A chaperone policy was in place. We did not see evidence of chaperone training for the practice nurse and two reception staff members who acted as chaperones. This put patients at risk, as there was no evidence to suggest they had understood their responsibilities when acting as chaperones. Disclosure Barring Service (DBS) checks had been completed for these members of staff, which enabled employers for the members of staff members who acted as chaperones.

### Monitoring safety and responding to risk

The practice did not have systems and protocols in place to ensure business continuity in the event of any emergency, for example, power failure or flood. The practice manager did know what to do in the event of any of these happening.

The practice had systems in place to ensure the right staffing level and skill-mix was sustained at all hours, to ensure the service was open to support safe, effective and compassionate care and levels of staff well-being. For example a part-time locum GP was called in when there was increasing demands on the service. We were told for the practice nurse, a locum would be employed to cover her sickness or any annual leave periods.

Regular reviews of health and safety had not taken place. A fire evacuation plan and fire risk assessment of the building



# Are services safe?

was not in place. Fire extinguishers throughout the premises had not been checked or serviced. For example, the last service on the fire extinguisher was dated 2009. Fire drills were carried out annually with the last one taking place on May 2014 and a log of records showed us staff and patients were involved in the drills. The practice also did not have evidence of boiler servicing or portable appliance testing. A legionella risk assessment was completed in August 2012 and identified serious concerns and instructed the practice to take immediate action. Records were not provided to evidence that action had been taken to ensure water at the premises was safe to use.

## Medicines management

We checked medicines stored in the treatment rooms and fridge(s) and found that they were not stored appropriately. We found two controlled drugs and pain killers in the first aid box. There was no stock record for the controlled drugs and clinical staff were unaware that controlled drugs were on the premises. A bag of out of date medicines were found in the fridge, which included out of date medications and vaccines. The practice nurse informed us that the out of date vaccines had been identified in December 2013 and had not been returned. To ensure out of date vaccines had not been administered we checked the medical notes of five patients who had been administered the vaccines within the last four weeks. We found expiry dates and the batch number of the vaccine given were recorded and they were in date. A protocol for the storage and disposal of medication was not in place which did not safeguard patients. The out of date drugs were returned to the local pharmacy on the day of our inspection.

A policy for maintenance of the cold chain and action to take in the event of a potential fridge failure was not in place. Staff took fridge temperatures on a daily basis but did not know what action to take if the fridge temperature went above its normal range.

Emergency medicines for cardiac arrest, anaphylaxis and hypoglycaemia were available and all staff knew their location.

The practice had a protocol for repeat prescribing which was in line with the General Medical Council (GMC) guidance. The practice employed a note summariser

who worked with the local Clinical Commissioning Group (CCG) pharmacists to review patients' medications. This was to look at whether medications needed to be reduced or updated.

## Cleanliness and infection control

Effective systems were not in place to reduce the risk and spread of infection. We were told that external contractors cleaned the practice on a daily basis. We saw daily cleaning schedules and looked at the storage for all cleaning equipment. They used a national colour coded system to ensure different cleaning equipment was used for the kitchen, administrative areas and sanitary areas, for example toilets. The colour coded system was not being followed as we saw colour coded mops were not being used with their corresponding buckets. In addition, there was dust on the nurse's couch, which had not been cleaned. There was not an infection control lead and regular audits had not taken place of the cleaning processes in place. Clinical and non clinical waste was stored appropriately and was stored separately. The consultation rooms had sinks, liquid soap and paper towels available. Clinical areas were not carpeted and had easy wipe clean vinyl flooring.

## Staffing and recruitment

There was an arrangement in place for members of staff, including nursing and administrative staff to cover each other's annual leave.

There were formal processes in place for the recruitment of staff. We looked at two staff files for non clinical staff and three files for clinical staff. A disclosure and barring service (DBS) check formally known as a criminal record bureau (CRB) check) had been obtained for all five staff, including the non clinical staff who acted as chaperones.

## Dealing with Emergencies

There were appropriate emergency medications and medical equipment available at the practice, which were checked monthly. We checked medication for emergency use and found all medication was in date. All staff, including receptionists knew the location of the emergency equipment.

## Equipment

A nebuliser with a paediatric mask and an oxygen cylinder were available. A log of records showed that the oxygen cylinder was not checked, to ensure it was working and was full on a monthly basis. There was not a defibrillator (a

## Are services safe?

defibrillator is an electrical device that provides a shock to the heart when there is a life threatening erratic beating of

the heart). Staff were unaware of where the nearest defibrillator was located. We discussed this with the provider, at the time of our inspection, and they agreed to take immediate action to resolve the issues.

# Are services effective?

(for example, treatment is effective)

## Our findings

Quality and Outcomes Framework (QOF) searches and audits were completed and were used to manage patients with long term conditions and monitor their health. Initiatives to improve health outcomes for other patients groups with particular health problems also highlighted in local consensus data for the London Borough of Newham, were not utilised by the practice to improve health outcomes for these groups.

Effective systems for staff appraisals were not in place. Staff had not had their learning needs identified and there were no plans to address these.

Multidisciplinary working was reportedly taking place but was generally informal and meeting minutes were absent.

The practice was following guidelines from the National Institute for Health and Care Excellence and from local health commissioners .

The practice offered all new patients registering with the practice a health check.

### Promoting best practice

The lead GP was interviewed and was able to describe and demonstrate how they access both guidelines from the National Institute for Health and Care Excellence and from local health commissioners . They told us all clinical alerts followed the National Institute for Health Care and Excellence (NICE) guidelines and were flagged up in their inbox, which they read and took action on.

### Management, monitoring and improving outcomes for people

We found that patient's care and treatment outcomes were monitored by the GP, practice nurse and the notes summariser for patients with long term conditions. The Quality and Outcomes Framework (QOF) was used to assess performance and undertake regular clinical audits to manage patients with long term conditions and monitor their health. These patients were recalled for further health screening checks.

The London Borough of Newham has higher than average proportion of drug misuse, recorded diabetes, incidents of tuberculosis and sexually transmitted diseases. Although we found initiatives to improve health outcomes for patients with long term conditions we did not find practice

to target these vulnerable groups. For example, there were no specific diabetic clinics or joint working with the practice nurse or clinical audits to look at the healthcare needs of these groups at the practice.

Annual appraisal documents showed that not all clinical staff were engaged in the audit process. The lead GP had a limited understanding of the audit process and quality improvement. He was not aware that there was an expectation that all clinical staff should undertake at least one audit per year.

### Staffing

The practice manager and lead GP was responsible for staff training. We saw evidence that confirmed that the lead GP had undertaken an annual appraisal and had been revalidated. However, the note summariser, a locum GP and a healthcare assistant had not had an appraisal. Not all non-clinical staff had been appraised in the last year. For example, out of the five staff members of the reception team only two had an appraisal. The appraisals we saw reviewed progress and achievements but did include areas for future growth and progression.

### Working with other services

We found some evidence of the practice working with other service providers to meet patient's needs and manage complex cases. Blood results, X ray results, letters from hospital, accident and emergency, outpatients, discharge summaries, out of hours providers and the 111 service were received electronically and by post. The GP seeing the documents and results was responsible for the action required and arranged for the patient to be contacted and seen as clinically necessary. We saw that this process was effective.

We did not see a recorded log of multidisciplinary team meetings. We were informed they took place every three months to discuss the needs of complex patients and those with end of life care needs. The practice may like to note that a structured and a more systematic approach was required for holding meetings with other professionals.

### Health, promotion and prevention

The practice offers all new patients registering with the practice a health check with the health care assistant or practice nurse. The GP was informed of all health concerns detected and patients were booked an appointment to see him.

# Are services effective?

(for example, treatment is effective)

The practice offered a full range of immunisations for children.

# Are services caring?

## Our findings

The majority of patients said they were treated with compassion, dignity and respect. Patients completed CQC comment cards to provide us with feedback on the practice. We received 32 completed cards and the majority were positive about the service experienced. Patients said they felt safe at the practice and with clinical staff. All patients said their consultations were held in private and that all staff treated them with dignity and respect.

Comments were less positive about the chaperone process as patients said they were not aware they could access a chaperone. A interpreting service was not in place and staff told patients to bring someone with them to their appointment.

Patients who used the service said they were involved in planning their care and were supported to make their own decisions.

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the National Patient Survey and speaking to 10 patients which included two members of the Patient Participation Group (PPG).

The evidence from these sources showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the National Patient Survey showed that out of a 100 patients who completed the survey, 84% described their overall experience as good. In regards to recommending the practice, 75% of patients said they would recommend the practice, 89% of patients said they had confidence and trust in the last GP they saw or spoke to and 86% said the GP they saw was good at listening to them. Patients felt treated with care and concern and 79% of patients agreed with this. However, only 42% of patients said they got to see their preferred GP and only 61% said when seeing the nurse they were good at involving them in decisions about their care. The practice did not complete their own patient satisfaction survey, which would further highlight areas for improvement.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 32 completed cards and the majority were positive about the service experienced. Patients said they felt very safe at the practice and with clinical staff and all patients said their consultations were held in private and that all staff treated them with dignity and respect.

Comments were less positive about the chaperone process, as some patients were not aware that they could request a chaperone. Information about the chaperone service was not displayed in the reception area or in the treatment rooms.

Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments. The practice switchboard was located away from the reception desk and was shielded by glass partitions which helped keep patient information private.

Staff told us that if they had any concerns or observed any instances of discriminatory behaviour or where patients' privacy and dignity was not being respected they would raise this with the practice manager or the GP.

### Involvement in decisions and consent

Patients told us they had been given adequate time for their consultation with their GP, at each appointment they had attended. A telephone interpretation service was not available for staff to use with patients who did not speak English. Reception staff told us they told patients to bring someone with them to their appointment as no interpreters were offered by the practice.

Patients said they were involved in planning their care and were supported to make their own decisions. Time was taken to explain their diagnosis and treatment and they felt able to ask questions and express their own opinions.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

The needs of the practice' local population had not been assessed. Although urgent appointments were available the same day, the closure of the practice during the day caused inconvenience to patients.

Although the practice was equipped to treat patients and meet their needs, the premises needed upgrading.

Accessible information was provided to help patients understand the complaints system. However, there was no evidence of shared learning from complaints with staff.

There was a training programme in place for all staff but this did not provide training for staff to support them in their job role. For example, the current chaperone practice placed both staff and patients at risk. All staff including the GP's required further training in following best practice guidelines when acting as chaperones.

### Responding to and meeting people's needs

We found the practice was responsive to people's needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs in the way services were delivered. A system was in place for health reviews for those with long term conditions. Clinical staff were conscious of the particular needs of mothers, babies, young children and young people. Processes were in place to ensure a full set of childhood vaccinations were offered and were properly recorded.

There was a programme of mandatory training in place for all staff but this did not provide all staff with the specific skills required for their role. For example, we found reception staff were acting as chaperones without having received training. A member of the reception team told us they did not witness an actual examination taking place and sat in the room while the curtain was drawn when acting as a chaperone. They told us they were aware there was a chaperone policy but had not read it. To ensure the protection of the patient and staff, a chaperone must be a witness to the procedure directly. The current chaperone practice placed both staff and patients at risk. All staff including the GP's required further training in following best practice guidelines when acting as chaperones.

### Access to the service

All patients needing to be seen urgently were offered same-day appointments and there was an effective triage system in place. Patients could also make appointments by telephone and in person to ensure they were able to access the practice at times and in ways that were convenient to them. Patients confirmed that they could see a doctor on the same day if they needed to.

Although the practice opened Saturday mornings, the closure during the day restricted patient access. The practice telephone line advised patients to attend the local walk in centre during these hours. Some patients we spoke with raised this as an issue and said it was not always convenient and it would help to have an 'online appointment booking system.' The practice did not have a website. The National Patient Survey told us that 17% of patients were dissatisfied with the practices' opening hours. Appointments were not available in a variety of formats including pre-bookable appointments or a daily 'duty doctor' system. The current appointment system did not ensure patients were able to access healthcare when they needed to.

The practice was situated on the first and second floors of the building with the majority of services for patients on the first floor. The premises did not meet the needs of patients who may have had mobility needs or who had a baby. There was no wheelchair access, baby changing facilities or a lift in place. The layout of the building was not patient friendly as the patient toilet could only be accessed through the GP or practice nurse's consulting rooms.

### Concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager handled all complaints in the practice. The practice had received three complaints from patients within the last year. They had been recorded in detail and the complainants had been responded to by the practice manager who had recorded the action they had taken to resolve them. There was a complaints policy available which detailed the complaints process and identified the relevant person who managed complaints and the time scales involved. Patients were asked to put any complaints in writing.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice did not analyse complaints on an annual basis to ensure they could detect themes or trends and improve the service patients received. Complaints were also not discussed at team meetings to ensure all staff were able to learn from them.



# Are services well-led?

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

## Our findings

The practice did not have a clear vision and strategy for effective service delivery. Staff we spoke with were not clear about their responsibilities in relation to this. There was no clear leadership structure. The practice had a number of policies and procedures to govern activity, however staff were unaware of these.

The practice did not hold regular governance meetings. The practice had not proactively sought feedback from staff or patients and although a Patient Participation Group (PPG) was in place, it was chaired by the practice manager, which did not allow patients to take ownership of the group.

### Leadership and culture

We did not find clear leadership within the practice. The practice manager told us they did not have a business plan in place or a vision for the future. On speaking to reception staff we found they lacked a clear sense of direction and leadership.

### Governance arrangements

Policies and procedures were in place to govern activity. However, these were not readily available to staff which were filed away in a folder. From speaking to staff, it was evident they had not read and understood these policies. For example, staff were not aware that a chaperone policy was in place.

The practice manager was responsible for governance, but audits in relation to the running of the practice had not been completed. For example in fire safety, health and safety, staffing or the demands on the service. Systems were not in place for holding monthly governance meetings to look at for example at performance, quality and risks.

Staff training was not consistently reviewed. Clinical staff had received appropriate professional development and we saw evidence of regular training and course attendance supported by certificates. However, some non clinical staff had not had an appraisal and had not had their future training needs identified.

### Systems to monitor and improve quality and improvement

The practice did not ensure that any risks to the delivery of high quality care were identified and mitigated before they

adversely impacted on the quality of care. Risks were not discussed at regular meetings as these only took place after a significant event had occurred. For example, within the last year, two significant events had taken place and we found investigations had not taken place to prevent recurrence. One of these incidents related to medication, where out of date blood glucose testing strips were used. An investigation had not been completed to learn from the incident. We were shown two recorded incident logs where the Police were called and meetings that followed to learn from the incidents. However, the Care Quality Commission was not informed of these events. Under regulation 18, incidents reported to or investigated by Police must be notified to the Care Quality Commission.

### Patient experience and involvement

The practice had not undertaken an internal patient survey and the only survey completed was by NHS England. There was a 29% completion rate and 83% of respondents said the last GP they saw or spoke to was good at giving them enough time and 86% said the GP they saw or spoke to was good at listening to them. The PPG included eight members. We spoke to two members and they were very complimentary about the practice. The lead GP met with the PPG every three to six months and any planned changes were discussed with the group. However, the group was chaired by the practice manager and as good practice should be ideally chaired by a patient.

### Staff engagement and involvement

Three members of reception staff told us they felt supported and listened to. However, staff were not encouraged to put forward their own ideas about how to improve the service. Although regular staff meetings they did not centre around discussing areas for improvement.

### Learning and improvement

There was an awareness by the clinical team to learn from feedback and significant events, however formal systems were not in place to ensure that significant event review meetings took place on a regular basis. The lack of these systems impacted on the running of the practice and did not encourage it to improve its practices.

### Identification and management of risk

Although checks of the safe running of the practice such as legionella testing had taken place, action had not been taken to ensure the water system was made safe. Testing of electrical equipment or building security systems were not in place. We saw the practice manager was aware of the



# Are services well-led?

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

poor state of the premises. We saw furniture in the nurses room such as the patient couch, storage cupboard for equipment were broken. The practice was aware of this but had not taken action to make the premises safe.

# Older people

All people in the practice population who are aged 75 and over. This includes those who have good health and those who may have one or more long-term conditions, both physical and mental.

## Our findings

Overall the service was responsive to the needs of older people. Care was tailored to individual needs and circumstances, including a patient's expectations, values and choices.

During our inspection we saw the practice provided responsive, caring, effective and well led services for older people. Patients told us they were happy with the service provided and felt the GP, the nurse and staff were caring and treated them with respect. We were told people were supported to make informed decisions about their treatment and they were happy with the care the practice offered them.

# People with long term conditions

People with long term conditions are those with on-going health problems that cannot be cured. These problems can be managed with medication and other therapies. Examples of long term conditions are diabetes, dementia, CVD, musculoskeletal conditions and COPD (this list is not exhaustive).

## Our findings

Overall the service was responsive to people with long-term conditions.

The practice provided responsive, caring, effective and well led services for people with long term conditions. Patients

with long term conditions such as diabetes, coronary heart disease (CHD) or asthma were supported with annual, or when required, health checks and medication reviews. They told us that they were happy with the care and treatment they received and felt they were involved in decisions about their care and treatment.

# Mothers, babies, children and young people

This group includes mothers, babies, children and young people. For mothers, this will include pre-natal care and advice. For children and young people we will use the legal definition of a child, which includes young people up to the age of 19 years old.

## Our findings

Overall the service was responsive to mothers, babies, children and young people.

During our inspection we saw the practice provided responsive, caring, effective and well led services for

mothers, babies, children and young people. Patients with young children and babies we spoke with told us the service was quick to respond to appointment requests for young children and babies. Young children and babies were prioritised and given urgent appointments.

## Working age people (and those recently retired)

This group includes people above the age of 19 and those up to the age of 74. We have included people aged between 16 and 19 in the children group, rather than in the working age category.

### Our findings

The practice provided caring, effective and well led services for working age people (and those recently retired.)

The service was not responsive to the working-age population and those recently retired. The service offered same day appointments for emergencies but closed from 12.30 pm to 4.00 pm which some patients said caused

inconvenience to them as it restricted access to the practice. There were no systems in place to monitor the appointments system or identify improvements where there was lack of appointments.

Appointments were not available in a variety of formats including pre-bookable appointments or a daily 'duty doctor' system. The current appointment system did not ensure patients were able to access healthcare when they needed to.

# People in vulnerable circumstances who may have poor access to primary care

There are a number of different groups of people included here. These are people who live in particular circumstances which make them vulnerable and may also make it harder for them to access primary care. This includes gypsies, travellers, homeless people, vulnerable migrants, sex workers, people with learning disabilities (this is not an exhaustive list).

## Our findings

Overall the service was responsive to patients in vulnerable circumstances.

Patients we spoke with told us the doctors and nurses were approachable and happy to give help and advice. We were told homeless patients would be registered at the practice.

# People experiencing poor mental health

This group includes those across the spectrum of people experiencing poor mental health. This may range from depression including post natal depression to severe mental illnesses such as schizophrenia.

## Our findings

Overall the service was responsive to people experiencing poor mental health.

The practice provided responsive, caring, effective and well led services to patients who may be experiencing poor mental health.

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

**The practice did not have an effective system in place to analyse incidents or significant events that resulted in, or had the potential to result in, harm of patients using the service. There were no audit systems in place to assess and manage risks to the health and welfare of people who used the surgery and others. Regulation 10 (1), (b), (c), (i).**

#### Regulated activity

#### Regulation

Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control

**The practice did not ensure that maintenance of appropriate standards of cleanliness and hygiene in relation to the premises occupied for the purpose of carrying out the regulated activity were met. Regulation 12 (2), (c), (i).**

#### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

#### Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

**The arrangements for the management of medicines were not safe. Some medicines were not stored and disposed of safely, including controlled drugs.**

**All medications must be recorded and accounted for to ensure the safety of patients using the service. Regulation 13 (1).**

#### Regulated activity

#### Regulation



This section is primarily information for the provider

## Compliance actions

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

Regulation 23 HSCA 2008 (Regulated Activities) Regulations  
2010 Supporting staff

Arrangements must be in place to ensure that staff employed for the purposes of carrying on the regulated activity are appropriately supported in relation to their responsibilities by receiving appropriate training, professional development and an appraisal. Regulation (1),(a).

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations  
2010 Safety and suitability of premises

The provider must ensure that patients have access to premises that are protected against the risks associated with unsafe or unsuitable premises by means of: layout and design and provide adequate maintenance of the premises Regulation (15) (1) (a) (c) (i).

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations  
2010 Care and welfare of people who use services

There was not a defibrillator at the practice (a defibrillator is an electrical device that provides a shock to the heart when there is a life threatening erratic beating of the heart). Procedures must be in place for dealing with emergencies which are reasonably expected to arise and which would, if they arose, affect the provision of services. Regulation (9) (2)