Dr Alok Mittal

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	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Inadequate
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Alok Mittal also known as Markyate Surgery on 20 January 2017. The overall rating for the practice at that time was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the January 2017 inspection can be found by selecting the 'all reports' link for Dr Alok Mittal on our website at www.cqc.org.uk.

This report follows a further inspection undertaken following the period of special measures, and was an announced comprehensive inspection which took place on 28 September 2017. At the inspection we found insufficient evidence of improvement and we identified further serious concerns. Overall the practice is still rated as inadequate.

Our key findings were as follows:

- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. For example, we identified continuing deficiencies in respect of acting on safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) and further serious concerns were identified in respect of monitoring patients on high risk medicines, communicating abnormal test results to patients and the processing of referrals.
- Evidence showed that care and treatment was not always delivered in line with recognised professional standards and guidelines. For example, the review of patients with long-term conditions and those with a learning disability.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement. There was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Data from the national GP patient survey showed patients rated the practice lower than others for many aspects of care and they had in some cases got worse since our January 2017 inspection.
- The practice identified and supported patients who were also carers, the number of carers identified had improved since our January 2017 inspection.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice significantly below others in respect of access to the service and they had in some cases got worse since our January 2017 inspection.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.
- We had serious concerns about the overall leadership of the practice and their ability to facilitate and sustain improvement.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

In addition the provider should:

- Consider ways to improve bowel and breast cancer screening uptake rates to bring in line with local and national averages.
- Consider GP provision for access to a female GP.

This service was placed in special measures in March 2017. Insufficient improvements have been made such that there remains an overall rating of inadequate. Therefore we are taking action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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 and improvements must be made.

- Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe. For example, we identified continuing deficiencies in respect of acting on safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) and further concerns were identified in respect of monitoring patients on high risk medicines and prescription pad security.
- There was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Inadequate

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

- Evidence showed that care and treatment was not delivered in line with recognised professional standards and guidelines. For example, the review of patients with long-term conditions.
- We identified continuing shortfalls in the review of patients with a learning disability. Although the provider took action after our inspection to rectify this.
- Patient outcomes were hard to identify as there was limited evidence of clinical audit or quality improvement. There was no evidence that the practice was comparing its performance to others; either locally or nationally.
- There was not a failsafe system in place to ensure abnormal test results were communicated to patients.
- Evidence showed that referrals were not always made in a timely way.
- There was limited engagement with other providers of health and social care.

Are services caring?

Inadequate

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

Summary of findings

- Data from the national GP patient survey July 2017 showed patients rated the practice lower than others for many aspects of care and they had in some cases got worse since our January 2017 inspection.
- Survey information we reviewed showed that patients felt they were not always treated with compassion, dignity and respect or involved in decisions about their care and treatment.
- The practice identified and supported patients who were also carers, the number of carers identified had improved since our January 2017 inspection.

Are services responsive to people's needs?

Inadequate

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

- There was limited evidence that the practice engaged with the Clinical Commissioning Group (CCG) to discuss the needs of its population and secure service improvements.
- Data from the national GP patient survey July 2017 showed patients rated the practice significantly below others in respect of access to the service and performance for some indicators had got worse since our January 2017 inspection.
- The practice had good facilities and was equipped to treat patients and meet their needs. Although access to a female GP was not available.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

Inadequate

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

- The practice had a desire to provide high quality care however there was not an effective strategy or supporting business plans to deliver it.
- The provider had not met all the requirements of a warning notice we issued following our January 2017 inspection. There were continuing deficiencies in the review of patients with long-term conditions and those patients with a learning disability, the prescribing of hypnotic medicines and responding to patient safety alerts.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we identified serious concerns in respect of high risk medicine monitoring, communicating abnormal test results to patients and the processing of referrals.

Summary of findings

- There was no programme of continuous clinical and internal audit to monitor quality and to make improvements. Some audits had been initiated in respect of prescribing however there was limited evidence that they had resulted in quality improvement.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. However, there was no detailed policy for the management of patients on high risk medicines.
- We had serious concerns about the overall leadership of the practice and their ability to sustain improvement.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for providing safe, effective, caring, responsive and well-led services. The issues identified as requiring improvement overall affected all patients including this population group.

- The safety of care for older patients was not a priority and there were limited attempts at measuring safe practice.
- The practice did not carry out care planning for older patients who were approaching the end of life. The practice had one patient on the palliative care register and the register was updated when required.

People with long term conditions

Inadequate

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

- Structured annual reviews were not always undertaken to check that patients' health and care needs were being met.
- There were no personalised care plans in place for patients with long-term conditions and QOF performance for long-term conditions was significantly below average.

Families, children and young people

Inadequate

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

- Immunisation uptake rates were below local and national averages for all the standard childhood immunisations. However, unpublished data provided by the practice after the inspection showed they had achieved the 90% national target for all standard immunisations.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

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

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours and online appointment booking.

People whose circumstances may make them vulnerable

Inadequate

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

- Not all patients with a learning disability had received an annual health check.
- The practice did not identify those whose circumstances may make them vulnerable who were approaching the end of life.
- Staff had been trained to recognise the signs of abuse in vulnerable adults and children.

People experiencing poor mental health (including people with dementia)

Inadequate

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

- The practice did not carry out advance care planning for patients with dementia.
- There was no recorded evidence of patients being reviewed following a diagnosis of depression.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 6 July 2017. The results showed the practice was performing below local and national averages. Three hundred and fifty seven survey forms were distributed and 78 were returned. This represented 3% of the practice's patient list.

- 66% of patients described the overall experience of this GP practice as good compared with the CCG average of 75% and the national average of 85%.
- 41% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 39% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 64% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 8 comment cards which were generally positive about the standard of care received although one comment card highlighted that it was difficult to get through to the practice by phone.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Action the service SHOULD take to improve

- Consider ways to improve bowel and breast cancer screening uptake rates to bring in line with local and national averages.
- Consider GP provision for access to a female GP.

Dr Alok Mittal

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Lead Inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Dr Alok Mittal

Dr Alok Mittal also known as Markyate Surgery is situated at Markyate Road, Dagenham, Essex, RM8 2LD. The practice is a single-handed GP practice providing primary care services through a General Medical Services (GMS) contract to around 2,700 patients living in Barking and Dagenham (GMS is one of the three contracting routes that have been available to enable commissioning of primary medical services).

The practice team comprises a male GP (9 sessions), a regular locum GP (3 sessions), a practice nurse (20 hours), a practice manager (20 hours) and a team of non-clinical staff.

The practice is open including phone lines between 8.30am and 6.30pm Monday to Friday with the exception of Thursday where the practice closes at 1.30pm. Appointments are from 8.30am to 1pm and 3pm to 6.30pm daily. Extended hours appointments are offered on Monday and Wednesday until 7.30pm. Out of Hours care is provided by the Partnership of East London Co-ops (PELC).

The practice serves an ethnically mixed population with a high level of deprivation. The population is representative of most age groups with a higher than average number of children aged 14 years and below.

Services provided include chronic disease management, childhood immunisations, travel vaccinations, minor surgery, cervical screening and contraceptive advice.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder and injury, maternity and midwifery services, family planning and surgical procedures.

Why we carried out this inspection

We undertook a comprehensive inspection of Markyate Surgery on 20 January 2017 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing effective, caring, responsive and well led services and requires improvement for providing safe services. It was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law by 15 May 2017.

We undertook a further announced comprehensive inspection of Markyate Surgery on 28 September 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as NHS England to share what they knew. We carried out an announced visit on 28 September 2017. During our visit we:

- Spoke with a range of staff (the GP, practice manager, nurse and two non-clinical staff).
- Spoke with two patients who used the service and received feedback from a member of the patient participation group.
- Observed how patients were being cared for in the reception area.
- Reviewed a sample of 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.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

At our previous inspection on 20 January 2017, we rated the practice as requires improvement for providing safe services as the arrangements in respect of safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) needed improving.

These arrangements had not improved when we undertook a follow up inspection on 28 September 2017 and further concerns were identified in respect of monitoring patients on high risk medicines and prescription pad security. The practice is now rated as inadequate for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice held a log of significant events. We reviewed three significant events recorded on the log, and found they had been analysed, acted on and learning shared with staff. For example, the cold chain policy for the storage of vaccines had not been adhered to in that the fridge door was not closed properly resulting in vaccines going out of the required temperature range. The affected vaccines were disposed of and new stock ordered. Staff were reminded of the cold chain policy and the importance of ensuring the vaccines were kept at the required temperature. It was recorded on the log of significant events that learning was shared with staff at a staff meeting.
- At our inspection in January 2017 we found that the practice did not receive or act on patient safety alerts from the Medicines and Healthcare Regulatory Agency (MHRA). There had been no searches carried out on patients affected by MHRA alerts and therefore patient safety was at risk. At this inspection the practice showed us a log of safety alerts that had been received and acted on where appropriate. However, there was nothing recorded on the log since June 2017 and important safety alerts had been missed. For example, in July 2017 there was an alert relating to the recall of duloxetine capsules (a medicine commonly prescribed for depression). The practice had not acted on this alert as we found six patients currently on this medicine. We also identified 11 patients on repeat prescriptions for amlodipine (a medicine used to treat high blood pressure) and simvastatin high dose (40mg) (a medicine that reduces cholesterol) despite the concerns relating to the interaction of these medicines being a safety alert since August 2012.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. 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 member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and the nurse to level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

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

Inadequate

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, recording, handling, storing, security and disposal). However, the systems to address the risks of prescribing high risk medicines were not implemented well enough.

- There were processes for handling repeat prescriptions however we identified deficiencies in respect of the review of high risk medicines. We checked the records of five from a total of six patients on repeat prescriptions for methotrexate (a medicine used to treat certain types of cancer, psoriasis and rheumatoid arthritis, and can cause serious or life-threatening side effects) and found three of the patients had no recorded blood test in their notes in the last three months and one patient on methotrexate whose blood test was due had not been identified for review. The practice had a prescribing policy however there was no detailed policy or protocol for high risk medicine management.
- There had been no recent medicines audits carried out to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were not securely stored and there was no process to monitor their use. We found blank prescription pads left in printers and on desks in unlocked rooms and spare blank pads in unlocked drawers.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and they were up to date.
- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were 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, appropriate and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 20 January 2017, we rated the practice as inadequate for providing effective services as data from the Quality and Outcomes Framework (QOF) showed patient outcomes were significantly below local and national averages, clinical audit did not demonstrate quality improvement, patients with a learning disability had not in all cases received annual health checks and staff knowledge and application of the Mental Capacity Act 2005 needed improving.

These arrangements had not significantly improved when we undertook a follow up inspection on 28 September 2017 and further concerns were identified in respect of referrals, communication of test results to patients and adherence to current evidence based guidance. The provider remains rated as inadequate for providing effective services.

Effective needs assessment

Staff had access to guidelines from the National Institute for Health and Care (NICE) however there was no evidence that this information was used to deliver care and treatment that met patients' needs. The GP could not recall any recent learning or updates in respect of current evidence based guidance and standards, including NICE since our inspection in January 2017.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (2015/16) were 78% of the total number of points available compared with the clinical commissioning group (CCG) average of 93% and national average of 95% with an clinical exception rate of 13% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). These are the same results which were available at our inspection in January 2017.

This practice was previously an outlier for a number of QOF and other national clinical targets. For example, data from 2015/16 showed:

- The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness in the last 12 months was 63% compared to the CCG average of 88% and the national average of 90% (the exception rate was 0%).
- The percentage of patients with hypertension in whom the last blood pressure reading was 150/90 mmHg or less in the last 12 months was 51% compared to the CCG average of 81% and the national average of 83% (the exception rate was 4%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading was 140/80 mmHg or less in the last 12 months was 60% compared to the CCG average of 79% and the national average of 78% (the exception rate was 17%).
- The percentage of patients with asthma, on the register, who had an asthma review in the last 12 months that included an assessment of asthma control using the three Royal College of Physicians questions was 52% compared to the CCG average of 75% and the national average of 76% (the exception rate was 0%).
- There was no recorded evidence of patients being reviewed following a diagnosis of depression as exception reporting was 100%.

Since our inspection in January 2017, the provider had taken steps to improve QOF performance. At our inspection in September 2017 we were shown unpublished QOF data for 2016/17 which showed improvement:

- Overall QOF performance had improved to 97% of the total number of points available
- Performance for COPD related indicators was 100%
- Performance for hypertension related indicators was 96%
- Performance for diabetes related indicators was 92%
- Performance for asthma related indicators was 100%

Although these results indicated improvement we still had concerns in respect of the review of patients with long-term conditions. We checked seven random records of patients on the diabetes register with a blood pressure reading

above 140/80 mmHg and found five of these had not been reviewed in line with NICE guidance or put on appropriate medicine. We checked three random records of patients on the hypertension register and found they had not been reviewed in line with NICE guidance.

We also identified continuing shortfalls in the review of patients with a learning disability. At our inspection in January 2017, we found four examples of where these patients had not received an annual health check. At this inspection we checked four random patient records of patients on the learning disability register and found that three of these patients had no record of receiving a health check in the last 12 months. After the inspection the provider sent us evidence that out of 17 patients on the learning disability register, 14 health checks had been completed, two patients were due and one patient had left the practice.

The practice were outliers for the following prescribing indicators (the same data available to us at our January 2017 inspection):

- Average daily quantity of Hypnotics (sleep-inducing medicine) prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit was above both CCG and national average (3.14 compared to 1.09 and 0.98 respectively).
- Number of antibacterial (antibiotics) prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit was above both CCG and national average (1.64 compared to 0.96 and 1.01 respectively). The appropriate use of antibiotics is important because of increasing bacterial resistance.

Since our inspection in January 2017 the provider had taken steps to investigate the high hypnotic and antibiotic prescribing. The provider had identified through audit 24 patients receiving long-term hypnotics or anxiolytics (a medicine to relieve anxiety) with a view to reviewing the patients and reducing the dose where appropriate. However, at the inspection in September 2017, we conducted a computer search of patients on hypnotic medicines and found 96 patients on repeat prescriptions for diazepam, none of whom had been reviewed. The provider had conducted a second audit of antibiotic prescribing which showed a reduction of total antibiotic prescribing of 5.6% over a two month period. The practice had also updated their antibiotic policy to ensure it reflected local guidelines.

There was limited evidence of quality improvement including clinical audit:

- At our inspection in January 2017, the provider had no evidence of quality improvement in respect of improving the clinical care provided. At the inspection in September 2017, there was limited evidence of improvement. The provider had conducted the aforementioned audit of hypnotic prescribing with one cycle completed. They had conducted the aforementioned antibiotic audit which was a completed cycle showing a reduction of total antibiotics prescribed. However, it was unclear from the audit whether the reduction was a result of quality improvement or seasonal variation in the numbers of antibiotics prescribed. In addition, the provider had conducted an audit of methotrexate prescribing in general practice. It was a completed two cycle audit and one of the outcomes stated that all patients on oral methotrexate were reviewed either by GPs or by secondary care at regular intervals. However, during the inspection we found most patients on methotrexate had not been reviewed prior to issuing repeat prescriptions.
- There was no evidence that the practice was comparing its performance to others; either locally or nationally.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, spirometry and cervical cytology.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Inadequate

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.

However, we identified serious concerns in respect of how the results of tests and investigations were communicated to patients.

- There was not a failsafe system in place to ensure abnormal test results were acted on. We found six outstanding abnormal test results dating back to 29 August 2017. The GP told us that abnormal results were communicated to reception staff who were instructed to inform patients of their results. However, reception staff said they were not involved in communicating results to patients. There was no clear audit trail to evidence how patients were informed of abnormal results.
- From a sample of referral letters we reviewed, we found that the practice did not always refer patients to other services in a timely way. We found an example of where the provider had not followed NICE referral guidelines for suspected cancer. We checked a routine referral made on 24 August 2017 and noted that it should have been an urgent two week wait referral for suspected cancer. At the time of our inspection the patient still had not been seen.

Staff told us they worked with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

However, there were no formal meetings with other health care professionals other than the integrated care team, the provider told us that they communicated via telephone with health care professionals as and when required.

The practice did not carry out care planning for end of life care and one patient on the palliative care register. The practice updated the palliative care register when required. The practice did not have care plans for patients since the avoiding unplanned admissions enhanced service had been decommissioned (a service commissioned to help reduce avoidable unplanned hospital admissions by improving services for vulnerable patients and those with complex physical or mental health needs, who are at high risk of hospital admission or re-admission).

Consent to care and treatment

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

- The GP understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and they had completed training.
- When providing care and treatment for children and young people, the GP and nurse 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 assessed the patient's capacity and, recorded the outcome of the assessment.
- The nurse had not completed formal training in the Mental Capacity Act 2005, which was identified as a deficiency at our January 2017 inspection. After our inspection the provider sent us evidence showing that the nurse had subsequently completed a training module on the Mental Capacity Act 2005.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Carers and those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

Patients were signposted to the relevant service.

Inadequate

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 69%, which was below the CCG average of 79% and the national average of 81%. At the inspection we were shown unpublished QOF data for 2016/17 which indicated improvement showing the practice had achieved maximum points for cervical screening uptake. The practice sent out written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme. The practice followed up women who were referred as a result of abnormal results and an audit of inadequate smears had been conducted.

Bowel and breast cancer uptake rates were below local and national averages, for example:

- Females, 50-70, screened for breast cancer in last 36 months was 59.8% compared to the CCG average of 62.7% and the national average of 72.5%
- Females, 50-70, screened for breast cancer within 6 months of invitation was 45.1% compared to the CCG average of 49.3% and the national average of 73.5%
- Persons, 60-69, screened for bowel cancer in last 30 months was 41.0% compared to the CCG average of 42.8% and the national average of 57.8%
- Persons, 60-69, screened for bowel cancer within 6 months of invitation was 35.5% compared to the CCG average of 40.1% and the national average of 55.6%

Childhood immunisations were carried out in line with the national childhood vaccination programme. Published uptake rates for the vaccines given were below the 90% national target. For example, rates for the vaccines given to under two year olds ranged from 81% to 83% and five year olds from 76% to 89%. However, unpublished data provided by the practice showed that they had achieved the 90% national target for all standard immunisations.

Inadequate

Are services caring?

Our findings

At our previous inspection on 20 January 2017, we rated the practice as inadequate for providing caring services as the results from the national GP survey showed the practice was performing poorly compared to local and national averages and the practice was not proactively identifying patients who were also carers.

We found that the carer's register had improved when we undertook a follow up inspection on 28 September 2017 however results from the national GP survey had not improved significantly and in some cases got worse. The practice remains rated as inadequate for providing caring services.

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients were unable to choose the gender of their doctor as both GPs were male.

The majority of the 8 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a personal service and staff were helpful, caring and treated them with dignity and respect. One comment card highlighted that it was difficult to get through to the practice by phone.

We spoke with three patients including one member of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in July 2017 showed mixed responses from patients. The practice was below average for its satisfaction scores on consultations with GPs and nurses and for some indicators had got worse since our inspection in January 2017. For example:

- 80% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 81% and the national average of 89% (January 2017, 79%).
- 75% of patients said the GP gave them enough time compared to the CCG average of 77% and the national average of 86% (January 2017, 81%).
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95% (January 2017, 90%).
- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 86% (January 2017, 80%).
- 68% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 85% and the national average of 91%.
- 62% of patients said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 76% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 59% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91% (January 2017, 76%).
- 83% of patients said they found the receptionists at the practice helpful compared with the CCG average of 83% and the national average of 87% (January 2017, 77%).

Inadequate

Are services caring?

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed mixed responses from patients in relation to questions about their involvement in planning and making decisions about their care and treatment. Generally results for the GPs had improved and results for the nursing staff had got worse since our January 2017 inspection. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 78% and the national average of 86% (January 2017, 68%).
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and the national average of 82% (January 2017, 72%).
- 64% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90% (January 2017, 72%).
- 52% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85% (January 2017, 62%).

The provider had conducted an internal patient satisfaction survey. The survey asked nine questions and 47 responses were received. The results had been analysed and graphs constructed of the results. However, there was no action plan in place to facilitate improvement where it was required. In addition, the practice had not carried out an analysis of the national GP survey to address poor scores. Therefore it was not clear how the practice proposed to improve overall patient satisfaction.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- The Choose and Book service was used with patients as appropriate.(Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients as carers (3% of the practice list) which was an improvement since our January 2017 inspection. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. 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 a support service.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 20 January 2017, we rated the practice as inadequate for providing responsive services as the results from the national GP survey were significantly below average in respect of access to the service.

These arrangements had not improved when we undertook a follow up inspection on 28 September 2017 and in some cases had got worse. The practice remains rated as inadequate for providing responsive services.

Responding to and meeting people's needs

The practice told us that it understood its population profile and had used this understanding to meet the needs of its population. However, there was limited evidence that the practice engaged with the Clinical Commissioning Group (CCG) to discuss the needs of its population and secure service improvements.

- The practice offered extended hours on a Monday and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Flu and shingles vaccinations were offered to older people.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday with the exception of Thursday where the practice closed at 1.30pm. Appointments were from 8.30am to 1pm every morning and 3pm to 6.30pm daily. Extended hours appointments were offered on Monday and Wednesday until 7.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was significantly below local and national averages and in some cases worse than at our inspection in January 2017.

- 58% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 76% (January 2017, 54%).
- 24% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 71% (January 2017, 32%).
- 56% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 74% and the national average of 84% (January 2017, 62%).
- 58% of patients said their last appointment was convenient compared with the CCG average of 68% and the national average of 81%.
- 41% of patients described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 19% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 45% and the national average of 58%.
- 13% of patients usually wait 15 minutes or less after their appointment time to be seen compared to the CCG average of 55% and the national average of 64% (January 2017, 21%).

At our inspection in January 2017, the provider told us that improvements had been made to

the telephone system which they said would improve access by phone. However, the improvements had not positively impacted on the national GP survey results published in July 2017.

The practice had a system in place to assess:

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

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

The reception staff recorded when a home visit request was made and the doctor on duty would phone the patient to assess their needs. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. All staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures 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.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint about an error with a repeat prescription was investigated. The patient received an apology and action taken to prevent recurrence. Learning was shared with all appropriate staff.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 20 January 2017, we rated the practice as inadequate for providing well-led services as we had serious concerns about the overall leadership of the practice, governance arrangements were not effective and there was no detailed or realistic plans to ensure the delivery of high quality care.

We issued a warning notice in respect of these issues and found arrangements had not improved when we undertook a follow up inspection of the service on 28 September 2017. The practice remains rated as inadequate for being well-led.

Vision and strategy

The practice had a desire to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement however not all staff were aware of it.
- There was no effective strategy or supporting business plans which reflected the vision and values. There were no detailed or realistic plans to ensure the delivery of high quality care. This had not improved since our inspection in January 2017.

Governance arrangements

The practice's governance arrangements were not effective and they had not improved since our January 2017 inspection:

- The provider had not met all the requirements of a warning notice we issued following our January 2017 inspection. There were continuing deficiencies in the review of patients with long-term conditions and those patients with a learning disability, the prescribing of hypnotic medicines and responding to patient safety alerts.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we identified additional serious concerns in respect of high risk medicine monitoring, communicating abnormal test results to patients and the appropriateness of referrals.
- There was no programme of continuous clinical and internal audit to monitor quality and to make improvements. Some audits had been initiated in respect of prescribing however there was limited evidence that they had resulted in quality improvement.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly. However, there was no detailed policy for the management of patients on high risk medicines.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff had lead roles in key areas such as safeguarding, infection control and health and safety.
- The provider had improved their understanding of the performance of the practice since our inspection in January 2017. Practice meetings were held bi-monthly which provided an opportunity for staff to learn about the performance of the practice.

Leadership and culture

At our inspection in January 2017, we had serious concerns about the overall leadership of the practice. The GP struggled to navigate the computer clinical system without the support of administrative staff. At this inspection we still had concerns. They were unable to run searches of specific patient groups and struggled to bring up the records of specific patients. We therefore had serious concerns about the ability of the leadership to facilitate and sustain improvement.

The provider was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). From the sample of complaints we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure and staff felt supported by management.

- Staff told us the practice held regular team meetings.

Are services well-led?

Inadequate

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Meeting minutes were available.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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 had not acted on feedback from patients sufficiently to facilitate improvement:

- The results of the national GP patient survey had generally got worse since our January 2017 inspection.
- The practice had a patient participation group (PPG) and there was some evidence of the practice acting on PPG feedback. For example, meeting minutes highlighted that the PPG had been involved in improvements to the practice's telephone system and introducing online appointments however, national GP patient survey results in relation to access were significantly below local and national averages.
- The practice gathered feedback from staff through annual appraisal and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous Improvement

- There was no evidence of continuous improvement.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider was failing to ensure that care and treatment was provided in a safe way for patients. In particular: • Patient safety alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA) were not acted on • Patients on high risk medicines were not reviewed appropriately • Abnormal test results were not communicated to patients in a timely way • Referrals were not always managed appropriately • Prescription pads were not stored securely This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 **How the regulation was not being met:** • There were governance systems and processes in place however these were not always effective and compliant with the requirements of the fundamental standards of care, specifically in relation to the systems in place to review patients with long-term conditions, those with a learning disability and the review of patients on hypnotic medicines.

This section is primarily information for the provider

Enforcement actions

- There was limited evidence of quality improvement including clinical audit in place to monitor quality and make improvements.
- Patient feedback from the satisfaction surveys had not been acted on.

Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.