

# Sangam Surgery

## Quality Report

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

### Ratings

#### Overall rating for this service

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



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	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Sangam Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection on 17 December 2015. Overall the practice is rated as requires improvement.

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

- There was an effective system in place for reporting and recording significant events.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- Staff generally had the skills, knowledge and experience to deliver effective care and treatment, but not all staff had received training relevant to their role.
- There was an induction procedure, but it was not fully implemented and did not cover important areas such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Some systems and processes were not in place, had weaknesses, or were not implemented in a way to keep patients safe. For example there was no health and safety policy and some staff recruitment checks had not been carried out.
- Some systems and processes to manage risk were not in place, for example to ensure safe storage of refrigerated medicines.

# Summary of findings

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary pre-employment checks and that an effective induction process is in place for all staff as appropriate to their role.
- Ensure all staff receive training in annual Basic Life Support (BLS), infection control, fire safety, chaperoning, the Mental Capacity Act 2005, and child and adult safeguarding as appropriate to their role, and that chaperones receive a DBS check or an appropriate risk assessment carried is out.
- Implement systems and processes to monitor and mitigate risks for example a health and safety policy and related audits and risk assessments such as fire safety and legionella.
- Take action to address identified concerns with premises and equipment cleanliness, hygiene and infection prevention and control.

- Take action to ensure safe medicines management.

The areas where the provider should make improvement are:

- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines for example Gillick competency.
- Introduce a fully documented governance framework.
- Ensure appropriate checks of emergency medical equipment such as the defibrillator and emergency use oxygen, and provide airways and childrens oxygen masks.
- Consider installing a hearing loop and advertising translation services in the reception area.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and a verbal or written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. However not all clinical and non-clinical staff had safeguarding training as appropriate to their role.
- Some safety systems and processes were not in place, had weaknesses or were not implemented in a way to keep patients safe. For example there was no documentary evidence of premises risk assessments such as fire safety or legionella.

Inadequate



### Are services effective?

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

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice used innovative and proactive methods and worked collaboratively with other local providers to improve patient outcomes.
- Data showed patient outcomes were comparable to the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- Staff generally had the skills, knowledge and experience to deliver effective care and treatment in line with their role. However some gaps were identified for example staff training and knowledge in relation to chaperoning and the Mental Capacity Act 2005.

Requires improvement



# Summary of findings

There was an induction procedure, but it was not fully implemented and did not cover important areas such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was evidence of appraisals for all staff.

## Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others locally for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was mostly easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

**Good**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice generally had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Good**



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- It had a clear vision and strategy to deliver high quality care and promote good clinical outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

**Requires improvement**



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. However, the framework was not fully supported by appropriate written policies, procedures and guidelines.
- The practice had proactively sought feedback from staff and patients through a survey. The PPG had been inactive for over a year, but we saw plans for it to meet in January 2016.
- Several practice-specific policies were absent or not fully implemented including the health and safety policy, and recruitment and induction policies.
- There was no system in place for checks on infection control or premises and equipment cleanliness, or to monitor staff training needs including fire safety lead Basic Life Support training.

# 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 provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice had identified four hundred and seventy eight patients over 65 years old on its register, 51% (two hundred and forty three patients) had received a dementia cognition test.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those who needed them.
- It worked closely with other health care professionals to avoid patients' unplanned or unnecessary admission into hospital.
- Care plans were in place for older people that needed them.
- GPs made weekly home visits to sheltered accommodation for older people.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had identified that 9% (six hundred and fifty patients on its list) had diabetes, 79% (five hundred and sixteen patients) had a foot risk assessment in the last 12 months and 84% (five hundred and forty seven patients) had received the season flu vaccination from the practice.
- Longer appointments and home visits were available when needed.

**Requires improvement**



# Summary of findings

- There was a named lead GP for diabetes management who attended CCG cluster diabetes multidisciplinary meetings six times a year.

## Families, children and young people

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice offered teenage health checks to all patients at age 14 years old and Appointments were available outside of school hours.
- We saw good examples of joint working with health visitors.
- The practice offered Chlamydia sexual health screening services for people aged 16 to 24.

**Requires improvement**



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

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services via its listing on the NHS Choices website, as well as a full range of health promotion and screening that reflects the needs for this age group.
- Data showed 90% percent of working age women had a cervical smear test within the last five years compared to 82% nationally.

**Requires improvement**



## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

**Requires improvement**





# Summary of findings

- It offered longer appointments and had carried out annual health checks for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The provider was rated as requires improvement for safety and for well-led. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, some examples of good practice.

- 85% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to 87% nationally.
- 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to 86.0% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Most staff had a good understanding of how to support people with mental health needs and dementia.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 8 July 2015, using aggregated data for the periods July to September 2014 and January to March 2015 showed the practice was performing in line with local and national averages. Four hundred and fifty five survey forms were distributed and eighty nine were returned. Results showed:

- 85% found it easy to get through to this surgery by phone compared to a CCG average of 61% and a national average of 73%.
- 83% found the receptionists at this surgery helpful (CCG average 80%, national average 87%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 76%, national average 85%).
- 88% said the last appointment they got was convenient (CCG average 85%, national average 92%).
- 62% described their experience of making an appointment as good (CCG average 65%, national average 73%).

- 59% usually waited 15 minutes or less after their appointment time to be seen (CCG average 51%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received seventeen comment cards which were all positive about the standard of care received. Patients said staff were kind, courteous and patient. They told us staff are informative, always willing to listen and treated them with respect.

We spoke with twelve patients during the inspection. All patients said that the doctors and nurses took the time to listen and explained everything in a way that they understood, they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary pre-employment checks and that an effective induction process is in place for all staff as appropriate to their role.
- Ensure all staff receive training in annual Basic Life Support (BLS), infection control, fire safety, chaperoning, the Mental Capacity Act 2005, and child and adult safeguarding as appropriate to their role, and that chaperones receive a DBS check or an appropriate risk assessment carried is out.
- Implement systems and processes to monitor and mitigate risks for example a health and safety policy and related audits and risk assessments such as fire safety and legionella.

- Take action to address identified concerns with premises and equipment cleanliness, hygiene and infection prevention and control.
- Take action to ensure safe medicines management.

### Action the service **SHOULD** take to improve

- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines for example Gillick competency.
- Introduce a fully documented governance framework.
- Ensure appropriate checks of emergency medical equipment such as the defibrillator and emergency use oxygen, and provide airways and childrens oxygen masks.
- Consider installing a hearing loop and advertising translation services in the reception area.

# Sangam Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience.

## Background to Sangam Surgery

The Sangam Surgery is situated within NHS Newham Clinical Commissioning Group (CCG). The practice provides services to approximately 7,300 patients under a Personal Medical Services (PMS) contract.

The practice provides a full range of enhanced services including extended hours, NHS health checks and minor surgery. It is registered with the Care Quality Commission to carry on the regulated activities of Maternity and midwifery services, Family planning services, Treatment of disease, disorder or injury, Surgical procedures, and Diagnostic and screening procedures.

The staff team at the practice includes three GP partners two male and one female. One male partner works full-time, eight sessions per week and the other works part-time, two sessions per week and the female partner works part-time, three sessions per week. In addition, there are two part time female salaried GPs (one working four sessions per week and the other five). There is a full time female nurse practitioner and a part time male health care assistant working eighteen hours per week. The

administrative team is made up of a business manager, practice manager, and reception and administrative staff. The practice does not use locum GPs because the partners cover any absences themselves.

The practice is open 8am to 6.30pm every weekday and has extended opening on Monday mornings from 7am until 8am, Tuesday and Wednesday evenings from 6.30pm until 8.30pm, and Friday evenings from 6.30pm until 7.30pm for working patients who cannot attend during normal opening hours. Appointments are available throughout the day during open hours. Home visits and telephone appointments can be requested. Pre-bookable appointments are available in advance and urgent appointments are available for people that needed them. Patients can book appointments on line. Patients telephoning for an out of hours appointment are transferred automatically to the local out of hours provider.

The practice is located in one of the most deprived areas in England. The area has a lower percentage than the national average of people aged above 65 years (7.7% compared to 16.7%), and higher percentages than the national average of people in paid work or full time education (69.7% compared to 60.2%). The average male and female life expectancy for the Clinical Commissioning Group area is comparable to the national average for males (78 years at the practice and 79 years nationally) and females (83 years and 83 years nationally).

We had inspected the provider on 10 December 2013 under the previous regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009, and it was found to be meeting all standards of quality and safety.

The previous report can be found at the following link –

[http://www.cqc.org.uk/sites/default/files/old\\_reports/1-549195426\\_Sangam\\_Surgery\\_INS1-558973747\\_Scheduled\\_04](http://www.cqc.org.uk/sites/default/files/old_reports/1-549195426_Sangam_Surgery_INS1-558973747_Scheduled_04)

# Detailed findings

The practice recently merged with two other practices, one of which closed and the other which operates as a branch surgery. Discrepancies were identified in the Sangam Surgery provider registration as part of the inspection process. After inspection the Sangam Surgery told us it had applied to update its registration in line with Care Quality Commission (Registration) Regulations 2009, and associated guidance.

## 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. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had previously been inspected on 10 December 2013 using the previous inspection model looking at essential standards of care and was found to be meeting all standards of quality and safety.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 December 2015. During our visit we:

- Spoke with a range of staff including GPs, the practice nurse, practice manager and administrative staff. We also spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events.

Staff told us they would inform the practice manager of any incidents and they used an incident recording book.

- The practice carried out significant events analysis and had fortnightly practice meetings to discuss learning points, for example, to improve early cancer detection and treatment for patients known to be at higher risk or who required several care specialists working together.
- Two incidents involving vaccines were noted on the day of inspection, two vaccines were found on a consultation room desk instead of in the medical refrigerator and the medical refrigerator temperature had been slightly too high for a period of eleven days. The practice treated the incidents as significant events and took immediate action to ensure patients safety. They conducted immediate investigations and implemented actions to prevent recurrence within two working days of the inspection.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were a standing agenda item and lessons were shared to make sure action was taken to improve safety in the practice. We saw examples which included an MMR (measles, mumps and rubella) vaccine alert for patients under 18 years of age, cervical screening alerts and two alerts in relation to medical pumps that had been discussed at recent staff meetings.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again. For example, the practice called a patient who should have been prescribed a medicine earlier from another health care provider; they apologised and invited the patient to attend the surgery for a full review.

### Overview of safety systems and processes

The practice had some defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse, which included:

- Some arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding adults and children who was appropriately trained to level 3, and a safeguarding alert system was in place on the practice computer system. Staff demonstrated they understood their responsibilities but not all clinical and non-clinical staff had received training relevant to their role. The practice had a robust system in place to monitor children and adults at risk and had appropriate alerts on patient records. After inspection the practice provided evidence that safeguarding training was booked for staff in January and February 2016.
- There was no notice in the waiting room to advise patients that nurses would act as chaperones if required. However this information was in the practice leaflet and on the LED scroll display. There were two non-clinical members of staff undertaking chaperoning duties trained four to five years ago, however one did not understand how to undertake the role effectively. Not all chaperones had received a disclosure and barring service (DBS) or DBS check risk assessment. (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). All clinical staff should have a DBS check, but several had not.
- The practice did not always maintain appropriate standards of cleanliness and hygiene. We noted that skirting boards were dusty, including in consultation and treatment rooms. Room cleaning schedules were used, but these were not sufficiently detailed, to include items of furniture and fittings. There were several fabric chairs in consultation and treatment rooms and in the reception area which were stained. There were no formal records of any spot checks having taken place. We discussed this with the management team. There were privacy curtains in clinicians' consultation rooms, but no records of them being cleaned. There were no records relating to the Control of Substances Hazardous to Health (COSHH) or associated safety guidance

## Are services safe?

available. The practice confirmed after the inspection that it had ordered disposable privacy curtains, implemented a new cleaning schedule and drawn up a suitable COSHH policy.

- The practice nurse was the infection control clinical lead. We found there was no infection control protocol in place, nor had the nurse and other staff received up to date or appropriate level training. There was no evidence that the practice's needle stick policy had been reviewed for over ten years. The clinical waste bin was unlocked and not chained to the wall outside in a publicly accessible area. Staff told us the ear irrigator was cleaned every two months, but this was not sufficiently often to comply with current guidance and good practice and there was no documentary evidence of spirometer cleaning. The spirometer mouthpiece and other medical equipment were sterile, single use and disposable. There had been no annual infection control audit undertaken since 2013. After the inspection, the practice confirmed it had updated its needle stick injury policy, locked the clinical waste bin, cleaned the ear irrigator and sent the spirometer away for maintenance and cleaning.
- The practice had arrangements for managing medicines, including emergency drugs and vaccinations, (including obtaining, prescribing, recording, handling, storing and security), but these were not all sufficiently well implemented to keep patients safe. Records indicated that vaccinations which required cold storage had gone slightly above the recommended temperature range of 2-8°C for a period of eleven days, and this had not been identified until we noted it on the day of inspection. The practice did not have an alerting system in place. We also found two vaccine vials on a consulting room desk, which had been left unrefrigerated overnight and were therefore not safe to use. When we pointed these incidents out the practice took immediate corrective action, treating the incidents as significant events to ensure the safety of patients. Staff checked with the vaccines manufacturers to establish and confirm that no patients had been put at risk. Staff told us they had taken action to prevent recurrence by displaying actions to take if temperatures go out of range on the medicines refrigerator.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored

and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. However, we noted that these had been authorised and signed by the practice manager instead of a GP and that one had not been signed by the practice nurse as required. The practice sent evidence that PGDs had been authorised and signed by the GP after the inspection.

- The practice had a recruitment procedure in place, but we found it was not being implemented sufficiently well to comply with the requirements of the Health and Social Care Act (Regulated Activities) Regulations 2014. We reviewed five personnel files and found that appropriate recruitment checks had not always been undertaken prior to employment. Two staff files had no photographic proof of identification and some pre-employment reference checks were missing. For example only two contained evidence of DBS checks being done, two had a copy of the employment contract and none of the files had interview records. All clinicians had appropriate qualifications and were registered with the appropriate professional body. The practice provided evidence on the day of inspection that it had registered to apply for staff DBS checks.

### Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- Some procedures were in place for monitoring and managing risks to patient and staff safety, but there was no health and safety policy. The practice tested the fire alarm weekly, maintained the fire system and had carried out regular fire drills. However, the appointed lead for fire safety had not been formally trained for the role. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly, for example the defibrillator was next due for a check in December 2016.
- The practice could not provide evidence that it monitored safety of the premises effectively. Staff told us that checks and assessments, for example relating to health and safety, legionella, premises security and



## Are services safe?

asbestos in the building were carried out by the premises landlord. However, record of checks and other evidence had not been passed on to the practice. Staff told us that evidence would be obtained from the landlord and kept available for inspection on site. The practice informed us after the inspection that it had drawn up and implemented a health and safety policy and that it had carried out an initial health and safety risk assessment for review March 2016.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

The practice did not always have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Most staff had not received annual basic life support training since February 2014. However, we were shown evidence that training had been booked for February 2016.

- There were emergency medicines available which were easily 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 fit for use.
- The practice had a defibrillator and oxygen available on the premises. However, the equipment was situated in different areas of the practice and not with the emergency medicines. We checked the oxygen cylinder and found it was full and had a good flow. However, there was no record of the practice carrying out regular checks and masks suitable for children were not available. The defibrillator was in working order and we were told it was checked daily, but there were no records to confirm this and we noted one of the defibrillator pads had been marked as expired, but had not been disposed of and was kept with the defibrillator.
- There was a first aid kit and accident book available for all staff.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a buddying arrangement with a local practice to allow patients to be seen there if the practice's own premises could not be used.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example we saw the practice had run two searches following medicines safety alerts, and checked two examples of where patients were invited for a medicines review and adjustments made in line with safety guidance.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available, with 3.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 - 2015 showed;

- Performance for diabetes related indicators was comparable with the CCG and national averages over all at 83% compared to the CCG average of 87% and the national average of 89%
- The percentage of patients with hypertension having regular blood pressure tests was 88%, which was comparable with the CCG average of 87% and national average of 84%
- Performance for mental health related indicators was 85%, which was comparable to the CCG average at 90% and national average at 93%
- The dementia diagnosis rate was 85%, which was comparable to the CCG average at 87% and national average at 84%

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example to better identify pregnant women patients on the register and offer them vitamin D on prescription during their pregnancy.
- The practice participated in applicable local audits and external peer reviews for example to ensure its antibiotics prescribing for patients was in line with best practice.

### Effective staffing

There was insufficient evidence to show that staff had the skills, knowledge and experience to deliver effective care and treatment. For example, although the practice had an induction programme for newly appointed non-clinical members of staff, there was no evidence on staff files that this had been implemented. The induction contained practical information such as contact details for clinics and referrals, but did not include subjects such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- The practice could demonstrate how it ensured role-specific training and updating for relevant staff, e.g. for those reviewing patients with long-term conditions such as diabetes, administering vaccinations and joint injections.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Some staff did not always have access to appropriate training to meet these learning needs, for example infection control the Mental Capacity Act 2005 or chaperoning to cover the scope of their work. Ongoing support for staff included, open and full discussions in fortnightly practice meetings, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Some staff received some training that included: safeguarding, fire procedures and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. For example we saw evidence of care plans accessible to staff for patients with COPD, asthma, and diabetes. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.
- The practice was part of a collaborative multidisciplinary team that worked closely together to support patients at higher clinical risk receive appropriate care at home, and avoid longer stays or unnecessary urgent admissions into hospital. For example, the practice shared information and co-ordinated services with district nurses and hospital ward staff to look after the health and wellbeing needs of more frail older people.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs, and to assess and plan ongoing care and treatment for example in planning and delivering palliative care plans for a patient at the end of life. This included when people moved between services, for example when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff did not always seek patients' consent to care and treatment in line with legislation and guidance.

- Most staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However the practice nurse was not aware of the Mental Capacity Act 2005 and had not been trained. After the inspection the practice told us it had started working with a Mental Capacity Act toolkit.

- When providing care and treatment for children and young people, most clinical staff carried out assessments of capacity to consent in line with relevant guidance. However the practice nurse did not demonstrate understanding in this area.
- Where a patient's mental capacity to consent to care or treatment was unclear GPs assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, patients with a learning disability, mental health problem, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service, for example to carers support organisations.
- The practice had a failsafe system for ensuring results were received for every sample sent as part of the cervical screening programme. The practice's uptake for the cervical screening programme 2013 – 2014 was 90%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates 2014 - 2015 for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 88.2% to 100% and five year olds from 82.4% to 92.6%. Flu vaccination rates for the over 65s were 82.4%, and at risk groups 92.6%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The nurse practitioner carried out clinics for people with asthma, COPD and diabetes, health checks for all new patients, and vaccinations including travel vaccinations for children and adults, except for yellow fever vaccinations.

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

- Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 17 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The patient participation group had not been active since 2014. However, a meeting was scheduled to take place on 20 January 2016, when the group's activities would recommence.

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

- 84% said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 79%, national average 87%)
- 88% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%)
- 71% said the last GP they spoke to was good at treating them with care and concern (CCG average 77%, national average 85%).

- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 81%, national average 90%).
- 83% said they found the receptionists at the practice helpful (CCG average 80%, national average 87%)

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

Patients told us that they felt involved in decision making about the care and treatment they received, for example when GPs explained possible side effects of a medicine. 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 on all of the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed the practice was slight below CCG and national averages for its satisfaction scores on their involvement in planning and making decisions about their care and treatment. For example:

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 74%, national average 81%)

Staff told us that translation services were available for patients who did not have English as a first language, however the service was not publicised. Staff working at the practice was able to speak several languages prevalent in the local population, and we observed a staff member helping a patient whilst speaking to them in their own language.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations, for example for patients suffering from Post-Traumatic Stress Disorder (PTSD).

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 80 patients (1.1% of the practice list) as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them, or that support needs were

identified in partnership with the palliative care team. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs, and/or by giving them advice on how to find an appropriate support service, such as bereavement counselling.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice had signed up to a "latent Tuberculosis (TB) project", a local initiative to identify wider TB screening in response to increased rates of TB diagnosis in the borough. The practice had also identified that 9% of its patients had diabetes, and in response had developed its capacity to provide a full diabetes assessment for patients on site including insulin initiation.

- The practice offered a 'Commuter's Clinic' on Monday mornings from 7am until 8am, Tuesday and Wednesday evenings from 6.30pm until 8.30pm, and Friday evenings from 6.30pm until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and staff spoke a wide range of different languages including Hindi, Gujarati, Tamil, Urdu, Gelungu, Malayalam and Kannada. Translation services were also available, but were not advertised in the reception area.
- Although there was no hearing loop, we saw evidence that British Sign Languages (BSL) services were available for patients through the translation service.
- There were no baby changing or breastfeeding facilities and the waiting room was small and cramped at busy times. The practice list size had grown considerably over the past two years due to the practice merging with two others. There was evidence that the practice had sought and continued to actively seek alternative premises with more space and better facilities.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 7.30am to 6.30pm Mondays, from 8am until 8.30pm Tuesdays and Wednesdays, from 8am to 6.30pm on Thursdays and from

8am to 7.30pm on Fridays. There were extended hours surgeries offered on Mondays from 7am, Tuesdays and Wednesdays from 6.30pm to 8.30pm, and Fridays until 7.30pm for people unable to access appointments during normal opening times. In addition to pre-bookable appointments, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mixed but generally comparable to local and national averages.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone, which was better than the CCG average of 61% and national average 73%.
- 62% patients described their experience of making an appointment as good, which was below the CCG average of 75% and the national average of 73%.
- 59% patients said they usually waited 15 minutes or less after their appointment time (CCG average 51%, national average 65%).

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example a complaints poster and a guidance booklet in the reception area.

We looked at 3 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely manner and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, complaints were all acknowledged within two days, and we saw evidence of detailed

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

explanations and face to face meetings offered to complainants, as well as full responses being given together with formal apologies where appropriate. The

practice made improvements as a result of learning from complaints, for example by discussing complaints at whole staff meetings and reminding all staff of to listen closely to patients at all times.

# 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 practice partners had a clear vision to promote good clinical outcomes for patients.

- The practice did not have a mission statement, but staff knew and understood the practice vision and values through attending regular staff meetings.
- The practice had a strategy and plans which reflected the vision and values and were regularly discussed and monitored by the leadership team.

### Governance arrangements

The practice did not have a fully documented governance framework which supported the delivery of the strategy and good clinical patient outcomes. Some governance documentation was fully or partly in place, whilst others were not.

- There was no staffing structure chart, although staff were aware of their own roles and responsibilities.
- Practice-specific policies absent or not fully implemented included a health and safety policy, although one was drawn up after our inspection. The recruitment policy did not state the need for staff DBS checks and we found records of checks missing from several staff including clinicians. Other requirements of the recruitment policy were not consistently or fully implemented, such as evidence of two reference checks and photographic identification checks being absent from some clinical and non-clinical staff.
- There was an induction policy however it had not been implemented and did not cover subjects such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- Staff were able to identify potential safeguarding concerns and there was a safeguarding policy available to all staff and a safeguarding lead for both children and adults. However, some clinical and non-clinical staff did not have safeguarding training as appropriate to their role.
- There was an understanding of the performance of the practice relating to clinical outcomes.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

- The practice could not provide evidence that it monitored safety of the premises effectively and arrangements for identifying, recording and managing risks and implementing mitigating actions were not always robust. For example relating to health and safety, legionella, and premises security
- Significant events were highlighted and well managed, but there had not been an infection control audit for two years, there were no other checks made on cleaning standards of the premises and medical equipment, nor systems in place to ensure appropriate action when the medical refrigerator temperature had gone out of range.
- There was no system in place to monitor staff training needs. For example, the fire safety lead for the practice had not been trained in fire safety. We noted also that Basic Life Support training for most staff was out of date.

### Leadership, openness and transparency

The partners in the practice generally had the experience, capacity and capability to run the practice. However, they had not managed safety risks or recruitment processes, induction and staff training effectively. They responded quickly and actively to our initial feedback and prioritised high quality and compassionate clinical care. The partners were visible in the practice. Staff told us that all partners and the practice manager were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

Although there was no written leadership structure in place, staff were clear about their roles, and those of others, and they felt supported by management.

- Staff told us that the practice held regular team meetings.

# Are services well-led?

Requires improvement 

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

- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the partners and the practice manager. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had previously consistently gathered feedback from patients through the patient participation group (PPG) for a

period of seven years, but the group had not met since 2014. However, the practice had continued to gather feedback through surveys and complaints received. We were told that the PPG was due to restart activity, with a meeting planned for 20 January 2016. As a result of patient feedback the practice increased access of advance appointment booking to improve continuity of care. It had also provided more emergency appointments available on the day, and advertised the process of ordering repeat prescriptions in their practice leaflet and on the NHS Choices website to help housebound patients and enable pharmacy home delivery of medicines.

- The practice also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and told us they felt involved and engaged to improve how the practice was run.



## Requirement notices

### 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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person had failed to ensure that care and treatment was provided in a safe way.</p> <p>Risks to the health and safety of service users had not been fully assessed so that appropriate action could be taken to mitigate such risks.</p> <p>The registered person had failed to ensure that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely.</p> <p>The registered person had failed to ensure persons responsible for fire safety had the qualifications, competence, skills and experience to do so safely.</p> <p>The registered person had failed to ensure the proper and safe management of medicines.</p> <p>The registered person had failed to assess the risk of, and to prevent, detect and control the spread of, infections, including those that are health care associated;</p> <p>This being in breach of Regulation 12 (1), and (2) (a), (b), (c), (e), (g) and (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered provider had not implemented systems and processes to monitor and mitigate risks.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 17 (1), and (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing  
  
We found that the provider did not have appropriate training and induction arrangements in place for staff.  
  
This was in breach of regulation 18 1, (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  
  
The registered person had failed to maintain all the information required in respect of persons employed or appointed for the purposes of a regulated activity, as set out in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.  
  
This being in breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.