Dr Mohammad Salim

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Mohammad Salim's practice on 11 March 2015. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing a safe, effective and well-led service. It was also inadequate for providing services for the six population groups we reviewed. Improvements were required for providing responsive and caring services.

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

- The practice had previously been inspected in August 2014. In August 2014 we found concerns in relation to assessing and monitoring the quality of service provision, safeguarding patients, recruitment and supporting staff, medicines management and in the management of complaints. We saw that the practice had made some progress to address these concerns. However, we still found concerns at this inspection relating to: Assessing and monitoring the quality of service; Requirements relating to workers and management of medicines. In addition we found concerns relating to the care and welfare of service users.
- Patients were at risk of harm because systems and processes were not sufficiently robust to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment. The risks of unforeseen circumstances which might impact on the running of the service had not been identified and appropriately managed. Patients on long term medication did not always receive appropriate follow up.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Some safety information was recorded but action and learning from these was not always evident.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example patients who required additional support such as those with complex needs, carers and those

who had recently suffered a bereavement were not specifically identified and actively followed up to ensure care and treatment needs were being met. Patient involvement in care and treatment decisions was not evident.

- Patients were positive about their interactions with staff and said they were treated with respect and dignity.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had a clear leadership structure but governance arrangements were not clearly defined resulting in inconsistent and ineffective management of risks and monitoring of performance.

The areas where the provider must make improvements are:

- Ensure effective and robust systems are in place to protect patients and others against the risks of inappropriate or unsafe care or treatment by identifying, assessing and managing risks. This includes systems to safeguard vulnerable children, to manage incidents, significant events and safety alerts, ensuring there are sufficient staff trained to undertake their roles and safely recruited and to ensure patients receive prompt and effective treatment and assessment of their health and wellbeing.
- Ensure effective and robust systems are in place for assessing and monitoring the quality of services provided through effective governance and patient feedback.
- Ensure there are robust systems in place to respond to any identified risks from pre employment checks.
- Ensure robust systems are put in place to follow up patients on repeat prescriptions particularly those on high risk medicines to protect them from risks associated with medicines.
- Ensure care is appropriately planned involving patients who may require additional support to ensure their physical and emotional needs are met. This would include those with complex needs, in vulnerable circumstances, carers and those who have suffered recent bereavement.

In addition the provider should:

- Ensure staff acting as a chaperone have appropriate understanding of their duties and responsibilities.

On the basis of the ratings given to this practice at this inspection, and the concerns identified at previous inspections, 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 as there are areas where it must make improvements.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, reviews and investigations were not thorough enough to ensure lessons were learned. Patients were at risk of harm because systems and processes to address risks were not implemented well enough to ensure patients were kept safe. For example, management of unforeseen circumstances which might impact on the running of the service, recruitment processes and management of medicines. There was insufficient information to enable us to understand and be assured about safety because records were not always available to show how risks were being managed or addressed.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services, as there are areas where improvements must be made.

Data showed patient outcomes were at or below average for the locality. Knowledge of and reference to national guidelines were inconsistent. Effective management of patients on repeat and high risk medicines were not evident. There was limited evidence of completed audits of patient outcomes and of the practice comparing its performance to others, either locally or nationally. Multidisciplinary working was taking place but was limited and record keeping was not consistently available. The appraisal process for staff to support training requirements had yet to be fully embedded.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements must be made. Data showed that patients rated the practice similar to others for some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, the evidence provided to us did not assure us that that patients were involved in decisions about their care or received support to help them understand the services available to them.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services. The practice had not reviewed the needs of its

Summary of findings

local population. There were no arrangements in place at the practice to routinely obtain feedback on services from patients. Data available from the national patient survey 2014 and our comment cards indicated that patients were satisfied with the appointment system and urgent appointments were available the same day. The practice was equipped to treat patients and meet their needs. Improvements had been made to the complaints system since our previous inspection. Patients could get information about how to complain in a format they could understand.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. The practice did not have sufficiently robust governance arrangements to protect patients and ensure risks to patients were appropriately managed. It did not have a clear vision and strategy although staff were clear about the type of service they wished to deliver. The practice had a leadership structure and staff mostly felt supported. The practice had a number of policies and procedures to govern activity that had recently been updated although further work was still needed. Practice meetings were held but these were not regular and performance and risk were not routinely discussed to ensure effective governance and oversight. The practice did not have a patient participation group (PPG) to help support service improvement. All staff had recently received appraisals but actions resulting from them had yet to be implemented.

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

The practice had a lower proportion of older patients than the national average on its patient list. There was little engagement with patients from the older age group and with the practice population in general. The practice had not specifically identified older patients with complex care needs including end of life care. Services to older patients were mainly reactive with little evidence of personalised care. We saw some evidence of multi-disciplinary team working to provide co-ordinated care for those who needed it but records we looked at did not indicate that this routinely took place. Data available to us showed that the uptake of flu vaccinations for older patients was similar to other practices nationally. However; there were areas in which patient outcomes for conditions commonly found in older people were significantly below other practices nationally. These included reported prevalence of coronary heart disease, dementia and chronic obstructive pulmonary disease. The premises in which the practice was located were accessible to patients with mobility and sensory difficulties. Home visits were available to older patients who were unable to attend the practice.

People with long term conditions

Inadequate

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

Patients had continuity of care through the same GP and where needed home visits were available. The practice nurse had lead roles in the care of patients with long-term conditions such as asthma, diabetes and chronic pulmonary disease however they had not received any specific training in the management of these conditions. Reviews of patients with long term conditions were usually opportunistic. Patients with the most complex needs had not been specifically identified and systems were not in place to ensure these patients received appropriate follow up to check their health and care needs were being met. There were no personalised care plans in place. We saw some evidence of multi-disciplinary team working to provide co-ordinated care for those who needed it but records seen did not indicate that this routinely took place.

Summary of findings

Families, children and young people

Inadequate

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

There were some systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk. However, childhood immunisation rates were lower than the CCG average for a standard childhood immunisations given at 12 and 24 months. 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 practice is rated as inadequate for this population group. The provider was rated as inadequate for providing safe, effective and well led safe services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The age profile of patients at the practice was mainly those of working age. There was a range of health promotion information and services available to support patients to lead healthier lifestyles hosted by the practice. Screening services such as NHS health checks and cervical cytology were also available. The practice offered extended opening hours for appointments on a Tuesday evening and telephone consultations to accommodate patients who worked. The practice did not currently have the facilities to offer online booking but were in the process of changing their IT system to provide this.

People whose circumstances may make them vulnerable

Inadequate

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

The practice held a register for some patients living vulnerable circumstances such as those with a learning disability and had undertaken health checks for this group of patients. However there was no carers register in place to identify and signpost those with caring responsibilities to additional support available to them.

We saw some evidence of multi-disciplinary team working to provide co-ordinated care for those who needed it but records seen did not indicate that this routinely took place. Staff knew how to

recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

People experiencing poor mental health (including people with dementia)

Inadequate

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

The practice had a register to identify patients experiencing poor mental health. Annual health checks were undertaken for this group of patients although there was no detail as to what they entailed or evidence of signposting patients to support groups and voluntary organisation such as MIND or SANE. The practice did not have any systems in place for following up patients when they had attended accident and emergency (A&E). The practice did however host a counselling service which they could refer patients to.

There was little evidence of multi-disciplinary team working in the case management of people experiencing poor mental health and no advance care planning for patients with dementia. Staff had not received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

Prior to the inspection we provided the practice with a comments box and cards inviting patients to tell us about their care. We received 19 completed comment cards. The feedback from these was positive and told us that the patients were satisfied with the service they received. Patients described staff as professional, friendly and helpful. They told us that they were treated with dignity and respect and that they felt listened to.

We also looked at data available from the GP national patient survey 2014. Results from the national patient survey showed that patient satisfaction with the service was in line with other practices in all aspects including overall satisfaction, access and consultations with doctors and nurses.

The practice did not have an active patient participation group (PPG). PPGs are an effective way for patients and GP surgeries to work together to improve the service and to promote and improve the quality of the care. They had also not recently carried out any in-house patients surveys.

Areas for improvement

Action the service MUST take to improve

- Ensure effective and robust systems are in place to protect patients and others against the risks of inappropriate or unsafe care or treatment by identifying, assessing and managing risks. This includes systems to safeguard vulnerable children, to manage incidents, significant events and safety alerts, ensuring there are sufficient staff trained to undertake their roles and safely recruited and to ensure patients receive prompt and effective treatment and assessment of their health and wellbeing.
- Ensure effective and robust systems are in place for assessing and monitoring the quality of services provided through effective governance and patient feedback.
- Ensure there are robust systems in place to respond to any identified risks from pre employment checks.
- Ensure robust systems are put in place to follow up patients on repeat prescriptions particularly those on high risk medicines to protect them from risks associated with medicines.
- Ensure care is appropriately planned involving patients who may require additional support to ensure their physical and emotional needs are met. This would include those with complex needs, in vulnerable circumstances, carers and those who have suffered recent bereavement.

Action the service SHOULD take to improve

- Ensure staff acting as a chaperone have appropriate understanding of their duties and responsibilities.

Dr Mohammad Salim

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 and a practice manager.

Background to Dr Mohammad Salim

Dr Mohammad Salim's practice is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG).

Dr Mohammad Salim's practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in a purpose built health centre which it shares with three other practices and an urgent care centre in the Winston Green area of Birmingham. Based on data available from Public Health England, the area served is one of the most deprived areas in the country. The practice has a registered list size of approximately 1700 patients.

The practice is open 9 am to 11.30am and 4pm to 6.30pm on Mondays, Tuesdays, Thursday and Fridays. On Wednesday it is open from 9am until 11.30am. Extended opening hours are available on Tuesday evening between 6.30pm and 8pm. When the practice is closed during the day there were arrangements for another provider to cover. During the out of hours period (6.30pm to 8.30am) patients received primary medical services through an out of hours provider (Primecare).

The practice is run by a single handed GP (male). Other practice staff consist of a practice nurse (female), a practice manager and two administrative staff.

The practice had previously been inspected in August 2014. In August 2014 we found concerns in relation to assessing and monitoring the quality of service provision, safeguarding patients, recruitment and supporting staff, medicines management and in the management of complaints. We saw that the practice had made some progress to address these concerns. However, we still found concerns at this inspection relating to: Assessing and monitoring the quality of service; Requirements relating to workers and management of medicines. In addition we found concerns relating to the care and welfare of service users.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The practice had previously been inspected in August 2014. During the inspection we identified areas of concern which required follow up to determine whether improvements had been made.

Detailed findings

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

How we carried out this inspection

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew about the service. We carried out an announced inspection on 11 March 2015. During our visit we spoke with all the staff on duty. This included the GP, practice nurse, practice manager and two reception staff. We looked at a range of documents that were made available to us relating to the practice, patient care and treatment. Prior to the inspection we sent the practice a box with comment cards so that patients had the opportunity to give us feedback. We received 19 completed cards where patients shared their views and experiences of the service.

Inadequate

Are services safe?

Our findings

Safe track record

At our previous inspection in August 2014 the practice did not have a system in place for recording and reporting incidents and significant events that occurred. They were unable to evidence a safe track record over the long term. Following the inspection the provider sent us an action plan and told us that they had put systems in place for reporting and monitoring significant events.

At this inspection a system had been implemented for recording incidents and significant events. Staff were aware of their responsibilities for reporting significant incidents or near misses. Staff told us that they discussed incidents at practice meetings and on an informal basis. However, the systems were not sufficiently robust to ensure safety issues were adequately managed.

Learning and improvement from safety incidents

Since our previous inspection in August 2014 the practice had introduced a system for reporting, recording and monitoring significant events. There were records of significant events that had occurred since our visit and we were able to review these. Staff were aware of some of the incidents that had occurred however, there were no clear processes for routinely discussing and reviewing actions taken. The provider could not when requested provide us with evidence to demonstrate that significant events were routinely used as an opportunity for learning. The action plan sent by the provider following our inspection in August 2014 told us that they had introduced an electronic incident reporting system and would discuss learning from incidents at practice meetings.

At this inspection the practice did not have a specific form with which to report incidents that occurred and we saw no evidence of the electronic reporting system which had been referred to in the action plan. The practice manager would write a brief note about the incidents they were alerted to and any action taken. We reviewed four incidents that had been recorded. As no date had been recorded we could not be assured that the investigations had been completed in a timely manner. It was not clear who had investigated and what action had been taken to minimise the risks of recurrence. The minutes of one practice meeting made reference to an incident relating to an immunisation error. We found that this had been reported separately to the immunisation team and the practice later produced a report for this incident. We saw that the patient involved by this incident had been contacted and informed.

Clinical staff told us that they received national patient safety alerts. Patient safety alerts are issued when potentially harmful situations are identified and need to be acted on. Staff were not able to recall any safety alerts that they had needed to act on. There were no systems in place for discussing and disseminating safety alerts.

Reliable safety systems and processes including safeguarding

At our previous inspection in August 2014 we found that patients were not safeguarded against the risk of abuse because the provider did not have suitable arrangements in place in respect of adult safeguarding. Following the inspection the provider sent us an action plan and told us that all staff would be trained in adult safeguarding and be aware of the procedures for referral.

At this inspection we found that the practice had systems to manage and review risks to vulnerable children, young people and adults. We looked at training records which showed that all staff had received training on both children and vulnerable adult safeguarding. This included the GP who had undertaken level three training for child safeguarding (the required level for a GP). Staff knew how to recognise signs of abuse in vulnerable adults and children and were supported by up to date policies. They were aware of their responsibilities for reporting safeguarding concerns and knew how to share information appropriately. We were given recent examples from staff of safeguarding referrals that had been made to the relevant agencies responsible for acting on safeguarding concerns. We saw that contact details for reporting safeguarding concerns were easily accessible to staff.

We found that the practice did not have suitable systems to highlight vulnerable patients on the practice's electronic records. The way in which information was recorded did not make it easy for staff to identify patients who may be at risk. Staff told us that relevant issues for example children subject to child protection plans was recorded in the patient records but there were no alerts in place to ensure important information was not missed. There were no specific arrangements in place to identify and follow up

children who frequently attended accident and emergency. The nurse told us that they did follow up children who failed to attend appointments for childhood immunisations.

There was a chaperone policy in place. Notices were visible in the clinical rooms to ensure patients were aware that they could request a chaperone to be present during their consultation. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. All staff undertook chaperoning duties at the practice but had not received training to ensure they were fully aware of their responsibilities when acting as chaperone. Reception staff did not have a clear understanding as to where they should stand to observe the examination. However, all staff had been DBS checked.

Medicines management

At our previous inspection in August 2014 we found that patients were not protected against the risks associated with the unsafe use and management of medicines. The practice had vaccinations in stock which were past their expiry date.

At this inspection we found that the practice had taken action to ensure medicines and vaccinations were rotated and checked to ensure they were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations. Medicines were stored appropriately in lockable rooms, refrigerators and cupboards.

Some medicines and vaccines are required to be stored at specific temperatures in refrigerators to ensure their effectiveness. Staff were aware of the need to maintain these temperatures and records were kept of regular checks of the fridge temperature. This provided assurance that the vaccines were stored within the recommended temperature ranges and were safe and effective to use.

The practice nurse administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up-to-date copies of directions and evidence that the nurse had received appropriate training to administer vaccines.

A pharmacist from the local CCG was attached to the practice, this enabled medicine management systems to be monitored and reviewed. We looked at the most recent prescribing data available to us. This showed that the prescribing of antibiotics, hypnotics and non-steroidal anti-inflammatory medicines was similar to other practices in the CCG area.

Cleanliness and infection control

We observed the premises to be visibly clean and tidy. The cleaning of the practice was managed through the health centre and the practice did not hold any records in relation to this. Any concerns relating to the cleaning were logged. The practice manager told us that they checked the rooms for cleanliness each day but did not formally record this. Feedback received from patients did not raise any concerns about cleanliness or infection control.

The practice nurse was the designated lead for infection control and we saw that they had recent training in infection control. Training records showed that most staff had received online infection control training. We did not see any completed infection control audits although the practice nurse showed us an audit they were currently working through to identify any areas for improvement.

The practice had an infection control policy which referenced supporting documents. We were unable to view these documents during the inspection as the computer system in which they were stored was in the process of being upgraded. These policies had also not been available at our previous inspection. The practice nurse however maintained their own infection control documents which they had identified to support them in their role.

To help minimise the risks of cross infection we saw that staff had access to personal protective equipment including disposable gloves, aprons and coverings. However, no personal protective equipment was present in the sluice area of the practice which was located in a separate room. Hand washing facilities with hand soap, hand gel and hand towel dispensers were available in treatment rooms along with notices about hand hygiene techniques. There was appropriate segregation of clinical and non-clinical waste including sharp instruments such as needles. Records were maintained of staff immunisation status in relation to Hepatitis B.

The practice did not have a policy or risk assessments in place for the management, testing and investigation of legionella (bacteria which can contaminate water systems in buildings). Staff told us that this was the responsibility of the building management but had not taken any steps to

assure itself this had been done. They told us that they ran the sluice tap weekly as a precaution against legionella bacteria but were unable to explain the rationale for this or relate this to any risk assessment completed.

Equipment

Staff we spoke with told us they had the necessary equipment to enable them to carry out diagnostic examinations, assessments and treatments.

We saw evidence from stickers on relevant equipment that they had undergone portable electrical testing and calibration checks during March 2015. The practice manager explained that were waiting for the certificates to arrive following the recent testing undertaken.

Staffing and recruitment

At our previous inspection in August 2014 we found that the practice did not have effective recruitment procedures to reduce the potential for unsuitable staff being employed. Appropriate checks had not been undertaken prior to the employment of staff including criminal records checks. Following the inspection the provider sent us an action plan and told us they had a recruitment policy which they kept up to date and that criminal checks and references were undertaken for successful candidates.

At this inspection we saw that the practice now had criminal records checks through the Disclosure and Barring Service (DBS) in place for all staff. However, these had not been actively used to assess the suitability of staff employed. Where an issue had been raised through the DBS checks no further action had been undertaken to assess any potential risks to patients who used the service and this was confirmed by the provider.

The practice had a recruitment policy in place which set out the pre employment checks required in relation to new staff. We found that this was not being followed. There had been one new member of staff employed since our previous inspection and we reviewed their recruitment file. We found information missing in relation to identity checks, references and information relating to any physical or mental health conditions relevant to the role.

Staff were generally satisfied that there were enough staff to meet the needs of patients, although the practice nurse felt that the practice would benefit from a health care assistant. They felt this would free them to undertake more health reviews and provide some cover during annual leave. There were arrangements in place for administrative staff, to cover each other's annual leave. Staff told us that a locum agency was used to provide cover in the absence of the GP but there were no arrangements in place if the practice nurse was absent. The practice did not have any information readily available to support a locum GP recruited at short notice for example, information about the computer systems used or local contact details.

Monitoring safety and responding to risk

The practice did not have robust systems, processes and policies in place to manage and monitor risks to patients, staff and visitors to the practice. Risks to patients and staff had not been identified so that they could be assessed with mitigating actions recorded to manage them. Maintenance of the building, cleaning and disposal of waste were managed by the owners but the practice had not sought assurance that appropriate checks relating to the premises were in place. We found risks in relation to staff recruitment, medicines and the management of unforeseen events that had not been identified and addressed by the practice.

The GP told us that they would respond to changing clinical risks to patients including deteriorating health and well-being or medical emergencies as they occurred. Staff told us that patients were able to obtain same day appointments if their needs were urgent and children under 5 years would always be seen the same day.

Arrangements to deal with emergencies and major incidents

The practice was not able to demonstrate that all staff were up to date with their basic life support training and some staff confirmed that they had not recently received training in this area. Emergency equipment was available including access to oxygen and an Automated External Defibrillator (AED) (used to attempt to restart a person's heart in an emergency). When we asked, all members of staff were knew the location of this equipment. The practice nurse told us that they checked the emergency equipment. There were records available which confirmed that the defibrillator was checked regularly but not for the oxygen.

Emergency medicines were available in a secure area of the practice and all staff knew of their location. These included those for the treatment of anaphylaxis (sudden allergic reaction), hypoglycaemia (low blood sugar) and respiratory emergencies. The practice did not routinely hold stocks of

Inadequate

Are services safe?

medicines for the treatment of meningitis or chest pain. The reason for this was that they shared the health centre with three other GP practices and an urgent care centre. The local accident and emergency department was also within short walking distance. There were no risk assessments and protocols in place to show how the practice would manage these medical emergencies if they occurred. Processes were in place to check whether emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

At our previous inspection in August 2014 the practice did not have a business continuity plan in place to deal with a range of emergencies that may impact on the daily operation of the practice such as power failure, adverse weather, unplanned sickness and access to the building .

During this inspection we were given a copy of the business continuity plan that had since been put in place but found this was insufficient to meet the needs of the practice in the event of an emergency. The document was brief and had not identified potential risks and mitigating actions to reduce and manage the risk. There were no relevant contact details for staff to refer to and staff we spoke with were not aware of the document.

The practice manager told us that fire safety was covered by the owners of the building. Staff told us that they undertook regular fire drills. During our inspection we also witnessed testing of the fire alarms. The practice manager was the fire warden for the practice and had received fire safety training in 2012 but had yet to receive any training in their role as the fire warden.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP was unable to provide us with any evidence as to how best practice guidance from the National Institute for Health and Care Excellence (NICE) and from local commissioners was taken into account in practice but told us that they shared best practice guidance by word of mouth. The practice nurse told us that they discussed best practice with their mentor (outside the practice) and used templates when undertaking health reviews.

The practice did not have robust systems for identifying and recalling patients requiring additional support or those with complex needs. The practice nurse undertook reviews of patients with asthma, diabetes and hypertension but reviews of patients with long term conditions were generally opportunistic. We saw from records of patients with poor mental health reference to an annual health review but no detail as to what the review included had been recorded. The GP told us that they were not participating in the unplanned admission enhanced service. The focus of this is to coordinate care for the most vulnerable patients in their home and reduce the need for admission. An enhanced service is a service that is provided above the standard general medical service contract (GMS).

The practice manager told us that they were looking at the practice's performance in relation to the quality and outcomes framework (QOF) and national screening programmes to try and identify areas for improvement. QOF is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures. The practice's overall performance against QOF data for 2013/14 was lower than both the CCG and the national average. The practice achieved 74.9% of the total QOF points available compared to the CCG average of 94.2%. The practice performance against QOF was significantly below the national and CCG average for the management of patients with diabetes and hypertension. During the inspection the practice was able to demonstrate some evidence of improving outcomes for example in diabetic foot care.

We saw no evidence of discrimination when making care and treatment decisions. Interviews with the GP showed that the culture in the practice was that patients were cared for and treated based on need.

Management, monitoring and improving outcomes for people

The practice showed us one clinical audit that had been undertaken in the last year. This was the same audit we were shown at our last inspection which had now completed its full audit cycle. The aim of the audit was to check patients with gout had received a blood test. The initial audit of 30 patients showed no patients had received a blood test. This increased to 50% at re-audit. The re-audit demonstrated scope for further improvements to be made.

The arrangements in place for repeat prescribing were not robust to ensure patients were adequately protected from the risks associated with medicines. Practice policy was for patients on repeat prescriptions to receive medicine reviews with the GP. Reception staff told us that they notified patients when they were due for a review. However we found that there were no robust processes for ensuring patients on high risk medicines or those that required regular monitoring were actively followed up. For example patients on multiple medicines and those on treatment for high blood pressure were followed up opportunistically. We reviewed two patients who were on a high risk medicine who required regular blood tests. One of the patient's blood results (undertaken in December 2014) contained concerning information but there was no evidence this had been acted upon or any attempt to contact the patient. The second patient had been given a prescription in which the number of tablets prescribed exceeded the next review date. The GP was notified of these instances so that appropriate action could be taken.

The practice was not able to demonstrate that they implemented the gold standards framework for end of life care. The gold standard framework is about improving the care for patients through co-ordinated and multidisciplinary working. The GP told us that they did not currently have any patients on their palliative care register and that there had not recently been any multi-disciplinary meetings, however there was a palliative care register in place with named patients.

Inadequate

Are services effective?

(for example, treatment is effective)

The practice had participated in local benchmarking run by the CCG in relation to prescribing. Benchmarking is a process of evaluating performance data from the practice and comparing it to similar practices. This showed prescribing as similar to other practices in the area.

Effective staffing

At our previous inspection in August 2014 we found the provider did not have suitable arrangements in place to ensure that staff received appropriate training, professional development, supervision and appraisal. Following the inspection the provider sent us an action plan and told us that all staff had received their annual appraisal. That staff would attend protected learning time sessions and e-learning.

At this inspection we found that the practice had made some progress in this area. All staff had now received an appraisal which identified learning needs. However, as the appraisals had only recently been completed actions to meet the learning needs had yet to be implemented.

The GP had undergone revalidation. Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England.

We reviewed staff training records and saw that not all staff were up to date with attending courses such as annual basic life support. The practice nurse was expected to perform defined duties such as cervical cytology and childhood immunisations. We saw that they had received appropriate training for this. They also undertook reviews of patients with long term conditions such as asthma, diabetes and hypertension. Training records showed that they had not received any specific training to undertake these extended roles and the practice nurse confirmed this. At present they had to refer the patient to the GP to undertake aspects of the patient review they could not do which meant additional visits to the practice for the patient. They told us that there was also a spirometer at the practice (used to undertake breathing tests for respiratory conditions) but were unable to use it during reviews because they had not been trained in its use.

Working with colleagues and other services

The practice received blood test results, X ray results, and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. We were concerned that the processes in place for passing on, reading and acting on any issues arising from communications were not appropriate or robust. The practice manager initially reviewed letters and test results and highlighted those requiring action from the GP and those which required no action were filed. As the practice manager was not clinically trained this could result in important information being missed.

There was some confusion around the frequency of multi-disciplinary team meetings held to discuss the needs of complex patients, for example those with end of life care needs and other vulnerable patients. Records seen showed the last meeting was held in July 2014 and the GP confirmed there had not been a meeting for a while. However the practice nurse showed us notes form a recent meeting in which patients under the district nurse had been discussed.

The practice hosted weekly clinics from healthy minds, a counselling service for patients with mental health conditions and the health exchange who provided advice and support on healthy lifestyles.

Information sharing

On the day of our inspection the practice was in the processes of changing its electronic patient record system. This would enable the practice to offer online patient bookings and comply with the summary care record. Summary Care Records provide faster access to key clinical information for healthcare staff treating patients in an emergency or out of normal hours.

In an emergency, the practice told us that the GP would hand write a letter and send it with a medication summary for the patient to take with them to A&E or hospital. The GP told us that they shared information about patients who may need to use the GP out of hours service but were unable to provide any specific examples of this.

The practice told us that they used the Choose and Book system to make referrals where possible. 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.

Inadequate

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

We found that clinical staff were aware of the Mental Capacity Act 2005 but had not received any specific training in this area. The GP told us that they had received some training in the Mental Capacity Act as part of their safeguarding training and the practice nurse told us that they had received training in their previous role. The Mental Capacity Act provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves.

The practice did not have a consent policy in place for documenting consent for specific interventions. The GP told us that they carried out joint injections and that they recorded verbal consent directly onto the patients records for this. We saw an example of verbal consent recorded for the administration of childhood immunisations.

Health promotion and prevention

The GP told us that they attended monthly commissioning meetings but were not able to tell us in any specific detail about what the local priorities were for the area.

It was practice policy to offer a health check to all new patients registering with the practice. This was usually with the nurse, although the GP would undertake checks for patients with more complex needs. The practice also offered NHS Health Checks to its patients aged 40 to 74 years. We were told that patients in this age category were invited in for a health check with the practice nurse. This helped identify any new or existing conditions that needed to be addressed.

The practice was able to refer patients to other support services hosted at the practice. These included counselling services and clinics to support patient to lead healthier lifestyles (such as weight management). The practice had participated in Sexual Health in Practice (SHIP) training. This is a service commissioned by public health in the local area to provide educational support to general practices so that they can better deliver sexual health services. The practice nurse told us that they were to undertake training in smoking cessation so that they could offer this service in the future but at present would signpost to a local pharmacist who provided a smoking cessation service. The practice held some health promotion information available for patients on specific conditions such as diabetes.

The practice had identified some patients who needed additional support through the use of patient registers. We saw evidence that patients such as those with a learning disability or poor mental health were offered and received annual health checks. For example, there were nine patients on the learning disability register, five of which had been offered an annual health check. We saw evidence of reviews recorded for patients with poor mental health however, they contained little detail as to what the review had entailed. Data available showed that the practice performance for the follow up of patients with hypertension was below the national and CCG average.

The practice offered a range of health promotion and screening services. This included child immunisations, flu vaccinations and cervical screening. The practice's performance in these areas were slightly below the national average. The practice nurse told us that they did try and follow up patients who did not attend for vaccinations and screening to encourage attendance.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the GP national patient survey (2014) and the friends and family test which ask whether patients would recommend the practice to others. The evidence from these sources showed patients were satisfied overall with how they were treated and that this was with compassion, dignity and respect. For example, data from the 2014 national patient survey showed the practice was in line with other practices nationally for patients who rated the practice as good or very good. Data from the 2014 national patient survey showed the practice was rated similarly to other practices in the CCG area for overall satisfaction and the proportion of patients who would recommend the practice to others. The practice was also in line with other practices nationally for its satisfaction scores on consultations with doctors and nurses with 87% of practice respondents saying the GP was good at listening to them and 83% saying the GP gave them enough time. Scores were higher for the practice nurse.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 19 completed cards all were positive about the service experienced. Patients told us they were happy with the service they received from the practice and that staff were always professional and helpful. They said staff treated them with dignity and respect. There were no negative comments.

We saw that consultations and treatments were carried out in the privacy of a consulting room. Privacy curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. The practice nurse explained some of the steps they took to ensure patients were treated with dignity and respect when undergoing care and treatment. We noticed that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

We saw that staff were careful to maintain patient confidentiality. The practice switchboard was shielded by glass partitions which helped keep patient information private. Reception staff told us that if a patient wished to speak with them in private they would use a spare consulting room.

Care planning and involvement in decisions about care and treatment

The patient survey information we reviewed showed patients' responses to questions about their involvement in planning and making decisions about their care and treatment were in line with other practices in the CCG area. For example, data from the 2014 national GP patient survey showed 81% of practice respondents said the GP involved them in care decisions and 79% felt the GP was good at explaining treatment and results to them. Both these results were similar to the national average.

Patient feedback on the comment cards we received was also positive and aligned with these views. Comments received from patients told us that they felt listened to and that they were given sufficient time during their consultations to discuss their health concerns.

Staff told us that translation services were available for patients who did not have English as a first language. Most of the staff were also able to speak more than one language.

We asked the practice for examples of care plans that had been produced to support patients with complex health needs including end of life care and other long term conditions. The practice did not have any care plans in place. Care planning provides an opportunity for patients and those acting in their best interests to be involved in decisions about their care.

Patient/carer support to cope emotionally with care and treatment

There was limited evidence to show that the practice was proactively providing patient and carer support to cope emotionally with care or treatment. A counselling service was available once per week from the practice which staff could refer patients to. However the practice was not able to provide evidence as to how it identified the emotional needs of patients in relation to their health condition and signpost them to support services available and no care plans were in place. The practice did not identify or maintain a carers register so that they could help them to obtain support and did not provide any active follow up of families that had recently suffered bereavement.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice's approach to meeting patients' needs was generally opportunistic. The practice was located in an area with high levels of deprivation and culturally diverse. The practice told us that they engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) but did not have any specific examples of local priorities for service improvement and to meet the needs of the population served. We asked the practice if any action plans were in place with the NHS England to secure service improvement but they told us that they did not have one.

The practice did not have a patient participation group (PPG) with which to discuss local needs and service improvements. A PPG is a way in which the practice and patients can work together to help improve the quality of the service. In the absence of a PPG the practice did not have any other forums in which the patient voice could be regularly heard.

Tackling inequity and promoting equality

We spoke with staff about how they supported different groups in the community to access care and treatment and reduce potential barriers. The practice held a register for patients with learning disabilities and poor mental health and we saw that annual health reviews had been undertaken. The practice told us that they had not had anyone try to register with no fixed abode or asylum seekers but would try and accommodate them and if necessary would signpost them to the walk in centre which was located in the same building as the practice.

The practice was located in purpose built premises which met the needs of patients with disabilities. There were disabled parking and toilet facilities available as well as ramp access and automatic doors into the premises. The practice was located on the ground floor which made it easier for patients with mobility difficulties to access the practice. Door signage around the premises was also in braille and a hearing loop was in place to help minimise the barriers to patients with sensory difficulties.

The practice was able to accommodate patients where language may also be a barrier in accessing services. Staff had access to translation services and many of the staff were able to speak more than one language. During our inspection we observed staff conversing with patients in their preferred language.

The premises in which the practice was located offered child friendly facilities. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams. Baby changing facilities were available and a private room for breast feeding.

The practice was a single handed GP practice. Although the GP was male there was also a female nurse that patients could go to if they felt uncomfortable speaking directly to the male GP about their health concerns.

Access to the service

The practice was open 9am to 11.30am and 4pm to 6.30pm on Mondays, Tuesdays, Thursday and Fridays. On Wednesday it was open 9am until 11.30am and was closed in the afternoon. When the practice was closed during the day there were arrangements for another provider to cover. Staff told us that patients calling the practice would be diverted to this service. During the out of hours period (6.30pm to 8.30am) patients received primary medical services through an out of hours provider (Primecare). We found that details about how to access the out of hours service differed between the practice leaflet and practice website which could cause some confusion to patients.

The practice provided extended opening hours on Tuesday evenings between 6.30pm and 8pm and telephone consultations. This helped to accommodate the needs of patients who worked or had other commitments during the day. Home visits were available for patients who were unable to attend the surgery due to their health needs.

Information about appointments was available in the practice leaflet. This included how to arrange appointments and home visits. Appointments were made in person or by telephone. The practice did not currently offer online appointments but hoped to soon when they changed IT systems. Patients were able to book appointments in advance or on the day. The GP told us that they would also see patients who turned up without an appointment if they were willing to wait. Staff told us that urgent patients and children would always be seen the same day.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Patient feedback indicated patients were satisfied with the appointment systems. The practice did not routinely offer long appointments for patients however feedback from patients via our comment cards told us that they did not feel rushed. Results from the GP national patient survey 2014 showed the practice similar to others nationally in terms of patient experience in accessing GP services and making an appointment.

The practice did not have any arrangements to provide cover for the practice nurse during expected and unexpected leave. During these times patients would be without a female clinical member of staff.

Listening and learning from concerns and complaints

At our previous inspection in August 2014 we found that the practice did not have an effective complaints policy which met NHS guidelines and provided patients with clear and accurate information about how to complain, who to complain to and what to expect regarding timescales and information. At this inspection we found the practice had made progress to improve this area.

The practice had a system in place for handling complaints and concerns. The 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 complaints at the practice.

We saw that information was available to help patients understand the complaints system. A complaints leaflet was displayed on the reception desk for patients to take away. This set out the process for patients to follow if they wished to make a complaint, information about timescales for acknowledgments, response or an update on progress. There was information about the complaints advocacy service should a patient want help to make a complaint and information about where to escalate a complaint if they were not satisfied with the response received from the practice.

The practice had not received any new complaints since our previous inspection and had therefore not had the opportunity to put the new policy into practice.

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 practice did not have a clear vision for the future of the practice and there were no formally documented plans in place.

We spoke with all the staff at the practice. They told us that they wanted patients to leave satisfied, listened to and reassured with their visit to the practice. Our observations and feedback from patients indicated that this was the case.

Governance arrangements

Following our inspection in August 2014 the provider was required to submit an adtion plan which they said had been completed. However, evidence found at this inspection indicated that this was not the case. On the day of the inspection the provider did not fully engage with the inspection process.

The practice had a number of policies and procedures in place to govern activity and these were available to staff. We looked at a range of these policies and procedures which had been updated since our previous inspection. Staff were aware of the policies and procedures and where to find them when needed. While we saw the practice had made some positive progress in developing the policies and procedures there was some further work needed specifically around the business continuity plan and supporting policies for infection control.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead for infection control and safeguarding. The practice manager had taken on board actions required from our previous inspection and had made some progress in driving improvement in the practice. We spoke with all members of staff and they were all clear about their own roles and responsibilities. They felt supported and knew who to go to in the practice with any concerns. However, we identified that some non-clinical staff were undertaking inappropriate roles such as triaging information received such as test results which may have led to inappropriate care and treatment.

The practice manager told us that they reviewed data from the Quality and Outcomes Framework (QOF) to drive practice performance. However, there was no evidence that QOF data was regularly discussed and action plans put in place to maintain or improve patient outcomes. The QOF data for 2013/14 showed the practice performance was below the CCG and national average. The practice had scored 74.9% of the total QOF points available compared to the 94.2% CCG average. The main areas in need of improvement were in relation to outcomes for patients with diabetes and hypertension. Although they had made some improvement to diabetic foot care. The practice manager told us that they run reports to try and improve QOF performance.

The practice did not have a robust programme of audits for monitoring quality and systems to identify where action should be taken. There was little evidence of any benchmarking or peer review activity with other practices. There were no systematic processes in place for identifying, recording and managing risks so that they could be appropriately mitigated against.

The practice meetings were the main forum for discussing governance issues. The meetings were attended by all staff. However, there had only been two meetings recorded since our inspection in August 2014. There was no set agenda to these meetings to ensure important issues were discussed. Minutes of the meetings showed no clear actions or named member of staff identified who was accountable for taking forward any actions from the meetings. We also found a lack of care planning for patients with complex care needs in place.

Leadership, openness and transparency

Staff told us that they had regular practice meetings but these were not always formally documented. The meetings were used to discuss issues affecting the practice. Staff were able to raise any issues at these meeting that they wished to discuss.

Seeking and acting on feedback from patients, public and staff

The practice confirmed that they did not routinely gather feedback from patients and did not currently have an active patient participation group. The practice was participating in the friends and family test, which asks whether patients would recommend the practice to others. Results for the practice were in line with other practices nationally. We looked at the results of the GP national patient survey 2014 and found patient satisfaction with the practice was also in line with the CCG and national average.

Are services well-led?

Inadequate

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

The practice obtained feedback from staff through practice meetings, appraisals and general discussions. Staff felt able to raise concerns or issues with senior staff and found them approachable but not all staff felt confident issues raised would be acted on.

The practice had a whistleblowing policy in place. Not all staff were aware of this policy. The policy did not include details about where staff should go to outside the practice if they felt they could not raise concerns internally. Whistleblowing is the process by which staff can raise concerns they may have about the practice and the conduct of other members of staff. This enables concerns raised to be investigated and acted on to help safeguard patients from potentially unsafe or inappropriate care.

Management lead through learning and improvement

Since our previous inspection we saw that appraisals had been introduced for all staff which identified learning needs and areas for professional development. These plans had yet to be implemented.

The GP generally worked in isolation at the practice and we saw little evidence of any networking with other practices to share information and identify learning opportunities. We saw that the practice nurse was undertaking professional development for example they were near to completing their training in cervical cytology. They told us that they had a mentor at another practice who supported them. However, we saw that the practice nurse undertook reviews of patients with long term conditions but had not received any specific training in this area. Non-clinical staff told us they received training to support them in their role.

The practice had completed reviews of significant events, staff told us that the findings were discussed with them but that this was usually informally.

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 Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Systems in place for identifying and follow up of patients who may require additional support to ensure their physical and emotional needs were met were not sufficiently robust. This included patients with complex health needs, patients in vulnerable circumstances, carers and those who have suffered recent bereavement. Regulation 9 (1)(b)(i)(ii)(iii) This breach corresponds to regulation 9 (3) 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 Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision Governance arrangements were not sufficient to protect patients and others from inappropriate or unsafe care. Risks relating to the safety alerts, unforeseen events, staff training and recruitment were not adequately managed. Systems to monitor performance and service quality were not robust. There was limited use of audit, patient feedback and performance information to drive improvement. Regulation 10 (1)(a)(b) (2)(a)(b)(c)(e) This breach corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines Systems for monitoring patients on long term medication did not adequately protect patients against the risks associated with medicines that had been prescribed. Regulation 13 This breach corresponds to regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers Recruitment processes were not sufficiently robust to ensure only suitable persons were employed. Pre-employment checks were not consistently carried to out to ensure persons employed for carrying on a regulated activity were of good character and were physically and mentally for the work. No regard had been given to information contained in the Disclosure and Barring Service (DBS) checks carried out. Regulation 21(a)(i)(ii)(iii) (b) (c)(i)(ii) This breach corresponds to regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.