Dr Veena Sharma

Quality Report

240 Wexham Road
Slough
Berkshire
SL2 5JP
Tel: 01753 517360
Website: drveenasharma.co.uk

Date of inspection visit: 26 November 2015
Date of publication: 11/02/2016

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Veena Sharma on 26 November 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe services and being well led. It was also inadequate for providing services for the all the population groups. Improvements were also required for providing effective, caring and responsive services.

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

- Staff understood their responsibilities to raise concerns and to report incidents and near misses. However, significant event reviews and investigations were not thorough enough.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment. The management of medicines was not always effective.
- Actions identified to address concerns with infection control had not been taken.
- Two clinical audits had been carried out in the previous 12 months. However, we saw no evidence that a programme of audits was in place. Practice performance related to the quality and outcomes frameworks were relied on drive improvements and improve patient outcomes.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information about services was available but not everybody would be able to understand or access it. For example, the practice had recognised that they had a high number of their practice population whose first language was not English, yet there were a limited number of information leaflets and posters available in other languages.

Summary of findings

- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity, but some were insufficient or not fully embedded in practice.
- The practice had proactively sought feedback from patients and had an active patient participation group.
- Data showed patient outcomes were high for the locality.

The areas where the provider must make improvements are:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure that safeguarding processes are reviewed to reflect current standards for identifying and reporting of incidents.
- Take action to address identified concerns with infection prevention and control.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out DBS checks for staff undertaking chaperone duties
- Ensure that a programme of yearly appraisals is implemented and monitor ongoing training requirements and updates for all staff.
- Introduce robust clinical governance processes and practice policies including business contingency plans, risk management, record keeping, identifying and acting on complaints, monitoring the quality of service provision and identifying and implement an ongoing programme of clinical audit.
- Take action to address identified concerns with patient feedback regarding care and treatment.

In addition the provider should:

- Improve processes for making appointments and the availability of non-urgent appointments.
- Provide practice information in appropriate languages and formats.

On the basis of the ratings given to this practice at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe? **Inadequate**

The practice is rated as inadequate for providing safe services.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when there were safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Patients were at risk of harm because systems and processes had weaknesses or were not implemented appropriately in a way to keep them safe. For example, a safeguarding incident was detected by the clinical commissioning group (CCG) regarding a patient of the practice. The practice did not raise the concern in an appropriate timescale.
- Some policies and protocols were not robust and did not contain the necessary information required to ensure continuity or keep patients safe. For example, policies regarding business recovery and continuity, medicines management, medical emergencies and information governance were poorly demonstrated or not evident on the day of inspection.

Are services effective? **Requires improvement**

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

- There was no evidence to demonstrate that a clinical audit programme was in place, in order to drive improvement and deliver better patient outcomes.
- Multidisciplinary working was taking place but was informal and meetings were not always recorded or evidenced to have taken place.
- Staff assessed patient needs and delivered care in line with current evidence based guidance.
- Data showed patient outcomes were high for the locality. For example, the quality outcomes and framework achievement for 2014/15 was 100%, however exception reporting was recorded at 11.1%, which was higher than the national average.

Are services caring? **Requires improvement**

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

Summary of findings

- Data showed that patients rated the practice lower than others for some aspects of care. For example, only 72% of patients said the last GP they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 77.6% and national average of 86%. In addition, only 67.6% of patients said the last GP they saw or spoke to treated them with care and concern, compared to the CCG average of 74.8% and national average of 85.1%.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.
- Information for patients about the services was available but not everybody would be able to understand or access it. For example, the practice had recognised that a high proportion of their population were from a culture where English is not their first language, yet there were limited information posters and leaflets available in other languages.

Are services responsive to people's needs?

Requires improvement

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

- Feedback from patients reported that access to a named GP was limited and they felt their continuity of care was compromised. Urgent appointments were usually available the same day.
- Information about how to complain was available and easy to understand, although this was in English. Learning from complaints was shared with staff. The number of complaints identified and recorded appeared low considering the available data from the national patient survey which suggested patients were dissatisfied with their care and treatment.
- 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. For example, the practice have recently commenced a consultation group for diabetes patients. Sessions were held weekly and included healthy eating and lifestyle choices, awareness of disease processes and yoga.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, there was no access to the upstairs nurses clinical room for patients with a disability. The staff advised us that patients with a disability would always be offered an appointment in a consultation room on the ground floor.

Summary of findings

Are services well-led?

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

Inadequate

- It did not have a clearly documented vision and strategy. Staff were unclear about their responsibilities in relation to the vision or strategy.
- The practice had a number of policies and procedures to govern activity, but some policies were not in place or were not robust enough to be embedded in practice.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- There was a documented leadership structure and most staff felt supported by management. However, some of the staff we spoke with were not always sure who to approach with issues.
- The practice had an active patient participation group.
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.

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 inadequate for safe and being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. • Care and treatment of older people did not always reflect current evidence-based practice. For example, do not attempt resuscitation orders were not clearly documented or established in care plans for patients we reviewed on the palliative care register. • Nationally reported data showed that outcomes for patients for conditions commonly found in older people were high but this was combined with slightly higher level exception reporting. For example, the practice scored 100% for care of chronic obstructive airways disease (COPD) but had exception reporting as high as 16.2% for one COPD indicator. • The percentage of people aged 65 or over who received a seasonal flu vaccination (73.04%) was comparable to the CCG (75.4%) and national (73.24%) averages. • The percentage of people aged over 75 with a fragility fracture being treated with a bone-sparing agent (66.67%) was significantly below the national average (81.27%). • Longer appointments and home visits were available for older people when needed.	**Inadequate**
People with long term conditions The provider was rated as inadequate for safe and being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group. • The senior GP had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. • Diabetes targets from the quality and outcomes framework (QOF) were greater (100%) than both the CCG (90.5%) and national (89.2%) averages. However, exception reporting for this condition ranged from 3.1% to 20.3%. • Diabetes patients had been invited to attend a weekly consultation group to learn how to manage their condition and maintain a healthy lifestyle. The practice had identified that there were fewer accident and emergency (A&E) attendances	**Inadequate**

and less demand for GP appointments amongst this particular group since the initiative started. Patients who attended this group confirmed that they had noticed improvements to their health in the few weeks they had been attending.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition 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.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe and being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates for the standard childhood immunisations were mixed. For example, infant meningitis C immunisations for under two years old was 79.7% and under five year old's was 76.3%. These were both below the CCG averages of 84.8% and 83.6% respectively. However, pneumococcal conjugate vaccine (PCV) for one year old's was higher (100%) than the CCG average of 92.8%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The number of women aged between 25 to 64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 84.75% which was comparable to the national average of 81.88%
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe and being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group.
- Although the practice offered extended opening hours for appointments from Monday to Friday, it was an ad hoc arrangement and not established practice. The lead GP held an appointments only session on Saturday mornings from another practice locally.
- Health promotion advice was offered and there was accessible health promotion material available through the practice.
- The practice offered online services as well as a range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe and being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. However, not all these patients had a computer system flag to alert staff to the needs of this client group. Whilst the lead GP was aware of the patients on the register, other GPs and nurses would not be alerted to this if a patient from this population group made an appointment to see one of them instead.
- The practice offered longer appointments for people with a learning disability (if known, see above).
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- Most staff knew how to recognise signs of abuse in vulnerable adults and children.
- Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, we identified a safeguarding concern that not raised in a timely way to the appropriate organisation.

Summary of findings

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe and being well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice had some information available to inform patients experiencing poor mental health about how to access various support groups and voluntary organisations. There were limited leaflets and posters in the practice waiting room. In addition, the practice website provided links to three national mental health organisations and had links to two information leaflets.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Most staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with or above local and national averages. 455 survey forms were distributed and 96 were returned.

- 75.8% found it easy to get through to this surgery by phone compared to a CCG average of 48.4% and a national average of 73.3%.
- 93.4% found the receptionists at this surgery helpful compared to the CCG average of 80.6% and the national average of 86.8%.
- 81% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76.5% and the national average of 85.2%.
- 84.5% said the last appointment they got was convenient compared to the CCG average of 83.1% and the national average of 91.8%.
- 71.8% described their experience of making an appointment as good compared to the CCG average of 54.6% and the national average of 73.3%.
- 53.9% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average of 50.6% and the national average of 64.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards of which 34 were positive about the standard of care received. Comments from patients included friendly and courteous reception staff, ease of making appointments and how accessible, professional and approachable the GPs were. There were also many compliments around the cleanliness of the practice.

Six comment cards gave a less positive view; describing long waits for appointments, difficulty getting through on the telephone, rude attitude of some staff members and issues around confidential conversations whilst booking appointments.

We spoke with two patients during the inspection. Both patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

Representatives of the patient participation group (PPG) considered the practice to be helpful and courteous. They suggested the surgery would benefit from extra doctors as there were often difficulties in obtaining an appointment. One PPG member commented that they would rather suffer in order to see their preferred GP but if they could not wait, would go to accident and emergency. The PPG representatives had welcomed the consultation group initiative and felt it was beneficial to patient care, with some members taking an active part themselves.

Areas for improvement

Action the service MUST take to improve

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure that safeguarding processes are reviewed to reflect current standards for identifying and reporting of incidents.
- Take action to address identified concerns with infection prevention and control.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Carry out DBS checks for staff undertaking chaperone duties
- Ensure that a programme of yearly appraisals is implemented and monitor ongoing training requirements and updates for all staff.
- Introduce robust clinical governance processes and practice policies including business contingency

Summary of findings

plans, risk management, record keeping, identifying and acting on complaints, monitoring the quality of service provision and identifying and implement an ongoing programme of clinical audit.

- Take action to address identified concerns with patient feedback regarding care and treatment.

Action the service SHOULD take to improve

- Improve processes for making appointments and the availability of non-urgent appointments.
- Provide practice information in appropriate languages and formats.

Dr Veena Sharma

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 CQC Inspection Manager, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Dr Veena Sharma

Dr Veena Sharma provides primary medical services to approximately 4500 patients from a two storey converted house in Slough, Berkshire.

The local population has a high number of ethnic minority groups with a high proportion of these being non-English speakers. Overall, the combined localities score medium on the deprivation scale, indicating that many patients registered are affected by social deprivation. There are known areas of high deprivation locally within the practice boundary.

The practice is registered as a single GP provider. A second salaried GP who has been at the practice for over 15 years is currently on long term leave and there are two locum GPs who undertake regular sessions. Other staff include three part time practice nurses, a health care assistant, a small number of reception staff, a medical secretary and a practice manager.

The practice is open daily between 8am and 6.30pm Monday to Friday. The practice has an informal arrangement to provide extended hours between 6.30pm and 7pm Monday to Friday to meet the demands for that day. The provider also offers extended hours from another practice on Saturday mornings.

The practice has opted out of providing out of hours GP services. This is offered to patients of the surgery via the NHS 111 service. Details are provided on the practice website.

The practice has not been inspected by the care quality commission (CQC) prior to this inspection. The practice was due to be inspected as part of the CQC new methodology of inspections across England.

Regulated activities are carried out at:

Dr Veena Sharma, 240 Wexham Road, Slough, Berkshire, SL2 5JP

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as the Clinical Commissioning Group (CCG), to share what they knew. We carried out an announced visit on 26 November 2015. During our visit we:

- Spoke with a range of staff including GP's, practice nurses, a health care assistant, administration and reception staff and a practice manager. We spoke with patients who used the service and representatives of the patient participation group (PPG)
- Observed how people were being cared for.
- 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. However, the investigations and outcomes were not always well evidenced or implemented thoroughly enough to satisfy the inspection team.

Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. We reviewed five significant events from the preceding year and found two did not have appropriate action plans to avoid recurrence in the future. The significant events had been minuted when they had been discussed at meetings which took place quarterly. However, two were discussed as complaints and the practice could not provide evidence that the information had been shared amongst practice staff. When questioned, staff could only refer to one significant event from the preceding 12 months and could not identify any others.

We reviewed national patient safety alerts and how these were disseminated amongst staff. For example, all safety and medicine alerts are emailed directly to the lead GP who decided what action, if any, was required and distributed the information to other staff accordingly. There was no indication of who would action these if the lead GP was on leave from the practice.

Overview of safety systems and processes

The practice did not have sufficient systems, processes and practices in place to keep people safe and safeguarded from abuse and were not easily evidenced.

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 outlined who to contact for further guidance if staff had concerns about a patient's welfare and a list of contact numbers was listed in each clinical room and behind reception. However, a safeguarding incident was raised by the clinical commissioning group (CCG) but the practice had not felt the need to raise the situation as a safeguarding incident, pending further outcomes. A safeguarding referral was eventually raised by the practice and information shared. We were unable to evidence whether due care and attention had been paid to the protection of the vulnerable person identified. There were no other safeguarding referrals evident to ensure processes as outlined in the policy were fully embedded and followed.

There was a lead member of staff for safeguarding. The lead GP attended safeguarding meetings when possible and engaged with external stakeholders. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The lead GP was trained to safeguarding level three for children. The practice told us the locum GPs were up to date with safeguarding training, but were unable to evidence this on the day.

A notice in the waiting room advised patients that some members of staff could act as chaperones, if required. All staff who acted as chaperones were trained for the role but not all had received a disclosure and barring service check (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 were unable to show us evidence that any of the GPs (including locums), nurses or HCA had received a DBS check. There was also at least one member of reception staff who undertook chaperone duties who did not have a DBS check.

The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received training, although some staff were overdue for an update. We saw evidence that an annual infection control audit had been undertaken, but no action plan had been implemented to address any improvements required. For example, the audit had identified that personal protective equipment (PPE) such as safety goggles were not available, yet the nursing team undertook procedures that could result in contamination of their face and eye area.

The arrangements for managing medicines in the practice did not keep patients safe (including recording, handling, storing and security). The practice discussed prescribing compliance with the local CCG pharmacy teams. However, there was no comprehensive medicines management policy, which outlined how the practice managed, recorded, handled, stored, administered and kept medicines safe. A prescribing policy consisted of a half page document describing a generalised approach to repeat medications at one, three, six or twelve month intervals and referring to but not specifying British national formulary guidelines.

Emergency drugs were available, in date and stored correctly. Staff knew where they were stored and could access them in the event of an emergency.

Vaccinations were stored appropriately, however, we observed incorrect documentation of fridge temperature checks. Whilst the checks were logged daily, they had been incorrectly recorded and included the minimum and maximum temperatures as the pre-set best practice values and not the actual minimum and maximum temperatures recorded on the fridge computer. The inspection team showed the practice nurse how to correctly record the data who agreed to disseminate the correct procedure to other responsible staff.

Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD's) had been adopted by the practice to allow nurses to administer medicines. However, some PGD's did not fully meet the legislative requirements for prescribing as signatures were missing for the authorising manager. The practice were made aware of this on the day of inspection and took appropriate steps to ensure they had identified and corrected the PGD's within two days of the inspection. It was noted that all PGD's did have the appropriate prescribing doctor's signature and each nurse who administered medications under PGD's had also correctly signed them.

We reviewed 11 personnel files and found insufficient evidence that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate DBS checks were not evident in some staff files including locum GP's and nursing staff. There was a recruitment policy that outlined the relevant checks required for each staff group and stated that these should be kept safely stored in the personnel files. The evidence supplied to the inspection team highlighted that they were not following their own policy. In addition, the staff files were poorly organised and all stored together, they also contained details of staff no longer employed by the practice.

Monitoring risks to patients

Risks to patients were not always monitored or maintained.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was tested to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and legionella.
- Arrangements were not in place to plan and monitor the number and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups, but this did not ensure that enough staff were on duty. Often the lead GP would undertake additional hours in an attempt to manage demand. The practice are actively attempting to recruit another GP.

Arrangements to deal with emergencies and major incidents

The practice had inadequate arrangements in place to respond to emergencies and major incidents.

- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- The practice were unable to evidence that all staff had received annual basic life support training.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and an emergency policy ensured staff followed the correct procedure for responding to and recording incidents.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines 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.

Requires improvement

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 patient needs.
- The practice monitored that these guidelines were followed through a monthly review of the Quality and Outcomes Framework (QOF) data.

Management, monitoring and improving outcomes for people

The practice used the information collected for the 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 100% of the total number of points available, with 11.1% exception reporting, which is higher than the Clinical Commissioning Group (CCG) average of 7.6% and national average of 9.2%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for all diabetes related indicators was better (100%) than the CCG (90.5%) and national (89.2%) averages.
- The percentage of patients with hypertension having regular blood pressure tests (100%) was similar to the CCG (99.3%) and national (97.8%) averages.
- Performance for mental health related indicators (100%) was similar to the CCG average (96.6%) and higher than the national average (92.8%).
- The dementia diagnosis rate (100%) was significantly above the CCG (82.4%) and national (81.5%) averages, with 0% exception reporting.

There was evidence of clinical audits. However, there was a limited clinical audit programme was to drive improvement and increase patient outcomes. The practice told the inspection team they preferred to demonstrate quality improvement through their QOF achievement.

There had been two clinical audits in the last two years, one was a completed audit where the improvements made were implemented and monitored. In this audit, the practice had looked at indicators for atrial fibrillation. Patients were identified and offered ECG (electrocardiogram) readings to confirm diagnosis and commence appropriate anticoagulation medications (anticoagulants thin the blood to prevent clots forming that could pass into the heart, lung or brain and cause severe life threatening conditions). The repeat audit showed that more patients had received the appropriate intervention and the outcomes were to be further monitored.

Information about patients' outcomes was used to make improvements such as, a CCG initiated monitoring of diabetes patients had led to an increase in screening for this patient group and helped the practice towards achieving its diabetes 100% QOF target.

Effective staffing

We were unable to evidence that all staff had the skills, knowledge and experience to deliver effective care and treatment. The provider had recently introduced a computer based training programme

- Some of the non-clinical staff told us they had received training that included: adult and child safeguarding, fire procedures, basic life support, chaperoning and health and safety. However, only one of the staff files contained up to date certificates of training and there was insufficient evidence to support that an ongoing record of training was in use to identify where updates were required.
- The practice were unable to demonstrate how they ensured role-specific training and updating for relevant clinical staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- Staff had access to appropriate training to meet these learning needs and to cover the scope of their work, but were not appropriately recorded to identify where areas

of mandatory training were required or needed updating. However, the staff we spoke with were clear on the majority of processes and procedures in the practice.
- The practice were unable to evidence that the learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs.
- The practice had an induction process for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, the practice were unable to evidence that these had been completed appropriately and were not available in staff files.

Coordinating patient care and information sharing

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. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services, for example when referring people to other services.

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. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was not monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. However, we saw evidence of consent being recorded in patient records and a consent form was available for use.

Health promotion and prevention

The practice had a system in place to identify patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, alcohol cessation and drug and substance misuse. Patients were then signposted to the relevant service. The lead GP had a special interest in drug and substance misuse and would offer patients support and information at the GP practice.
- In-house yoga sessions were available to consultation group patients and smoking cessation advice was available from a local support group.

The practice had a system for recording results of the cervical screening programme. The practice's uptake for the cervical screening programme was 84.75% which was comparable to the national average of 81.88%

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 for the vaccinations given were mixed when compared to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79.7% to 100% (CCG average 75% to 95%) and five year olds from 76.3% to 96.3% (CCG average 81.3% to 93%).

Requires improvement

Are services effective?

(for example, treatment is effective)

Flu vaccination rates for the over 65s (73.04%) was comparable to the CCG (75.4%) and national (73.24%) averages.

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

Requires improvement

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 with 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.

Thirty four patient CQC comment cards we received were positive about the service experienced. Six cards offered less positive views. Patients we spoke to on the day said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with four members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Most comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were not always treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with doctors and nurses. For example:

- 72.9% said the GP was good at listening to them compared to the CCG average of 79.4% and national average of 86.6%.
- 73.9% said the GP gave them enough time compared to the CCG average of 79.4%, and the national average of 86.6%.
- 82.1% said they had confidence and trust in the last GP they saw compared to the CCG average 91.7% and national average of 95.2%
- 67.6% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 74.8% and national average of 85.1%.
- 73.1% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 82.8% and national average of 91%.
- 70.2% said the last nurse they saw or spoke gave them enough time compared to the CCG average of 84%, and the national average of 91.9%
- 88.9% said they had confidence and trust in the last nurse they saw compared to the CCG average 94.7% and national average of 97.1%
- 73.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 83.1% and national average 90.4%

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. 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 27 comment cards we received was also positive and aligned with these views. Other feedback included dissatisfaction with making appointments and staff attitude.

Results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and national average of 81%.
- 74% said the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 81.8% and national average of 89.6%.
- 65.7% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to a CCG average of 75.6% and national average of 84.8%

Requires improvement

Are services caring?

The practice were aware of the negative feedback from the patient survey which did not align with many patient comments and PPG feedback we received on the day. They were unable to offer an explanation for the results, but inferred that the survey was confusing to their population of whom a high percentage are non-English speaking. They also emphasised that their practice list had significantly increased in numbers over the last 12-18 months. This resulted in higher demand which they were attempting to rectify through further recruitment of clinical staff and a building extension to offer an additional consultation room and improved patient facilities.

Staff told us that many staff were bilingual and could offer in-house translation services for patients who did not have English as a first language. There were a number of languages spoken by varying staff members including Polish, Guajarati and Hindi. However, there were no additional translation services in place and they would not be able to accommodate any languages other than those spoken by staff members. In addition, many of the staff were part time and were not available for translation requirements out of their contracted hours. Patients were assumed to be aware of the variety of languages spoken as there was no notice in the waiting room indicating that translation of the most prevalent languages locally could be accommodated by staff. In addition, the practice had noticed an increase in Polish speaking patients registering with them since they had employed someone who could speak Polish on their staff.

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 22 of the practice list as carers (less than 0.5%). However, we identified some instances where a carer had been overlooked and not flagged on the computer system. Written information was available to direct carers to the support available to them.

Staff told us that if families had suffered bereavement, their named GP contacted them or sent them a sympathy letter. This 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 a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had not always reviewed the needs of its local population but had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services.

- There were disabled facilities on the ground floor including wide accessible doors, however, these were not automated. There was no patient alert call bell in the disabled toilet, although the practice provided evidence that this has been planned to be implemented.
- Access to information was limited for patients whose first language was not English as there were no translation services available and the practice did not have a hearing loop or British sign language services.
- The practice offered extended hours Monday to Friday evening until 7pm for patients who could not attend during normal opening hours or to accommodate high demand. This was offered on an ad hoc basis. Saturday morning pre-bookable appointments could be made with the lead GP at an alternative practice.
- 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.

Access to the service

The practice was open daily between 8am and 6.30pm Monday to Friday. The provider offered extended hours from another practice on Saturday mornings and had an informal arrangement to provide extended hours between 6.30pm and 7pm Monday to Friday to meet the demands for that day. In addition to pre-bookable appointments that could be booked up to two 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 similar to local and national averages. However, people told us on the day that they were able to get appointments when they needed them.

- 70.9% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 74.9%.
- 75.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 48.4% and national average of 73.3%
- 71.8% patients described their experience of making an appointment as good compared to the CCG average of 54.6% and national average of 73.3%.
- 53.9% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 50.6% and national average of 64.8%

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, although there were very few complaints recorded.

- The practice 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, with notices in the waiting room (in English only) and details on the practice website.

We were only offered one complaint to review, although two significant events were reviewed and minuted in complaints meetings. There was insufficient evidence to determine if lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. The practice were unable to comment on the low amount of complaints received which appeared disproportionate to the data from the GP national survey which showed patient dissatisfaction with their care and treatment.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The lead GP was able to demonstrate a clear vision to improve the quality of care and promote good outcomes for patients. Future plans for the service regarding building extension and recruitment had been shared with staff. Despite this, there were areas that were unclear;

- The practice did not have a mission statement and staff were unaware of the values.
- The practice were unable to evidence that a strategy and supporting business plans were in place.

Governance arrangements

The practice had poorly evidenced governance framework, with limited structures and procedures in place.

- There were insufficient arrangements for identifying, recording and managing risks, issues and implementing mitigating actions for example, a safeguarding risk was not identified in a timely way, complaints were not identified from all sources (including verbal and website complaints) and significant events were not investigated thoroughly and learning disseminated to staff.
- Some practice specific policies were available to all staff, although some were not fully implemented in the practice.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There was a limited programme of continuous clinical and internal audit

Leadership, openness and transparency

The practice had a vision and strategy to increase the size of their practice and expand clinical provision. Staff we spoke with were clear about their responsibilities. They enjoyed working at the practice and felt supported by the practice management. However, there had been an absence of governance arrangements. Staff had not been trained in all the policies and they were not reflective of practice.

Risks that had been identified and documented were not always suitably investigated or addressed to mitigate them exposing patients to potentially unsafe care and treatment. Governance meetings were not sufficiently established to show how they had informed and improved practice. The practice had sought feedback from staff and patients but had not investigated the outcomes to identify where areas of improvement could be made. Many staff members had not received performance reviews to identify training or development needs.

The practice had a system in place for knowing about notifiable safety incidents. However, these were not always adhered to. For example, when there were safety incidents there were poorly kept written records, correspondence and no record of verbal complaints or exchanges relating to safety incidents.

The lead GP was the lead for all systems and processes and staff told us they felt supported by management.

- Staff told us that the practice held regular team meetings, although these were not evidenced through meeting records.
- 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, particularly by the provider in the practice, but were not always involved in discussions about how to run and develop the practice.

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

The practice received feedback from patients, the public and staff. It sought patients' feedback and had an active patient participation group (PPG).

- The PPG met on a regular basis and had been involved in decisions about the practice. For example, the implementation of the consultation group and approving plans to extend the practice building. The PPG were unable to offer any evidence where their input had affected changes that the practice had implemented.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff agreed that they felt supported and an important part of a team.

This section is primarily information for the provider

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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulated Activities) Regulations 2014 Safe care and treatment. How the regulation was not being met: Regulation 12 (1) Care and treatment must be provided in a safe way for service users. Regulation 12(2)(a) We found the registered provider did not assess the risks to the health and safety of service users receiving care or treatment, particularly in relation to infection control. Regulation 12(2)(g) We found the registered provider did not have policies or procedures in line with current legislation and guidance in regard to managing medicines.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2014 Staffing How the regulation was not being met: **Regulation 18(2)(a)** We found the registered provider did not operate effective systems to ensure staff received appropriate support, training, professional development and appraisal.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed Regulation 19 HSCA 2008 (Regulated Activities) Regulations 2014 Fit and proper persons employed How the regulation was not being met: **Regulation 19(3)(a)(b)** Not all information specified under Schedule 3 was available. This included a lack of criminal background checks

This section is primarily information for the provider

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 Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014 Good Governance How the regulation was not being met: Regulation 17 (1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part. Regulation 17(2)(b) The registered provider did not have effective systems to enable them to identify and assess risks to the health, safety and/or welfare of people who use the service. Where risks were identified, the provider did not introduce measures to reduce or remove the risk within a timescale that reflected the level of risk and impact on people using the service. Identified risks to the health safety and/or welfare of people who use the service was not escalated appropriately to the relevant external organisation. Regulation 17(2)(d) The registered provider did not maintain other records in relation to people employed or the management of regulated activities. This included appropriate recruitment checks and training records. Records for significant events were not recorded, policies and procedures were not effective or did not exist. Regulation 17(2)(e) The provider was not responding appropriately to patient feedback or analysing it to drive improvements to the quality and engagement of services.

This section is primarily information for the provider

Enforcement actions

The provider was not ensuring that improvements were being made without delay, once identified and did not have systems in place to communicate how feedback has led to improvements.

Regulation 17(2)(f)

The registered provider was not ensuring their audit and governance systems remained effective.