

# Dr Nader Lewis

## Quality Report

75 Brunswick Road  
Ealing  
London  
W5 1AQ

Tel: 020 8810 5545

Website: [www.mysurgerywebsite.co.uk/  
contact1.aspx?p=E85091](http://www.mysurgerywebsite.co.uk/contact1.aspx?p=E85091)

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

## Ratings

### Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Inadequate



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We undertook a comprehensive inspection of Dr Nader Lewis' practice on 26 August 2015. The practice was rated as requires improvement for providing safe, effective and caring services and for being well-led. It was rated as good for providing responsive services. Overall the practice was rated as requires improvement. The full comprehensive report on the August 2015 inspection can be found by selecting the 'all reports' link for Dr Nader Lewis on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We carried out an announced comprehensive inspection at Dr Nader Lewis' practice on 30 May 2017. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, we identified weaknesses in practice arrangements on safeguarding and obtaining consent.
- Governance arrangements were insufficient to provide a safe, effective service. We were particularly concerned about the quality and integrity of patient record keeping. This was an issue that we highlighted at our previous inspection in August 2015.
- The practice had improved its performance on the Quality and Outcomes framework since our previous inspection. However its performance and high exception reporting on diabetes was concerning.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- The practice received mixed patient feedback. The national patient survey results were consistently below average for patient experience of GP consultations and patient involvement in decisions.
- We received negative feedback about the practice from the manager of a local care home.
- The practice had a large working population but offered restricted opening hours and had failed to open on at least one occasion in the previous 12 months.

# Summary of findings

- The practice had identified succession arrangements as an immediate priority but the strategy for achieving this was confused.
- The practice had not established a patient participation group.

The areas where the provider must make improvements are:

- The practice must ensure that care and treatment of patients is only provided with the consent of the relevant person. The practice must act to protect the right of patients (who do not lack capacity) to make an informed decision about their care.
- The practice must ensure care and treatment is provided in a safe way to patients.
- The practice must ensure patients are protected from abuse and improper treatment.
- The practice must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This includes maintaining securely an accurate, complete and contemporaneous record in respect of each patient and of decisions taken.

The areas where the provider should make improvement are:

- The provider should continue to identify carers to ensure their needs are met.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

Special measures will give people who use the service the reassurance that the care they get should improve.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- Staff were encouraged to report significant events and other incidents but the quality of reporting and investigation was variable. The practice held meetings to share learning within the team but discussion and actions were not always recorded. Senior staff were unaware of the duty of candour.
- Although we noted some improvements since our previous inspection, patients remained at risk of harm because systems and processes were not implemented in a way to keep them safe. For example, we identified weaknesses in practice systems for safeguarding, recruitment, medicines management and dealing with emergencies.
- There was insufficient attention to safeguarding children and vulnerable adults. We viewed a case where the risk of abuse had not been assessed by the clinician despite the patient being in vulnerable circumstances.
- There were enough staff day to day to keep patients safe but the practice had not put in place sufficient cover arrangements during periods of planned leave. The practice had failed to open on at least one occasion in 2016.

Inadequate



### Are services effective?

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

- Data showed that care and treatment was not delivered in line with recognised professional standards and guidelines. For example, practice performance on diabetes was markedly below local and national averages. The practice was not able to explain the reason for these differences or any action it was taking to improve.
- Patient outcomes were hard to identify as little reference was made to audits or quality improvement. There was no evidence that the practice was actively comparing its performance to others either locally or nationally.
- There was engagement with other providers of health and social care but this tended to be ad hoc with little evidence of active coordination or care planning.

Inadequate



# Summary of findings

- Patient records tended to be sparse and did not support effective information sharing with other health and social care professionals. In one case we reviewed, the records did not show that treatment requirements were met following discharge.
- The practice could not demonstrate that all clinicians were familiar with and followed current guidelines on consent particularly in relation to young patients.
- All staff received an annual appraisal. The practice could demonstrate role-specific training, for example, for nurses reviewing patients with long term conditions.
- There were some improvements since our previous inspection. The practice had employed a practice nurse who provided a regular weekly session at the surgery. The practice had developed an induction programme for new staff.

## Are services caring?

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

- Most patients who participated in the inspection commented that they were treated with compassion, dignity and respect.
- However, data from the national GP patient survey showed patients rated the practice lower than others for aspects of care, for example their experience of consultations with a GP and involvement in decisions about their treatment. This had not improved since our previous inspection.
- We received negative feedback from the care home manager about the extent to which the practice provided a caring service to patients at a local care home.
- The practice could not provide evidence that it carried out care planning with patients who would benefit from this approach.
- Staff took action to protect patients' privacy.
- Information for patients about the services was available and the practice had specifically recruited staff who could speak Polish.

**Inadequate**



## Are services responsive to people's needs?

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

- The practice had reviewed the needs of its local population and had adjusted the service it provided to some extent, for example offering extended hours appointments two evenings each week.

**Requires improvement**



# Summary of findings

- Opening hours remained restricted particularly during periods when the principal GP was on planned leave. The practice had failed to open on at least one occasion the previous year and had received a contractual breach notice from NHS England as a result.
- The practice scored in line with the local and national averages for access to the service on the national GP patient survey.
- Patients participating in the inspection commented that continuity of care was a positive aspect of the service.
- We received negative feedback from the manager of a local care home about the difficulty patients living at the home experienced in accessing their GP.
- There was written information about how to complain in the practice leaflet. The practice had received few complaints.

## Are services well-led?

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

- The practice had identified priorities in relation to succession planning but its strategy was confused. We were given conflicting accounts from the doctors concerned about whether the practice was in a partnership or about to enter a partnership.
- The practice was not properly registered with CQC. We had not been notified of a formal partnership agreement which had been entered into from July 2016.
- The practice had a number of policies and procedures to govern activity. This was an area where we saw improvement since our previous inspection in August 2015.
- However, the practice had difficulty providing evidence to show how it implemented its policies safely, for example in relation to consent, safeguarding, care planning and medicines management.
- Patient record keeping tended to be sparse and there was insufficient attention to information security. Patient record entries could not always be attributed to the doctor who had carried out the consultation.
- Documentary evidence was not always well organised. For example the practice had to carry out ad hoc searches of email accounts to find documentary evidence we requested about basic recruitment checks and completion of training.
- The practice did not act on information about its performance or have a focus on quality improvement. For example, the practice had not taken any action to investigate, audit or review its management of diabetes.

**Inadequate**



# Summary of findings

- The practice held regular practice meetings and issues were discussed. However, some minutes that we saw were not detailed, did not include clear action points and were of limited value for future reference.
- The practice had not established a patient participation group despite receiving very mixed patient feedback.

# 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 inadequate for the care of older people.

- The practice had few patients nearing the end of life at any one time. The principal GP liaised with community nursing and palliative care service as the need required.
- Nationally reported data showed that the practice's performance in managing conditions more commonly found in older people, such as chronic obstructive pulmonary disease (COPD) and atrial fibrillation was in line with the national average.
- However, the treatment of older patients did not always reflect current evidence-based practice. For example, the principal GP was unable to show us any completed care plans. Prior to our inspection visit the practice told us that it carried out care planning for patients who would benefit from coordinated care. We were subsequently told during the visit that the practice referred patients to the local integrated care service to coordinate their care with other agencies because the principal GP did not have the capacity to do this.
- The practice carried out annual medicine reviews for older patients but these were not recorded with sufficient detail to support decisions to continue with or change prescriptions.
- Several patients commented that they had received excellent continuity of care from the principal GP over many years and they valued this aspect of the service.

Inadequate



### People with long term conditions

The practice is rated as inadequate for the care of people with long term conditions. The practice was rated as inadequate for providing safe, effective, caring and well-led services. The issues identified as being inadequate affected all patients including this population group.

- The practice maintained registers of patients with long term conditions. There was a system to recall patients for an annual review to check their health and medicines needs were being met although the records kept of these reviews tended to be sparse.
- The practice had improved on the Quality and Outcomes Framework (QOF) for managing long term conditions overall since our previous inspection.

Inadequate





# Summary of findings

- In 2015/16, practice performance on diabetes as measured by the QOF was lower than the CCG and national averages with exception rate reporting of over 30%. The practice was unable to explain the reason for this and had not investigated further.
- The GPs and practice nurse had roles in long term disease management. For example the practice nurse was trained to carry out spirometry testing.
- The practice followed up on patients with long term conditions discharged from hospital. However it was not always clear from the patient records that treatment had been updated to reflect additional needs.

## Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The practice was rated as inadequate for providing safe, effective, caring and well-led services. The issues identified as being inadequate affected all patients including this population group.

- The practice provided antenatal and postnatal checks.
- Immunisation rates were high for standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- We were concerned that some clinicians did not understand current guidelines relating to consent and younger patients.

Inadequate



## Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The practice was rated as inadequate for providing safe, effective, caring and well-led services. The issues identified as being inadequate affected all patients including this population group.

- The practice offered restricted opening hours although a high proportion of the practice population was of working age. We were told the practice could offer early or late appointments to individual patients if needed. The practice directed patients to locally available walk-in primary care clinics and the out of hours service when the practice was closed.

Inadequate



# Summary of findings

- The practice offered online appointment booking, an electronic prescription service and telephone consultations. The practice had developed its own website since our previous inspection.
- The practice provided a range of health promotion and screening services reflecting the needs for this age group.
- Patient uptake for the cervical screening programme was in line with the national and CCG averages. Exception reporting was higher than average.

## People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for providing safe, effective, caring and well-led services. The issues identified as being inadequate affected all patients including this population group.

- The practice was flexible about offering longer appointments for patients with a learning disability or other complex needs.
- The practice manager held a register of patients living in vulnerable circumstances including those with a learning disability. The principal GP told us that they personally knew all their vulnerable patients so did not hold or refer to the register. The practice did not routinely share this information with locum staff.
- The practice informed vulnerable patients about how to access support groups and voluntary organisations, for example the local carers association.
- The practice had policies on safeguarding vulnerable patients from abuse and staff had been trained on how to recognise signs of abuse in vulnerable adults and children. We had concerns about the extent to which the practice assessed risks in practice following the review of an individual case during the inspection.
- We sought feedback from the manager of a local care home about the service provided by the practice to practice patients living there. The feedback we received was very negative. The home described the practice as unresponsive to these patients' needs and uncaring. For example, they said the practice regularly failed to provide patients' repeat prescriptions on time. The home also told us it was difficult to arrange for the GP to visit patients at the home.

Inadequate



# Summary of findings

## People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice was rated as inadequate for providing safe, effective, caring and well-led services. The issues identified as being inadequate affected all patients including this population group.

- In 2015/16, six of seven (86%) of patients with a diagnosed psychosis had a comprehensive care plan in their records. The practice had reported one exception for this indicator.
- The practice was able to signpost patients experiencing poor mental health to various support groups and voluntary organisations.
- The practice referred appropriate patients to the local IAPT counselling service and a counsellor commissioned by the clinical commissioning group.

Inadequate



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice tended to score below the local and national averages for satisfaction with overall experience, involvement in decision making, late running appointments and their experience of GP consultations. The practice scored above average for accessibility and the helpfulness of reception. For this survey 346 questionnaires were distributed and 76 were returned. This represented 7% of the practice patient list and a response rate of 22%.

- 67% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 78% and the national average of 85%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 56% of patients said the last GP they saw or spoke to was good at involving them in decisions about their care compared with the CCG average of 75% and the national average of 82%.
- 35% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 44% and the national average of 58%.
- 63% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 79% and the national average of 85%.

- 44% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 70% and the national average of 78%.

The national patient survey results had not improved since our previous inspection on 26 August 2015. The practice scored more positively on the standardised 'Friends and family' test but had not carried out any further investigation of patient feedback and had not identified any areas for improvement as a direct result of patient feedback.

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 38 comment cards, all but three of which were wholly positive about the service.

Patients participating in the inspection commented that the practice was welcoming and the receptionists were responsive to urgent problems. Patients told us that the doctors took time to listen and were attentive to their needs. Of the three critical comments, one patient found it difficult to consult with a female GP and two patients commented that their appointments often did not run on time.

## Areas for improvement

### Action the service MUST take to improve

- The practice must ensure that care and treatment of patients is only provided with the consent of the relevant person. The practice must act to protect the right of patients (who do not lack capacity) to make an informed decision about their care.
- The practice must ensure care and treatment is provided in a safe way to patients.
- The practice must ensure patients are protected from abuse and improper treatment.

- The practice must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care. This includes maintaining securely an accurate, complete and contemporaneous record in respect of each patient and of decisions taken.

### Action the service SHOULD take to improve

- The provider should continue to identify carers to ensure their needs are met.

# Dr Nader Lewis

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

### Background to Dr Nader Lewis

Dr Nader Lewis provides services to approximately 1650 patients in the surrounding areas of Ealing through a general medical services contract. The practice is known locally as St Marks Medical Centre. The service is provided from a converted residential property.

The practice is owned and led by an individual GP principal (male) who provides nine clinical sessions per week. The practice also engages a regular locum GP (currently a female GP) who provides one clinical session a week. The practice employs a practice nurse (one day a week), a practice manager and a team of receptionists.

The practice is open Monday to Friday from 9am to 1pm. Afternoon opening times are more variable. The practice opens on Monday and Tuesday from 3pm to 6.30pm, on Wednesday from 2.30pm to 6.30pm and on Friday from 3.30pm to 6.30pm. The practice is closed on Thursday afternoon and over the weekend. The practice typically provides GP surgery hours between 9am and 11.30am and between 3pm and 4.30pm on the afternoons when it is open. Late evening appointments are available on request on Monday and Wednesday evenings.

Out of hours primary care is contracted to a local out of hours care provider. The practice provides patients with information in the practice leaflet, on an answerphone and

on the practice door about how to access urgent care when the practice is closed. Patients are advised to ring NHS 111 and are also provided with the telephone number to contact the local out of hours service directly.

The practice has introduced an electronic appointment booking system and an electronic prescription service and has recently developed its own website.

The local practice population is similar to the English average in terms of socio-economic indicators and life expectancy. However, the practice has an unusually high proportion of young adult patients aged between 20-44 years, and fewer than 100 patients (5%) aged over 75 years. The population is mobile, and culturally and ethnically diverse. Around a quarter of practice patients originate from Poland.

The practice is registered to provide the following regulatory activities: family planning; maternity and midwifery services; diagnostic and screening procedures; and treatment of disease, disorder or injury.

### Why we carried out this inspection

We undertook a comprehensive inspection of Dr Nader Lewis' practice on 26 August 2015 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and caring services and for being well-led. It was rated as good for providing responsive services. Overall the practice was rated as requires improvement. The full comprehensive report on the August 2015 inspection can be found by selecting the 'all reports' link for Dr Nader Lewis on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

# Detailed findings

We undertook a further announced comprehensive inspection of Dr Nader Lewis' practice on 30 May 2017. This inspection was carried out to check that action had been taken to comply with legal requirements, ensure improvements had been made and to review the practice's ratings.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including NHS England and the clinical commissioning group to share what they knew. We carried out an announced visit on 30 May 2017. During our visit we:

- Spoke with a range of staff (including the principal GP, the practice manager and a receptionist). We also spoke with a locum GP and a care home manager by telephone.
- Reviewed 38 comment cards where patients shared their views and experiences of the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients. We needed to do this to check how the practice carried out care planning for patients with longer term conditions and how the practice had acted on its clinical audit findings.
- Inspected the facilities, equipment and premises.

- Reviewed documentary evidence, for example practice policies and written protocols and guidelines, audits, patient complaints, meeting notes, and other risk assessments and monitoring checks.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

# Are services safe?

## Our findings

At our previous inspection of 26 August 2015, we rated the practice as requires improvement for providing safe services. This was because the practice did not have systems in place to assess and mitigate against risks to safety. In particular the practice's processes for infection prevention and control required improvement, the practice did not have a supply of emergency oxygen on the premises. It had also not carried out all necessary health and safety risk assessments and appropriate recruitment checks before employing new members of staff.

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any significant events and there was a recording form available on the practice computer system. We reviewed a number of incidents which had been recorded although most were not significant events (that is, incidents where patients had come to physical or psychological harm through potential error or omission).
- The significant event recording form did not directly support the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice manager told us they were unfamiliar with the duty of candour but would look into this and update their policies and procedures as required. There had not been any recent significant events which required disclosure.
- We reviewed safety records, incident reports and patient safety alerts. Incident reports were recorded in variable levels of detail and learning points were sometimes but not always clearly identified. Clinicians could not readily recall any learning points or actions taken to improve following a significant event.

### Overview of safety systems and processes

The practice had improved some of the systems, processes and practices in place to minimise risks to patient safety since our previous inspection. However we identified concerns about some aspects of safety.

- The practice's arrangements for safeguarding patients were unsafe. The practice policies for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. We were told that safeguarding cases were rare and the GPs had not been asked to attend safeguarding meetings or provide reports for other agencies. The principal GP told us they did not know if their patient list included children at risk or on the child protection register.
- The clinicians and staff had received training on safeguarding children and vulnerable adults although the principal GP's most recent training on vulnerable adults had been undertaken in 2013 and was out of date. We discussed a recent significant event with the principal GP during which it became clear that they had failed to assess the potential risk of abuse although the patient was vulnerable. The principal GP and practice nurse had been trained to child protection or child safeguarding level three. The practice manager was trained to level one despite being the nominal safeguarding lead for the practice.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had been trained for the role by the principal GP and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene. The practice's management of infection prevention and control (IPC) had improved since our previous inspection.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the IPC clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.



## Are services safe?

The practice had arrangements for managing medicines, including emergency medicines and vaccines. However these were insufficient to fully minimise risks to patient safety.

- There were processes for handling repeat prescriptions. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. Practice patients who participated in the inspection did not raise any concerns about their medicines. However a local nursing home told us that repeat prescriptions for practice patients living at the home were frequently not authorised by the GPs in a timely way leading to delays in the supply of patients' medicines.
- The practice referred patients taking high risk medicines for outpatient monitoring. Since our previous inspection, the practice had stopped offering shared care for patients with substance misuse problems.
- The practice carried out annual medicine reviews for older patients on multiple medicines but these were not recorded with sufficient detail to support decisions to continue with or change prescriptions.
- The practice had carried out two medicines audits with the support of the local clinical commissioning group pharmacy teams. One of these audits revealed that the prescribing of protein pump inhibitors had been significantly out of line with national guidelines. The audit did not satisfactorily demonstrate that all identified patients had been appropriately followed up. The practice informed us after the inspection that all patients had been followed up and it was carrying out a second stage re-audit to ensure that improvements to practice had been sustained.
- Blank prescription forms and pads were not stored securely and there were no effective systems to track their use. We found a large number of blank pads on the premises during the inspection. The principal GP told us they had been removed by the end of the day.
- Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.

The practice had developed a written recruitment policy and induction checklist since our previous inspection. We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence

of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

However, the practice had no evidence of any checks carried out for the locum GP who had begun working at the practice three weeks earlier. We were told this was because they were also employed at another local practice where these checks would have already been carried out.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- At our previous inspection, we found that the practice had not carried out all necessary risk assessments. At this inspection we found that the practice had improved. For example it had risk assessments to monitor the safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a type of bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had recruited a practice nurse since our previous inspection and a part-time female locum GP had also recently started to work at the practice. The practice had a vacancy for a receptionist which it was in the process of filling. The principal GP expressed some concern about their own capacity to continue as an individual provider and told us they planned to go into partnership with another GP.
- The practice had reciprocal arrangements in place with another local practice to cover planned leave. However, in 2016, the practice was found to be in breach of its NHS contract when it failed to open on at least one occasion when the principal GP and practice manager were on planned leave.

### Arrangements to deal with emergencies and major incidents



## Are services safe?

The practice had improved its arrangements to respond to emergencies and major incidents since our previous inspection although there remained some issues.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the nurse's room.
- The practice had purchased a defibrillator since our previous inspection. However on checking, we found the battery needed replacing. The principal GP told us this would be done after the inspection but did not provide any further evidence or confirmation that this action has been completed. The practice now kept oxygen for use

in an emergency with adult and children's masks. This was an improvement since our previous inspection. A first aid kit and accident book were available behind reception.

- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. The practice did not have soluble aspirin (used to treat patients with a suspected heart attack) in stock on the day of the inspection. The principal GP told us this would be stocked.
- The practice could not show us a comprehensive business continuity plan for major incidents such as power failure or building damage. The practice had buddy and cover arrangements with another local practice should the need arise.

# Are services effective?

(for example, treatment is effective)

## Our findings

At our previous inspection of 26 August 2015, we rated the practice as requires improvement for providing effective services. This was because the practice's ability to review and monitor the quality of care was impaired by their limited capacity to use the patient electronic record system. The quality of record keeping and care planning was also limited.

### Effective needs assessment

The clinicians had electronic access to guidelines from NICE and local clinical commissioning group referral 'pathways' and told us they used this information to deliver care and treatment that met patients' needs.

The practice did not have systems to routinely monitor that these guidelines were followed aside from discussion at practice meetings, the annual clinical appraisal system and the periodic revalidation process.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor its management of long term conditions. (QOF is a system intended to improve the quality of general practice and reward good practice). The practice had improved its use of the electronic record system to track its progress on QOF. The most recent published results were 93.2% of the total number of points available compared with the clinical commissioning group (CCG) average of 95.7% and national average of 95.3%. The practice had improved its performance on QOF since our previous inspection when it had achieved 89%.

Practice exception rate reporting on the QOF was higher than average at 14% overall compared to the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was markedly below the CCG and national averages. For example, 54% of diabetic patients had blood sugar

levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG and national averages of 78%. The practice exception reporting rate was 37% for this indicator which was well above the CCG and national rates of 17% and 13% respectively.

- The practice was unable to explain why its performance on diabetes differed so widely from the local average, citing low compliance amongst certain population groups with lifestyle advice and treatment. The practice had not conducted any clinical audit or other form of investigation into its management of diabetes despite the adverse consequences of poor diabetic control for patients' health.
- The practice tended to perform in line with the local and national averages for the management of other long term conditions including mental health. In 2015/16, all eight patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months compared to the national average of 84%. The practice had reported one exception.
- In 2015/16, six of seven (86%) of patients with a diagnosed psychosis had a comprehensive care plan in their records which was comparable to the CCG average of 92% and the national average of 89%. The practice had reported one exception for this indicator. However, the practice was unable to show us a completed care plan during our inspection visit.

The practice could not demonstrate a focus on clinical quality improvement. For example it had not carried out clinical audit aside from participating in two recent prescribing audits led by the local clinical commissioning group. The principal GP told us that the practice had limited capacity to carry out this sort of work while it was individually run and anticipated that the recruitment of a partner would enable the practice to review and continually improve its clinical performance.

### Effective staffing

Evidence reviewed showed that the practice had systems in place to enable staff to maintain their skills and knowledge.

- The practice had developed an induction programme and checklist for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. This was an improvement since our previous inspection.

# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice kept a record of the practice nurse's qualifications and completed training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines had access to online resources and guidelines.
- The learning needs of staff were identified through appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The principal GP was overdue refresher training on adult safeguarding but otherwise mandatory staff training was up to date.
- The principal GP told us they kept up to date by reading relevant medical journals and magazines. They told us they had recently stopped attending other forms of professional development because they were intending to semi-retire from clinical practice this year.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. The practice was using the electronic patient record system more consistently than at our previous inspection and had increased its use of electronic read coding.

- The electronic patient record system included medical records and investigation and test results.
- From the documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. We noted that patient record entries were frequently sparse with some consultations being recorded, for example with just two or three word summaries. This lack of detail increased the risk that important information might be missed on referral or when information was being shared within the team.

Staff were able to give some examples of working with other health and social care professionals to understand and meet patients' needs. For example, the practice team had recently met with the local care coordinators who visited any patients in need of social support and assistance.

We reviewed a recent case where a patient had been discharged from hospital. There was no evidence recorded in the patient notes to show that the patients' care had been updated in line with the hospital's instructions and the GP was unable to assure us that this had been the case.

Meetings took place on an ad hoc basis with other health care professionals such as the palliative care nurse when required. The practice told us they were able to refer patients to local community health services for coordinated palliative care.

### Consent to care and treatment

Staff sought patients' consent to care and treatment but we were not assured that this was always done in line with legislation and guidance.

- In particular, when providing care and treatment for children and young people we had concerns about the practice of the principal GP who acknowledged that they were unfamiliar with current guidance such as the Gillick and Fraser guidelines. The principal GP told us that the clinicians were unlikely to experience any instances where Gillick guidelines would apply (for example, a young person requesting contraception without the knowledge of their parents).
- The practice nurse noted that verbal consent had been obtained in the patient records before administering vaccinations.
- The practice had not monitored its process for seeking consent for example through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example patients with substance misuse problems, patients wanting smoking cessation support and those at risk of developing a long-term condition.

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG and national averages.

# Are services effective?

(for example, treatment is effective)

- The practice also offered the shingles, flu and pneumococcal immunisations to eligible patients.
- The practice's uptake for the cervical screening programme was 76%, which was in line with the CCG average of 79% and the national average of 81%. Exception rate reporting for this indicator was 22% which was above the CCG rate of 10% and the national rate of 7%.
- There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice had employed a practice nurse (female) able to offer a regular weekly clinical session at the practice. This was an improvement since our previous inspection. There were

failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- The practice told us it also encouraged its patients to attend national screening programmes for bowel and breast cancer but uptake rates for these programmes were below average. For example the three year coverage for breast screening was 52% compared to the CCG average of 67% and the national average of 72%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The staff carrying out health checks were clear about risk factors requiring further follow up by a GP.

# Are services caring?

## Our findings

At our previous inspection of 26 August 2015, we rated the practice as requires improvement for providing caring services. This was because the practice consistently scored below the local and national average for its national GP patient survey results.

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice had recently engaged a female locum GP who provided one session a week so patients could be treated by a clinician of the same sex.
- The locum GP could speak Polish.

All but three of the 38 patient comment cards we received during the inspection were positive about the service. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients participating in the inspection commented that the practice was welcoming and the receptionists were responsive to urgent problems. Patients told us that the doctors took time to listen and were attentive to their needs. Of the three critical comments, one patient found it difficult to consult with a female GP and two patients commented that their appointments often did not run on time.

The national patient survey results had not improved since our previous inspection on 26 August 2015. The practice scores remained below average for satisfaction scores on consultations with GPs. For example:

- 65% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 89%.

- 61% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 74% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 63% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared with the CCG average of 79% and the national average of 85%.
- 87% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87%.

We obtained feedback from the manager of the local care home where some practice patients lived. The feedback from the home was negative about the attitude of the practice to these patients. The doctors were described as being more focused on the costs involved in caring for patients in the home than on these patients' health, quality of life and wellbeing. (We did not talk with the patients concerned or their families.)

The practice also obtained feedback from the standardised NHS 'Friends and family' feedback survey. Forty patients had completed this short questionnaire in 2016 with the majority saying they would be likely to recommend the practice to others. The practice had not carried out any further patient feedback surveys and had not established a patient participation group. This was something we had also noted as our previous inspection in August 2015.

### Care planning and involvement in decisions about care and treatment

Patients participating in the inspection commented that they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed the practice scored below average to questions about patient involvement in planning and making decisions about their care and treatment. For example:

## Are services caring?

- 60% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 82% and the national average of 86%.
- 56% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 75% and the national average of 82%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that interpreting services were available for patients who did not have English as a first language although this was not often requested.
- The practice had recruited a Polish speaking receptionist and had engaged a Polish speaking locum GP. The principal GP spoke Arabic. Patients were also told about multi-lingual staff who might be able to support them.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

The practice could not show us evidence that it actively developed care plans with patients who would benefit from a coordinated approach to their care and ongoing monitoring.

### **Patient and carer support to cope emotionally with care and treatment**

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included referral to the local 'care coordinator' service who could visit patients and signpost them to relevant support and volunteer services.

The practice had identified 14 patients as carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them and the practice was flexible in offering longer or extended hours appointments.

Staff told us that if families had experienced bereavement, their usual GP contacted them. This call was followed by a patient consultation and referral to support services as appropriate.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection of 26 August 2015, we rated the practice as good for providing responsive services. This was because the practice could demonstrate understanding of its patient population; had received positive feedback about access to the service from patients and had responded promptly and could demonstrate learning from complaints.

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to adjust the service it provided to meet the needs of its population. For example :

- The practice offered extended hours appointments on a Monday and Wednesday evening although these appointments were not well advertised to patients, for example on the website.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required urgent attention.
- Patients were able to receive a range of travel vaccines available on the NHS or privately.
- There were accessible facilities, which included a hearing loop, and interpreting services. The practice had improved the premises since our previous inspection.
- The practice had engaged a female GP who spoke Polish.
- The practice had not considered and implemented the NHS England Accessible Information Standard to ensure that disabled patients receive information in formats that they can understand and receive appropriate support to help them to communicate.

### Access to the service

The practice was open Monday to Friday from 9am to 1pm. Afternoon opening times were more variable. The practice opened on Monday and Tuesday from 3pm to 6.30pm, on Wednesday from 2.30pm to 6.30pm and on Friday from 3.30pm to 6.30pm. The practice was closed on Thursday afternoon and over the weekend. The practice

typically provided GP surgery hours between 9am and 11.30am and between 3pm and 4.30pm on the afternoons when it was open. Late evening appointments were available on request on Monday and Wednesday evenings.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed. Patients were less satisfied with the practice opening times and late running appointments at the surgery but their experience of the appointment system and the convenience of appointments was comparable to local and national averages.

- 59% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 72% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 69% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 79% and the national average of 85%.
- 87% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.
- 70% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- 35% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 44% and the national average of 58%.

The practice had a system to assess:

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

Patients were requested to telephone the surgery as soon as possible and the request was passed to the GP to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the

# Are services responsive to people's needs?

(for example, to feedback?)

patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures was generally in line with recognised guidance and contractual

obligations for GPs in England although it did not provide patients with information about independent advocacy. The practice manager told us this would be added to the complaints procedure.

- There was a designated responsible person who handled all complaints in the practice.
- We saw that some information was available to help patients understand the complaints system in the practice leaflet.

The practice had received one complaint in the last 12 months. This had been dealt with in line with the practice complaints policy. Lessons were learned from individual concerns and complaints.



# Are services well-led?

Inadequate 

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

## Our findings

At our previous inspection of 26 August 2015, we rated the practice as requires improvement for being well led. This was because there were gaps in the practice's systems of governance including the quality of patient record keeping and care planning and systems to mitigate risk to patient safety for example weaknesses in the practice's systems for infection prevention and control. The practice's ability to review and monitor the quality of care was limited and the practice had not actively sought to engage patients in developing and improving the service, for example by establishing a patient participation group or website.

### Vision and strategy

The practice had identified priorities in relation to succession planning but its strategy was confused.

- We were given conflicting accounts from the doctors concerned about whether the practice was in a partnership or about to enter a partnership. During the inspection the principal GP told us he was about to enter a formal partnership agreement. We contacted this other GP the same day who told us they had an informal arrangement and were still considering if they wanted to go into partnership with the principal GP.
- Following the inspection, we were alerted to a pre-existing partnership agreement with a different GP dated from July 2016. The practice had not formally notified us of this. The practice had not taken action to ensure it was properly registered with CQC.

### Governance arrangements

The practice governance framework did not support the delivery of safe care.

- The provider was not maintaining an accurate, complete and contemporaneous record in respect of each patient. For example, patient record entries were frequently sparse with consultations summarised in just two or three words. There was insufficient information about patients' to enable other clinicians to understand the patient history and treatment. At our previous inspection we found the practice to be in breach of regulations for poor patient record keeping.
- There was insufficient attention to information security and integrity in relation to patient records. During our inspection it became clear that patient record entries

could not always be attributed to the doctor who had carried out the consultation. In one case the practice had not obtained smartcard access for their locum GP who was covering the practice while the practice manager and principal GP were away on leave. The locum GP had used the principal GP's smartcard to access the electronic patient record system which included prescribing and referral rights. More generally the practice had a more restricted locum smartcard which was routinely given to locum doctors to use rather than arranging for them to have named smartcard access. This meant that their entries were attributed to a generic 'locum' login on the system. The practice was aware of the process for arranging smartcard access and could not explain why this was not routinely done.

- Documentary evidence was not always well organised. For example the practice had to carry out ad hoc searches of email accounts to find documentary evidence we requested about basic recruitment checks and completion of training.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were inadequate in relation to practice systems for safeguarding, obtaining consent, recruitment documentation for locum staff, medicines management and dealing with emergencies.
- The practice did not carry out clinical audit to monitor quality and make improvements.
- The practice held regular meetings but the minutes tended to be brief and were of limited value to enable lessons to be learned and shared following significant events and complaints.
- Practice specific policies were implemented and were available to all staff. These had been recently updated and reviewed. The practice was not always able to demonstrate that it was implementing its policies effectively for example in relation to safeguarding.
- There was however a clear staffing structure and staff were aware of their own roles and responsibilities.

### Leadership and culture

The practice had been run for many years by the principal GP and the practice manager and the practice had generally employed a stable staff team.

# Are services well-led?

Inadequate 

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

- The practice held and minuted a range of meetings including meetings which had been attended by district nurses and care coordinators. The minutes of meetings were not always sufficiently detailed to provide useful reference for staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. They said they were involved in discussions about how to run and develop the practice.

The provider was aware of and had systems to record significant events. The practice manager was unaware of the specific requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice's existing policies included reference to the need to be open and transparent with patients when things went wrong. The practice manager told us they would review and update their policies to ensure the duty of candour was explicitly covered and staff made aware of this however we did not receive any evidence from the practice that this had been completed after the inspection.

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

The practice took note of feedback from patients and staff and had encouraged patients to take part in the standard NHS Friends and family questionnaire survey. However, the practice was aware that it scored below average on the national GP patient survey but had done little to investigate the reasons and areas for improvement.

- The practice had not established a patient participation group. This was an area we had identified for improvement at our previous inspection in August 2015.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The practice did not have a proactive approach to continuous improvement. For example the practice had not developed its own audit programme in response to areas where its performance was below average. The principal GP told us this would be addressed when the practice became an effective partnership and the doctors had more capacity.

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p><b>How the regulation was not being met</b></p> <p>The practice had failed to establish systems to prevent abuse. The practice did not have systems and processes in place that operated effectively to prevent abuse of service users.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met</b></p> <p>The practice had failed to ensure that systems and processes were established and operated effectively. The practice had not assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others. The practice had failed to maintain accurate, complete and contemporaneous records in respect of each service user. The practice had not acted on feedback from relevant persons including patient feedback.</p>