

Dr Sankar Bhattacharjee

Quality Report

258 Westborough Road,
Westcliff-on-Sea
Essex
SS0 9PT
Tel: 01702 221591
Website: n/a

Date of inspection visit: 18 November 2014
Date of publication: 05/03/2015

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

Detailed findings from this inspection

Our inspection team	10
Background to Dr Sankar Bhattacharjee	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

On 18 November 2014 we conducted an announced comprehensive inspection of Dr Bhattacharjee. We found the practice overall required improvement.

Our key findings were as follows:

- Patients thought highly of the care and treatment received at the practice. The practice was supported by their Patient Participation Group (PPG) which understood some of the challenges the practice faced.
- Patients appreciated the continuity of care provided by the lead GP and extended opening hours providing accessible and responsive clinical services.
- Processes were in place to check medicines were within their expiry date and suitable for use.
- The practice was presented with a number of challenges due to staff turnover and difficulties recruiting to vacant posts included a GP position despite actively advertising and working with the PPG.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Have arrangements for identifying, recording and managing risks.
- Produce a business continuity plan to deal with a range of emergencies that may impact on the daily operation of the practice.
- Implement a robust system for managing complaints to ensure that patients receive a timely response and that learning from complaints is embedded.
- Report, record and respond to significant incidents. Identify good practice and lessons learnt and ensure they are disseminated to appropriate parties.
- Implement effective systems to assess the risk of and prevent, detect and control the spread of health care associated infection.
- Regularly assess and monitor the quality of the services provided such as through completed clinical audits of patient outcomes.

Summary of findings

- Ensure staff appointed are of good character and has the qualifications, skills and experience which are necessary for the work to be performed.

In addition the provider should:

- Risk assess the need to complete criminal record checks on staff undertaking chaperone duties.
- Provide sufficient translation services to meet their patient's individual needs.
- Minute meetings to maintain an accurate record of discussion, actions and results.
- Assess the risk to patients, public and staff from the legionella bacterium.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as inadequate for safe. Staff understood their responsibilities to raise concerns and report incidents, but were unsure what significant incidents may be and how to address them. Risks to patients who used services were not assessed and there was an absence of systems and processes to address these risks to ensure patients were kept safe. There was no continuity plan to deal with a range of emergencies that may impact on the daily operation of the practice. References had not been obtained for newly appointed staff. Cleaning schedules were incomplete and areas of the practice were found to be dirty.

Inadequate



Are services effective?

The practice is rated as requires improvement for effective as there are areas where improvements should be made. Staff were familiar with current best practice guidance by, for example, accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners. However, we found there were no completed clinical audits of patient outcomes. We saw no evidence that audit was driving improvement in performance for patient outcomes. Multidisciplinary working was reportedly taking place but was individual to patient care plans.

Requires improvement



Are services caring?

The practice is rated as good for caring. Patients rated the practice highly for a personalised service. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. We also saw that staff treated patients with kindness and respect ensuring confidentiality was maintained.

Good



Are services responsive to people's needs?

The practice is rated as requires improvement for responsive as there are areas where improvements should be made. Some patients with caring responsibilities reported difficulties securing an appointment on the day as they were unable to call the practice at 8am. Patients we spoke with reported good access to the practice and a named GP and continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. The complaints system was not accessible to patients. Where patients

Requires improvement



Summary of findings

had made complaints they were not investigated appropriately with clinical input or responded to in a timely and sufficient manner. Staff told us learning from complaints was shared but there was no evidence of learning from complaints being put in to practice.

Are services well-led?

The practice is rated as requires improvement for well-led as there are areas where improvements should be made. The practice had a vision and a strategy to deliver this. Staff were aware of this and their responsibilities in relation to it. However, due to high staff turnover and permanent clinical vacancies it had been difficult to progress. Staff told us they felt supported by the management at the practice and were clear who to go to with issues. The practice had a number of policies and procedures to govern activity; however some of these were not reflective of practice at the time of our inspection. The practice actively engaged and valued their patient participation group (PPG). All staff had received an induction and staff had received performance reviews and attended staff meetings.

Requires improvement



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

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

The provider was rated as good for caring overall and this includes this population group. The provider was rated as requires improvement for effective, responsive and well-led and inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. The practice recently registered an additional 60 older patients and was in the process of conducting health assessments, reviewing care plans and medications. When needed longer appointments and home visits were available for older people and this was acknowledged positively in feedback from patients.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the population group of people with long term conditions.

The provider was rated as good for caring overall and this includes this population group. The provider was rated as requires improvement for effective, responsive and well-led and inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group. All patients had an appointed named GP, personalised care plans and reviews. People told us they valued the individualised and personal service they received from the lead GP such as appreciating their personal circumstances and advising them regarding diet and healthy choices. When needed longer appointments and home visits were available. There was good appointment availability with extended opening hours, although the delivery of vaccination programmes was reliant on the attendance of a nurse employed through an agency.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the population group of families, children and young people. The provider was rated as good for caring overall and this includes this population group. The provider was rated as requires improvement for effective, responsive and well-led and inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Requires improvement



Summary of findings

Systems were in place for identifying and following-up children living in disadvantaged circumstances and who were at risk. For example, the GP worked with partner agencies and contributed information to child case conferences reviewing risks to children where parents had alcohol and/or drug dependency. Appointments were available outside of school hours. The availability of immunisations was dependant on the attendance of agency clinical staff.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for working-age people (including those recently retired and students). The provider was rated as good for caring overall and this includes this population group. The provider was rated as requires improvement for effective, responsive and well-led and inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice patient age profile is mainly those of working age and younger people. The practice offered extended opening hours to fully reflect the needs of this group. Health promotion advice was offered but due to staffing difficulties vaccination clinics were dependent on the practice securing the services of a nurse through an agency.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the population group of people whose circumstances may make them vulnerable. The provider was rated as good for caring overall and this includes this population group. The provider was rated as requires improvement for effective, responsive and well-led and inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with learning disabilities. The practice had carried out annual health checks for people with learning disabilities. However there was no evidence that these had been followed up.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. Most staff knew how to recognise signs of abuse in

Requires improvement



Summary of findings

vulnerable adults and children. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the population group of people experiencing poor mental health (including people with dementia). The provider was rated as good for caring overall and this includes this population group. The provider was rated as requires improvement for effective, responsive and well-led and inadequate for safe. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health but not always for those people living with dementia. The practice had care planning in place for patients with dementia.

The practice had sign-posted patients experiencing poor mental health to various support groups and third sector organisations. Whilst, staff had not received specific training on how to care for people with mental health needs they were sensitive to the needs of individual patients.

Requires improvement



Summary of findings

What people who use the service say

We spoke with people attending the practice on the day of our inspection and reviewed 34 comment cards completed by people who attend the practice. We found that patients were overwhelmingly positive about the service they received. Some patients reported difficulties making appointment in the morning but stated they were able to access clinical care. They reported receiving a personal and individualised service where the staff knew them.

Our findings were consistent with the patient survey commissioned by the practice and undertaken by a private company. It found patients were happy with access to the service and the care and treatment received from both clinical and administrative staff.

Areas for improvement

Action the service **MUST** take to improve

- Have arrangements for identifying, recording and managing risks.
- Produce a business continuity plan to deal with a range of emergencies that may impact on the daily operation of the practice.
- Implement a robust system for managing complaints to ensure that patients receive a timely response and that learning from complaints is embedded.
- Report, record and respond to significant incidents. Identify good practice and lessons learnt and ensure they are disseminated to appropriate parties.
- Implement effective systems to assess the risk of and prevent, detect and control the spread of health care associated infection.

- Regularly assess and monitor the quality of the services provided such as through completed clinical audits of patient outcomes.
- Ensure staff appointed are of good character and has the qualifications, skills and experience which are necessary for the work to be performed.

Action the service **SHOULD** take to improve

- Risk assess the need to complete criminal record checks on staff undertaking chaperone duties.
- Provide sufficient translation services to meet their patient's individual needs.
- Minute meetings to maintain an accurate record of discussion, actions and results.
- Assess the risk to patients, public and staff from the legionella bacterium.

Dr Sankar Bhattacharjee

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, CQC inspector and a practice manager.

Background to Dr Sankar Bhattacharjee

The practice is located in a residential street in Westcliff-On-Sea, near Southend, Essex. It has a mixed demographic with a high percentage of young people and those of working age. There is a high proportion of temporary social housing resulting in a transient population which translates into a high patient turnover for the practice. The practice patient population on the day of our inspection was 3723 patients.

The practice had one full time GP and two additional GPs; a male and a female GP providing an additional day and a half of clinical time a week. An agency nurse is employed whilst the practice is actively seeking to recruit to the vacancy.

The practice holds a general medical services contract and has opted out of providing out-of-hours services to their patients.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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. This 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.

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Detailed findings

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 18 November 2014. During our visit we spoke with a range of staff, practice manager, reception and administrative staff and clinical team of practice nurse and GP's and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family

members and reviewed personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

The practice had a predominately transient population with a large proportion of their young people housed in temporary accommodation. Their patient list was 3723 with 233 patients aged between 66 and 75 years and 185 patients over the age of 75. Their elderly patients were cared for in the community and resident in care homes.

Are services safe?

Our findings

Safe Track Record

The practice considered reported accidents and incidents, national patient safety alerts as well as comments and complaints received from patients when identifying risks. However the emphasis was placed upon patients disclosing issues. Staff we spoke with were aware of their responsibilities to raise concerns. We reviewed the practice policy, it stated a specific form would be completed but did not explain how it would be investigated, escalated and responded to. When we spoke to the practice manager they did not know what significant incidents were or how to report or respond to them.

Learning and improvement from safety incidents

The practice had policies in place but they lacked details of how incidents should be investigated and responded to and staff were unaware of what incidents may warrant reporting as significant incidents. The practice manager told us there had been no significant events they were aware of.

National patient safety alerts were received and cascaded by the GP to practice staff, where appropriate. National Patient Safety alerts provide advice for the NHS that can help ensure the safety of patients, covering a wide range of topics, from vaccines to patient identification.

Reliable safety systems and processes including safeguarding

The practice had a dedicated GP appointed lead in safeguarding vulnerable adults and children who had been trained to level 3 to enable them to fulfil this role. However, the GP relied upon their knowledge of patients to identify, manage and review risks to vulnerable children, young people and adults. We asked members of the medical, nursing and administrative staff about their most recent training in safeguarding. Staff did not know what was meant by the term safeguarding, but had a level of awareness of how to recognise signs of abuse for children and vulnerable young people. All staff we spoke with were aware who they should speak to regarding concerns. They were aware of their responsibilities regarding information sharing. This was documented within their initial employee handbook and included in their induction training with a mentor.

There was a system in place to highlight vulnerable patients on the practice's electronic patient records. This included information so staff were aware of any relevant issues when patients attended appointments. For example; children subject to child protection plans, where people required a carer and where parties had separated and there had been alleged abuse.

A chaperone policy was in place and visible on the waiting room noticeboard and in consulting rooms. Staff had attended chaperone training which had been provided by a GP at the practice. They understood their responsibilities when acting as chaperones including where to stand to be able to observe the examination.

Patients' individual records were written and managed in a way to help ensure safety. Records were kept on an electronic patient records system in SystmOne which collated all communications about the patient including scanned copies of communications from hospitals. We saw no evidence that audits had been carried out to assess the completeness of these records and that action had been taken to address any shortcomings identified.

We found the GPs were aware of the personal circumstances and potential vulnerabilities of their patients. In particular the GPs were aware of the identification and follow-up of children, young people and families living in disadvantaged circumstances such as looked after children and children of substance abusing parents.

The GPs appropriately used the required codes on their electronic case management system to ensure risks to children and young people who were looked after or on child protection plans were clearly noted and reviewed. The lead safeguarding GP was aware of vulnerable children and adults and records and demonstrated good liaison with partner agencies such as the police and social services. For example, the GP personally contributed information to a number of child protection conferences regarding a specific situation involving substance misuse.

Medicines Management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a

Are services safe?

clear policy for ensuring medicines were kept at the required temperatures. This was being followed by the practice staff, and the action to take in the event of a potential failure was described.

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

We saw no evidence of recent reviews of prescribing data by the practice. Vaccines were administered by nurses using directions that had been produced in line with legal requirements and national guidance. There was a protocol for repeat prescribing which was in line with national guidance and was followed in practice. The protocol complied with the legal framework and covered all required areas.

There was a system in place for the management of high risk medicines which included regular monitoring in line with national guidance. All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

Cleanliness & Infection Control

We inspected the consultation and treatment rooms. We saw there were cleaning schedules in place and cleaning records were kept. However, we found the records were incomplete not dated or signed. The most recent record for the treatment room was dated 16 June 2014 and tasks had not been checked. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

We found the treatment room was dirty with dust underneath the treatment couch, in the extractor fans and on the work surfaces. The practice had a lead for infection control who had undertaken further training to enable them to provide advice on the practice infection control policy and carry out staff training. However, we found no annual infection control audit had taken place to identify risks. Staff told us that the lead GP had provided some verbal guidance on infection control. However, we reviewed three staff files and found no evidence of any infection control training.

An infection control policy and supporting procedures were available for staff to refer to, which enabled them to plan and implement control of infection measures. However, the policy made reference to a daily, weekly, monthly and six monthly cleaning schedule to be followed by staff. These were not used by cleaning staff and the practice did not have copies to show us. They were unable to demonstrate when, how and what had been cleaned in the practice.

On the day of our inspection we found staff had access to sufficient supplies of personal protective equipment including disposable gloves, aprons and coverings. Staff were able to describe how they would use these in order to comply with the practice's infection control policy.

Hand hygiene techniques signage was displayed. Hand washing sinks with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice did not have a policy for the management, testing and investigation of legionella (a germ found in the environment which can contaminate water systems in buildings). The practice manager confirmed the practice was not carrying out regular checks and had not assessed the potential risks to staff and patients.

Equipment

Staff we spoke with told us they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. They told us that all equipment was tested and maintained regularly. We saw evidence of calibration of relevant equipment on 10 October 2014 for such items as the otoscope, weighing scales and defibrillator. Although, we found not all portable electrical equipment had been routinely tested and displayed stickers indicating the last testing date and staff did not conduct visual safety checks on equipment.

Staffing & Recruitment

We looked at three recruitment records for the last members of staff employed by the practice within the last six months. We found staff had not had references obtained either personal or professional and no criminal records checks through the Disclosure and Barring Service. We asked the practice manager how they assured themselves the person appointed is of good character and has the qualifications, skills and experience which are necessary for the work to be performed. The practice manager told us they photocopied qualification certificates.

Are services safe?

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place for all the different staffing groups to ensure there was enough staff on duty. However, the practice told us they had experienced continual difficulties recruiting to clinical posts and retaining administrative staff. The practice had advertised twice within national medical publications for a GP but had been unable to recruit.

Staff told us they frequently experienced difficulties knowing if nurse clinics would be staffed and therefore were unable to book vaccinations in advance until this was confirmed. The practice also reported difficulties with locum GPs failing to attend at short or no notice.

Monitoring Safety & Responding to Risk

The practice had not conducted any environment risk assessments. This was the responsibility of the lead GP and practice manager, neither had they received training or undertaken any practical assessments.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being and potential medical emergencies. We witnessed staff responding effectively to concerns raised by a member of the public regarding a patient. They confirmed the patient's identity and responded appropriately to the situation.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to manage minor emergencies such as disruptions to electricity or water supplies. A general notice was displayed for the

information of staff signposting immediate actions in respect of a telephone failure, clinical system failure, and fire alarm. However, we found no business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Risks were not identified, rated and mitigating actions not recorded to reduce and manage the risk such as relocating premises and continuity of care if patients were unable to access the building.

We saw records showing all staff had received training in basic life support. Emergency equipment was available including access to oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). All staff we asked knew the location of this equipment and records we saw confirmed these were checked regularly.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of cardiac arrest, anaphylaxis and hypoglycaemia. The practice did not routinely hold stocks of controlled drugs. Processes were also in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

We found no fire risk assessment had been undertaken. However, we saw that fire equipment had been checked in August 2014. Staff had not received any training in the evacuation procedures or use of the emergency fire extinguishers. However, they knew to leave the building and assemble in the car park.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP we spoke with could clearly outline the rationale for their treatment approaches. They were familiar with current best practice guidance accessing guidelines from the National Institute for Health and Care Excellence and from local commissioners.

The GP was the lead for all clinical areas. Clinical staff we spoke with were very open about asking for and providing colleagues with advice and support. For example, the GP told us that he was visible and committed to attending meetings to ensure clinical representation and input into decisions.

All mail received relating to patients was sent to the GP to be actioned prior to being scanned onto the patient record. We reviewed referral rates and noted the practice performed in line with other practices within the Clinical Commissioning Group.

We saw no evidence of discrimination when making care and treatment decisions. Our interviews with the GPs showed that the culture in the practice was that patients were referred on need and that age, sex and race was not taken into account in this decision-making.

Management, monitoring and improving outcomes for people

Staff from across the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts management and medicines management.

The practice was unable to show us any clinical audits that had been undertaken. The practice explained to us how they used the Quality and Outcomes Framework (QOF) to assess their performance against national screening programmes to monitor outcomes for patients. The Quality and Outcomes Framework (QOF) is the annual reward and incentive programme detailing GP practice achievement results. The practice performance in 2013/2014 showed us that diabetic patient management required improvement as the practice had low scores for foot examinations and blood and urine tests to monitor diabetic care. This was acknowledged by the practice and the GP had undertaken additional diabetes training and development and their performance had improved in diabetic care. The practice

was performing consistently in relation to childhood immunisations but had low flu immunisations rates for children and adults. The practice was in the process of trying to recruit a practice nurse to provide regular and accessible vaccination clinics.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. The IT system flagged up relevant medicines alerts when the GP went to prescribe medicines. We witnessed a GPs discussion with a pharmacist regarding medicines for a patient prescribed during home a visit. We saw the GP engaged well with the pharmacist to jointly consider the best treatment for each patient's needs.

Effective staffing

The practice has been unable to sustain an effective skill mix due to recruitment difficulties. At the time of our inspection the medical services were provided by a GP supported by two other GPs who delivered a combined total of five clinical sessions a week and an agency nurse when available.

The GPs were up to date with their yearly continuing professional development requirements and all either had been revalidated or had a date for revalidation. (Every GP is appraised annually and every five years undertakes a fuller assessment called revalidation. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practice and remain on the performers list with NHS England).

Staff told us they had received annual appraisals conducted by the GP but had not identified learning needs from which action plans could be documented.

Staff we spoke with confirmed that the practice supported them attending time to learn sessions provided by the Clinical Commissioning Group. However, there were limited opportunities to release staff to attend training and development opportunities due to low staffing numbers.

Working with colleagues and other services

The practice worked with other service providers to meet people's needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, out of hour's providers and the 111 service were received both electronically and by post. The practice had a policy and procedures in place outlining the responsibilities of all relevant staff to pass on, reading and actioning any issues arising from communications with

Are services effective?

(for example, treatment is effective)

other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system worked well.

The practice did not hold multidisciplinary team meetings or a structured opportunity to reflect on practice.

However, staff felt patient care was not compromised by the absence of a formal review, as partner agencies such as, palliative care nurses were involved in the shared care plans that reflected patient's individual needs and circumstances.

Information Sharing

The practice used an electronic patient system to communicate with other providers. For example, there was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. Electronic systems were also in place for making referrals, and the practice made referrals through the Choose and Book system. (The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital). Staff reported that this system was easy to use.

The practice had systems in place to provide staff with the information they needed. An electronic patient computer record SystmOne was used by all staff to coordinate, document and manage patients' care. All staff used the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

We found that staff were aware of the Mental Capacity Act 2005 and the Children's and Families Act 2014 and their duties in fulfilling it. All the clinical staff we spoke with understood the key parts of the legislation and were able to describe how they implemented it in their practice.

Patients with learning disabilities and those with dementia were supported to make decisions. Patients resident in care homes received medication reviews and included

patient's preferences for treatment and decisions. Clinical staff demonstrated an awareness of Gillick competencies. (These help clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment).

There was a practice policy for documenting consent for specific interventions. For example, for all minor surgical procedures, a patient's consent was documented on a form and entered in the electronic patient record.

The practice had not had an instance where restraint had been required in the two last years.

Health Promotion & Prevention

It was practice policy to offer all new patients registering with the practice a health check with the practice nurse. The GP was informed of all health concerns detected and these were followed-up in a timely manner. We noted a culture amongst the GPs to use their contact with patients to help maintain or improve mental, physical health and wellbeing. For example, by offering opportunistic dietary advice to people such as young mothers.

The practice had numerous ways of identifying patients who needed additional support, and were pro-active in offering additional help. For example, the practice kept a register of all patients with learning disabilities, a total of 13 patients and offered an annual physical health check.

The practice monitored cervical smear uptake and they followed up on non-attendance, inviting patients to reschedule their appointment.

The practice offered a full range of immunisations for children, travel vaccines and flu vaccinations. Where patients failed to attend for a scheduled vaccination appointment they called them to invite them to reschedule.

We found that patients over 75 years had a named GP and discharges from hospital were followed up by the GP who had care plans in place. The practice no longer offered NHS Health Checks to all its patients aged 40 to 75 years due to a shortage of nursing staff.

Are services caring?

Our findings

Respect, Dignity, Compassion & Empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the survey of 46 patients undertaken in July 2014 by a private company commissioned by the practice. The evidence showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. For example, data from the survey stated staff were polite, listened to them and made them feel at ease.

Patients completed CQC comment cards to provide us with feedback on the practice. We received 34 completed cards and they were overwhelmingly positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. One patient commented on the difficulty of securing an appointment in the week due to working. However, all responses commented on how they were satisfied with the continuity and highly personalised service they received by the practice.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Fabric 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 consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We observed staff were careful to follow the practice's confidentiality policy when discussing patients' treatments in order that confidential information was kept private. The practice switchboard was located away from the reception desk and was shielded by glass partitions. However, whilst this reduced the potential of being overheard privacy could not be assured. Whilst a sign was not displayed advising patients of the opportunity to speak privately with staff, staff had provided patients with this facility and it had been accepted on a number of occasions.

Staff told us 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 these with the practice manager. The practice manager told us they would investigate these and any

learning identified would be shared with staff. However, the meetings were not minuted, but staff told us they had met to discuss issues and receive training such as in infection prevention control.

There was a clearly visible notice in the patient reception area stating the practice's zero tolerance for abusive behaviour. Receptionists told us that they had not received abuse recently but felt supported by the practice should potentially difficult situations arise.

We found people whose circumstances may make them vulnerable such as sex workers and drug and alcohol dependants were able to access the practice without fear of stigma or prejudice. Staff who knew their personal circumstances were supportive and sensitive to patients' individual needs.

Care planning and involvement in decisions about care and treatment

The practice patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and generally rated the practice well in these areas. For example, data from the practice survey showed 37 patients said the GP were good or very good at explaining their condition and treatment to them.

Patients we spoke with on the day of our inspection spoke highly of the individualised care they received from the GP. They 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 they wished to receive. Patient feedback on the comment cards we received was also positive and aligned with these views.

Staff told us that translation services were not available for patients who did not have English as a first language. Members of the clinical and administrative team were able to speak other languages and the practice felt this was sufficient to meet their patients' needs.

Patient/carer support to cope emotionally with care and treatment

The practice patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. The patients we spoke with on the day of our

Are services caring?

inspection and the comment cards we received were also consistent with this survey information. For example, these highlighted staff responded compassionately when they needed help and provided support when required.

Notices in the patient waiting room signposted people to a number of support groups and organisations. The

practice's computer system alerted GPs if a patient was also a carer. We were shown the written information available for carers to ensure they understood the various avenues of support available to them.

Staff told us families who had suffered bereavement were called by the GP and staff were informed and where appropriate entries registered on the patient records.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Whilst we found the practice to be responsive to people's needs, it did not have systems in place to ensure regular staffing of vaccination clinics and was reliant on the availability of agency nurses. We found that patients appreciated the practice opening early and appointments commencing at 8am. However, for vulnerable patient groups such as the elderly and patients with young children they told us they were often unable to call or attend early enough to secure their appointment and the practice failed to provide an assurance they would be seen that day.

There had been a high staff turnover of staff during the last five years which had been disruptive to patient continuity of care and developing and maintaining sustainable services. For example, the practice manager had recently left, four months prior to our inspection, as had a number of members of the reception team and the practice nurse who'd retired.

If patients required longer appointments they were required to notify reception who would try to facilitate this at the end of surgery times. However, the emphasis was placed on the patient to advise them of their individual needs and in the absence of advanced booking this had to be done at the time of booking.

Home visits were requested on the day and responded to daily if deemed appropriate by the GP. Home visits were based on clinical need.

The practice maintained a palliative care register and had regular discussions with partner services to coordinate patient care such as the community nursing team and Mcmillan nurses.

The practice shared information with partner services. However, some were faxed to community health services such as health visitors, as opposed to notifying them via their patient electronic record system. This presented challenges in the management of information as the practice did not have any systems in place to ensure the receipt of the fax or confirm that the patient had been seen or the outcome of the assessment/intervention. The

reliance was placed on the patient to inform the practice should the external agency not attend or if they had additional care needs that had not been documented or met.

Tackle inequity and promote equality

The practice had recognised the needs of different groups in the planning of its services. The GP was aware of patients who were sex workers and consequently may be exposed to additional health risks. They were signposted to sexual health and screening services to best meet their individual needs. Where patients had dependency on substances such as drug and alcohol the practice worked with other health agencies to ensure complementary prescribing.

The practice did not have a translation service accessible to patients. The practice had patients from black and Asian communities and for whom English was not their first language. The practice explained that they felt they were able to meet such patient needs as many of their staff were multilingual.

The staff we spoke to were not aware of equality and diversity training and none had been arranged or was scheduled.

Access to the service

Appointments were available from 8am every day and to 6.30pm on Monday and Wednesday and late appointments offered on Tuesday and Friday till 7.30pm. Two urgent appointments are available in the morning and afternoon consisting of 10 minutes each. The practice closed half day on a Thursday at 1pm.

The practice did not have a website for patients to obtain information on services, other than the NHS choices national site and those advertised within the practice.

Patients were generally satisfied with the appointments system. However, some patients had registered concerns on NHS Choices and a few comment cards received made reference to the need for more advanced appointment bookings. However, many people confirmed that they could see a doctor on the same day if they needed to and where there was an immediate clinical need.

The practice was situated on the ground floor. This made movement around the practice easier for patients and helped to maintain patients' independence. However, there was no automatic entry to the premises presenting difficulties for less able people or people with mobility aids,

Are services responsive to people's needs?

(for example, to feedback?)

including people with pushchairs. Staff told us the external door was frequently wedged open to account for this. But, people still had to manually open the door into the surgery. Staff told us that often people who were disabled were accompanied by a carer who would facilitate their entry.

We saw that the waiting area was small but sufficient to accommodate a patient with a wheelchair and pram, whilst allowing for access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice and facilities were available for baby changing but these were not advertised.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. The practice manager was the designated responsible person who handled all complaints in the practice. Their complaints policy and procedures did not follow the recognised guidance and contractual obligations for GPs in England.

We saw that information was displayed regarding the complaints system, but no information was available to patients to understand the complaints system. Despite this, patients we spoke with felt able to raise concerns should they wish to make a complaint, although none of them had ever needed to make a complaint about the practice.

We reviewed the three most recent complaints from August 2014. We found that the practice had not conducted their own investigation, identified potential learning to prevent a reoccurrence and provided a detailed and timely response to the complainant. Where responses had been sent to complainants we found they were poorly written and failed to provide sufficient detail and assurance that concerns had been acknowledged and addressed. No analysis had been conducted of the complaints to identify themes or shared with staff.

Are services well-led?

Requires improvement 

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

Our findings

Vision and Strategy

The lead GP was committed to their patients and aspired to deliver high quality personalised care and promote good outcomes for patients. This was not detailed within strategic documents and the difficulty retaining staff and recruiting clinical staff had made it difficult to implement.

We spoke with members of staff and they all knew and understood the practice's commitment to their patients and shared these.

Governance Arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff. The practice held monthly staff meetings. We reviewed the agendas for the last two meetings held on 3 September 2014 and 4 November 2014, addressing administrative matters such as time keeping, choose and book, and rotas. Names of staff members in attendance at the meetings were recorded but not the discussion or actions allocated or the outcome of them.

The practice did not have robust arrangements for identifying, recording and managing risks. The practice manager did not have a risk log or any documentation to address a wide range of potential issues, such as fire or health and safety risks and these were not addressed in meetings.

Leadership, openness and transparency

The practice was led by a single GP. The GP undertook the lead for all clinical areas especially since the retirement of their substantive practice nurse. The practice staff were open with the inspection team regarding the challenges and difficulties they have experienced in appointing staff and in delivering a sustainable, effective and response service. The GP had invited and welcomed discussions with NHS England regarding the difficulties the practice faced.

We found staff were aware of who had lead responsibilities for specific duties. Although, we saw little evidence of the practice manager leading, co-ordinating or being held to account for delivering a cohesive service.

The practice manager was responsible for human resource policies and procedures. We were shown the staff handbook that was available to all staff, this included sections on equality and harassment and bullying at work.

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

The practice had gathered feedback from patients through their patient survey of 46 patients and complaints received. The feedback had been received from 24.4% Asian/Asian British, 68.9% white patients and 6.7% black/ black British. Overall, the survey findings were very positive about the service provided to patients. However, we could find no evidence that appointment systems had been reviewed in response to feedback suggesting booking appointments in advance would be appreciated.

The practice had a patient participation group (PPG) which was realistic and pragmatic in their approach. Whilst they accepted they were not representative of the patient population they actively tried to engage with patients and represent their voice within local and Clinical Commissioning Group forum. They were recognised and valued by the practice as assisting to education patients regarding health promotion, providing a conduit for information and a means of discussing the recruitment challenges they faced.

The practice had not gathered or recorded feedback from staff through supervisions or informal settings.

The practice had a whistle blowing policy which was available to all staff in the staff handbook.

Management lead through learning & improvement

Staff told us that the practice supported them to maintain their clinical professional development through time to attend learn sessions. We looked at five staff files and saw that regular appraisals took place but did not included a personal development plan or evidence of actions being reviewed and progressed.

The practice had not reviewed trends or themes from complaints or incidents to identify learning. However, the lead GP was providing supervision and mentoring for a GP undertaking a PhD in Public Health and this involved clinical case discussions.

This section is primarily information for the provider

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	Regulation
Treatment of disease, disorder or injury	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers</p> <p>People who use services and others were not protected against the risks associated with unsafe care and treatment by means of effective operation of systems designed to regularly assess and monitor the quality of service provision and identify, assess and manage risks relating to the health, welfare and safety of service users, and analysis incidents that resulted in or had the potential to result in harm to a service user. Regulation 10(1)(a)(b), 10(2)(c)(i).</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2010 Complaints</p> <p>People who use the service should have complaints fully investigated. Regulation 19(2)(c).</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers</p> <p>People should be protected from the risk of unsafe staff through ensuring effective recruitment procedures in order to confirm the staff are of good character and suitable to carry on the regulated activity. Regulation 21(a)(i),21(b)</p>
Regulated activity	Regulation

This section is primarily information for the provider

Compliance actions

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

Premises should be appropriately maintained with appropriate standards of cleanliness and hygiene and people should be protected from the risk of health care associated infections through employing effective operating systems designed to assess the risk of and to prevent, detect and control the spread of infections. Regulation 12(1)(a)(b), 12(2)(a), 12(2)(c)(i).