

Dr Mujib ul Haq Khan

Quality Report

Granville Road Surgery
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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

Granville Road Surgery provides a GP service to just under 790 patients in the Southfields area of Wandsworth. There is one GP who has conditions imposed on his GMC registration which restrict his ability to practice. As a result he is currently not practising but employing locum GPs.

We carried out a short notice announced comprehensive inspection on 6 January 2015. The inspection took place over one day and was carried out by a lead inspector, an inspection manager and a GP specialist advisor. We spoke with patients and staff including the GP, a locum GP, reception staff and the practice manager.

Overall the practice is rated as inadequate.

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

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example appropriate recruitment checks on staff had not been undertaken prior to their employment; arrangements for emergency medicines were not safe; staff were not trained in safeguarding and child protection and not clear who to report concerns to;
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example there were no systems to share patient safety alerts and information from the Clinical Commissioning Group, clinical audits were not completed and the provider did not participate in peer reviews.
- Patients made positive comments about their experience of making an appointment. They said staff were kind, helpful and caring and felt their privacy and

Summary of findings

dignity were maintained; the doctor gave them time and explained treatments to them in ways they understood. They said the practice was clean. Patients were aware of how to make a complaint.

- Urgent appointments were usually available on the day they were requested.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.

As a result of these findings, we suspended the provider's registration with CQC for a period of four months in order to protect people using the service from avoidable harm and to give the provider an opportunity to make the necessary improvements. The provider's registration was suspended from 9 January until 8 May 2015 in relation to the regulated activities of diagnostic and screening and treatment of disease, disorder or injury.

The areas where the provider must make improvements are:

- Ensure staff and locum recruitment includes documentation showing all the required checks were carried out before staff start work;
- The provider must keep an up to date record of clinical staff who provide care and treatment to patients (staff rota to show staff due to attend the surgery and the hours they worked);
- Provide a detailed induction for locums to ensure they are familiar with policies and procedures so they can report child protection, adult safeguarding and serious untoward incidents to the required agencies;
- Ensure staff have completed child protection training to the required Level (Level 3 for clinical staff and Level 1 for non- clinical staff) and are aware of their responsibilities to report concerns and incidents;
- Put in place suitable arrangements which ensures clinical staff deal with clinical correspondence, results of blood tests and other investigations in a timely manner
- Ensure clinical staff have access to emergency medicines at all times;
- Ensure suitable systems are in place for responding to risk, including an accurate fire risk assessment and staff to be clear about how to respond in the event of a fire.

In addition the provider should:

- Ensure policies are in place, up to date, accessible and understood by staff;
- Continue to work through the action plan to meet all the requirements from the infection control audit carried out by NHS England;
- Carry out a risk assessment regarding the need for an automated external defibrillator (AED);
- Review availability of appointments.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Patients were put at avoidable risk because suitable arrangements to monitor safety were not in place. The locum GP was not clear about who to report issues and concerns to. Systems and processes to identify risk, disseminate information and share learning within the practice were not in place. Arrangements for the recruitment of locum GPs were not safe. There was no information to demonstrate that the required recruitment checks had been carried out, including references and Disclosure and Barring Service checks, that practitioners were on the GMC performers list and had current personal medical insurance cover. Arrangements for induction of locum GPs were not suitable and there was no locum pack to guide them in how to respond to a variety of situations. While some policies were in place, they were not easily accessible and staff were not clear about their content and responsibility in relation to them. Whilst there were policies in place for safeguarding and child protection, there was no lead and the locum GP and staff had not completed training to the required Level in child protection and were not clear who to report issues and concerns to. The locum GP, who had given immunisations during our visit, was not aware that emergency medicines to deal with an allergic reaction were not available to them. Systems were not in place to ensure equipment was tested at the required intervals. While a risk assessment had been completed, staff had not completed training in fire safety and were not fully aware of actions they should take in the event of a fire. Arrangements for dealing with patients between 8am when the out of hours service finished and 9am when the locum GP arrived at the practice and between 10.30am and 5pm were not clear. Improvements had been made to the cleaning schedule and the cleanliness of the practice, however, not all the actions from the infection control audit had been completed.

Suitable arrangements were in place for the storage and recording of medicines.

Inadequate



Are services effective?

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

While data showed treatment was delivered in line with professional standards and guidance, in the GP's absence, there were no systems in place to share best practice or for national safety alerts to be

Inadequate



Summary of findings

received and actioned. Locum GPs were not getting updates from external organisations such as the National Institute for Health and Care Excellence (NICE) and did not have access to the local Clinical Commissioning Group prescribing guide. There was no evidence of multidisciplinary work. Audits were not completed, there was no evidence that the practice compared its performance to others and the practice did not participate in peer review. Staff had received an annual appraisal; however there was no evidence to show staff had completed any training.

Are services caring?

The practice is rated requires improvement for providing caring services and improvements must be made.

Data showed patients rated the practice higher than others for several aspects of care. Patients said their privacy was respected and they were treated with respect, involved in decisions regarding their care and treatment. Patients made positive comments about continuity of care they had received from the doctor over many years. Patients appreciated that the doctor and staff understood their cultural needs. We saw staff treated patients respectfully and with kindness.

However it was possible to overhear staff talking with patients on the phone while in the waiting room, appointments had been cancelled on at least two occasions. Patient safety was not a priority and care and treatment were not provided in line with current best practice guidelines.

Requires improvement



Are services responsive to people's needs?

The practice is rated requires improvement for providing responsive services and improvements must be made.

While there was some evidence to show the needs of the local population were known, appointments were not available outside of working hours which did not take into account the needs of working patients. There were limited availability of routine appointments. Attempts were being made to develop a Patient Participation Group. There was no evidence of multidisciplinary work to provide joined up care and treatment to patients. Suitable arrangements were in place for dealing with complaints.

Requires improvement



Are services well-led?

The practice is rated inadequate for being well led and improvements must be made.

There was a lack of vision and leadership. The GP told us he had not been at the practice for seven weeks. We found significant concerns with how risks were identified and managed. There was little

Inadequate



Summary of findings

evidence of multidisciplinary working to provide patients with joined up care. While policies were in place, these were not easily accessible, staff were not clear about their content and they had not been shared with the locum GP. The practice did not participate in any peer review system.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated inadequate for safety, effective and well-led and requires improvement for responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The safety of care for older people was not a priority and care and treatment of older people did not always reflect current evidence based practice. Arrangements were in place for locum GPs to cover the practice; however we were told that patients over the age of 75 had not been informed of the change to their named GP. Arrangements were in place for a locum GP to carry out home visits should they be required. Although there were no prescription pads, which meant the locum GP would need to return to the practice to write a prescription. It was not clear if the locum would use the provider's doctor's bag or supply their own.

While safeguarding policies were in place, there was no safeguarding lead. The locum GP we spoke with was clear about what constituted a vulnerable adult, but was not aware who to report safeguarding concerns to.

Inadequate



People with long term conditions

The practice is rated inadequate for safety, effective and well-led and requires improvement for responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There was no evidence of joint working with other health and social care services to ensure patients received multidisciplinary care. While the electronic patient records identified when a medication review was required when they attended for an appointment, there was no system to ensure patients were invited for reviews. There was no system to confirm medication reviews were taking place when required. There was no auditing of patients with long term conditions and no other form of reviewing their health outcomes. Safeguarding policies were in place but no safeguarding lead was identified and the locum GP was not aware who to report safeguarding concerns to.

Inadequate



Summary of findings

Families, children and young people

The practice is rated inadequate for safety, effective and well-led and requires improvement for responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Appointments were provided outside of school hours. While there were child protection and adult safeguarding policies in place, there was no safeguarding lead and the locum GP we spoke with had not completed child protection training to the required Level and was not clear about who to report safeguarding concerns to.

There was only one male GP which, reception staff told us could be an issue for female patients. There had not been a nurse at the practice for over two years.

There were low numbers of children who required childhood immunisations. Data showed higher than the CCG average for most immunisations.

Inadequate



Working age people (including those recently retired and students)

The practice is rated inadequate for safety, effective and well-led and requires improvement for responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Appointments could only be booked by telephone and there were no extended hours, early morning or after hours appointments for working people or students. The locum GP gave an example of a recent telephone consultation with a patient. Data showed the practice had higher numbers of working people than the national average. Patients did not have the choice of receiving treatment from a female clinician. The practice did not offer cervical smears; notices in the waiting room gave details of local clinics where patients could attend for a smear test.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated inadequate for safety, effective and well-led and requires improvement for responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Arrangements for safeguarding were not sufficient, there was no designated lead and the locum GP was not clear about who to report concerns to. There were five patients with learning disabilities and records showed all had received an annual health check in February or March 2014.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated inadequate for safety, effective and well-led and requires improvement for responsive and caring. The concerns which led to these ratings apply to everyone using the practice, including this population group.

There was no evidence of multi-disciplinary work with other health and social care services to ensure patients received joined up care.

Inadequate



Summary of findings

What people who use the service say

We spoke with three patients during our visit. Patients we spoke with made positive comments about the care and treatment they received. Most had been registered with the GP for many years and felt this was important because it meant the GP knew them and their family history. Patients valued that the GP and staff understood their cultural needs. They said the GP was very caring, supportive, and helpful and that they would recommend the practice to others. Patients made positive comments about their experience of making an appointment, they said they were referred to other services appropriately, that the repeat prescription process worked for them and they appreciated that the GP and staff were able to speak with them in their own language.

Patients we spoke with had no concerns and while they had not made a complaint, they would speak with the doctor or practice manager and were confident their issue would be addressed.

The results from the 2014 GP survey showed 93% of respondents found it easy to get through to the surgery by telephone (the CCG average was 76%). One hundred per cent of respondents were able to get an appointment to see or speak to someone the last time they tried (the CCG average was 85%). Ninety five per cent of respondents found receptionists at the surgery helpful. Seventy nine per cent were satisfied with the level of

privacy at reception. Ninety three per cent said they had trust in the last GP they spoke to. Ninety two per cent of respondents said the last GP they saw was good at giving them enough time. Eighty three per cent said the last GP they saw was good at explaining tests or treatments to them. Twenty three per cent of respondents usually waited 15 minutes or less (the CCG average was 69%) and 24% of respondents felt they did not have to wait too long.

The practice had carried out their own patient survey between June and July 2014 using the General Practice Assessment Questionnaire (GPAQ). Fifty surveys were sent out, 41 were returned. The results and the GPAQ benchmark were displayed in the waiting room for patients. The results showed scores relating to opening hours and continuity of care were above the benchmark and how well the doctor put patients at ease, involved patients and explained things and waiting times were below the benchmark. The practice manager had told us previously they developed an action plan to improve waiting times, although a further survey was not due so it was not possible to see if there had been any improvements to patients experience.

However our other findings identified patient safety was not a priority and care and treatment were not provided in line with current best practice guidelines.

Areas for improvement

Action the service MUST take to improve

- Ensure staff and locum recruitment includes documentation showing all the required checks were carried out before staff start work;
- The provider must keep an up to date record of clinical staff who provide care and treatment to patients (staff rota to show staff due to attend the surgery and the hours they worked);
- Provide a detailed induction for locums to ensure they are familiar with policies and procedures so they can report child protection, adult safeguarding and serious untoward incidents to the required agencies;
- Ensure staff have completed child protection training to the required Level (Level 3 for clinical staff and Level 1 for non- clinical staff) and are aware of their responsibilities to report concerns and incidents;
- Put in place suitable arrangements which ensures clinical staff deal with clinical correspondence, results of blood tests and other investigations in a timely manner;
- Ensure clinical staff have access to emergency medicines at all times;
- Ensure suitable systems are in place for responding to risk, including an accurate fire risk assessment and staff to be clear about how to respond in the event of a fire.

Summary of findings

Action the service **SHOULD** take to improve

- Ensure policies are in place, up to date, accessible and understood by staff;
- Continue to work through the action plan to meet all the requirements from the infection control audit carried out by NHS England;
- Carry out a risk assessment regarding the need for an automated external defibrillator (AED);
- Review availability of appointments.

Dr Mujib ul Haq Khan

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was led by a CQC lead inspector, an inspection manager and a GP specialist advisor.

Background to Dr Mujib ul Haq Khan

The practice operates from a single location, is located in Southfields in the London borough of Wandsworth and has a list size of just under 790 patients. This number had reduced by approximately 60 patients since August 2014.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostics and screening and treatment of disease, disorder or injury. There is one male GP who has conditions imposed on his GMC registration which restrict his ability to practice, as a result he is currently not practising, although he is the provider and registered with CQC. The GP employs a part time practice manager and two part time receptionists and currently uses four locum GPs.

The practice has a General Medical Services (GMS) contract. The GMS contract is between NHS England and the practice for delivering primary care services to local communities. The practice has lower than the national average number of patients under 18 years of age and over 75 years of age with higher numbers of patients of working age patients. They do not provide a GP service to patients in care or nursing homes.

The practice is open from 8:00am to 1:00pm and 4:30pm to 7:00pm on week days with appointments available between 9:00am and 10:30am Monday to Friday and

5:00pm and 6:30pm Monday, Tuesday, Thursday and Friday. The practice does not provide an out-of-hours service, patients are directed to ring the NHS 111 service between the hours of 6:30pm and 8:00am each day and at weekends.

The CQC have inspected the practice three times in the last year. We found issues regarding patient safety, quality assurance and staff supervision and appraisal. We made compliance actions after our inspection carried out in December 2013 and January 2014. The provider sent an action plan stating they would be compliant by March 2014. We found no improvements had been made at a follow up inspection in June 2014, which resulted in CQC issuing a warning notice. We reported our concerns to NHS England who carried out an infection control audit. While we found some improvements regarding staff supervision and appraisal and emergency medicines, new concerns regarding medicines and record keeping were identified at our visit of August 2014. A patient survey had been completed although there was little evidence of changes being made to the waiting time which was the area patients raised most concerns about. We re-issued one warning notice and gave the provider two new warning notices regarding patient records and medication, to be complied with by end October 2014. The provider wrote to us in August 2014 and told us they were compliant. We reported our concerns regarding records to NHS England, who carried out an audit of patient records in October 2014, this identified improvements were required.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

Detailed findings

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 at short notice 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.

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 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 we hold about the practice and asked other organisations to share what they knew. Over the past year, we have been liaising with NHS England to ensure that risks identified were being monitored by the most appropriate organisation.

We carried out an announced visit on 6 January 2015. During our visit we spoke with three patients and a range of staff including the GP, one locum GP, the practice manager and reception staff. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, building and equipment maintenance, health and safety, infection control, complaints, significant events and clinical audits. We looked at how medicines were recorded and stored.

Are services safe?

Our findings

Safe track record

There was a lack of systems to identify risks and ensure patients' safety was maintained. The GP has conditions imposed on his GMC registration which restrict his ability to practice, as a result he is currently not practising, but locum GPs were providing cover. There was no system to disseminate national patient safety alerts. The GP said they would pass messages for the locum to reception staff. There was no evidence of any such messages having been passed to the locum in the last seven weeks for example the alerts relating to advice regarding Ebola. We saw the system for reception staff to pass messages from patients to the locum involved an exchange of pieces of paper. This did not ensure messages were responded to and it did not leave an audit trail. While there were some policies for safeguarding, child protection, infection control and health and safety, these documents were not easily accessible to the practice manager, reception staff, and locum GPs and staff were not clear about their contents. Locum GPs were not aware of the policies available or their roles and responsibilities in relation to them.

Learning and improvement from safety incidents

There was no system to record, report and monitor significant incidents while the GP was not at the practice so we do not know how many there were. The locum GP was not sure who they would report issues, incidents or concerns to; they had not received an induction and had not seen policies regarding reporting incidents. Staff said there was no formal way they were informed and updated about significant events and learning put in place to prevent recurrence.

We reviewed the one significant event analysis from August 2013. This noted 'a locum pack was prepared with the important information'; however no locum pack was in place or available at the time of this inspection.

Reliable safety systems and processes including safeguarding

While there was a copy of the London child protection procedures these were not easily accessible to locum GPs. The GP was the safeguarding lead but suitable arrangements had not been made to provide cover for this role in their absence. One locum GP had not completed child protection training to Level 3. Reception staff had not completed training in child protection and were not clear

about their responsibility to report concerns. Details of the local safeguarding team were not easily accessible if staff needed to contact them to discuss concerns. Staff were not sure if there was a flag on the electronic computer system to identify if a child was on a child protection plan or at risk.

At previous inspections we saw the multi-agency safeguarding vulnerable adults policy, although staff were not able to find this document during this visit. Staff told us that the electronic patient records identified if patients were vulnerable.

We were told there was no chaperone policy. Non-clinical staff said they had not received training in the requirements of being a chaperone and were not asked to carry out this role. However, patients told us reception staff acted as a chaperone when needed. Reception staff told us they had been asked to provide translation services for patients. The practice did not have a policy regarding reception staff having a Disclosure and Barring Service check and risk assessments had not been completed to help them decide if these checks were necessary.

Medicines management

Suitable arrangements were in place for the storage of vaccines and immunisations. We found the fridge was locked. Records were kept of the temperature and the practice manager was aware of the actions to take if the fridge went out of the required temperature range. There was a list of the medicines stored in the fridge which included their expiry dates. Records showed when these medicines were used. There was some confusion over what the locum GP needed to record in the individual patient record when they gave an injection. We saw one patient record included the batch number and injection site, while a second patient record did not. We were told the second record would be updated to include the batch number and location of the injection.

Controlled drugs were not kept at the practice.

Electronic prescriptions were stored securely and handled in line with national guidance. The locum GP did not have access to the local prescribing protocols, although they used the system on the electronic patient recording system. The electronic patient record indicated if a patient needed a medication review when they attended an appointment, although systems were not in place to invite patients for a review. Patients we spoke with said the repeat prescription process worked for them.

Are services safe?

We found issues with medicines stored in the doctor's bag at our last visit. We were not able to check those during this visit as the bag was locked and staff including the locum GP did not know the combination for the lock. We could see that it was a new bag. The GP told us that NHS England had checked this bag and been satisfied with the contents. We had received information from NHS England that the doctor's bag had been checked on 22 October 2014 and they were satisfied it met their requirements. However, it was in this bag that emergency medicines were stored, such as those to treat an anaphylactic shock. The locum GP had administered immunisations to two patients without having access to the appropriate emergency medicines; this posed a serious risk to patients.

Cleanliness and infection control

Patients had no concerns regarding cleanliness of the premises. We saw improvements had been made to the cleanliness of the practice since our inspection of 14 August 2014. Progress had been made with clearing old and out of date medical equipment from the practice manager's office and shelves had been cleared of folders and paperwork. The doctor's consultation room floor and shelves were clear of piles of paperwork and folders. The stained fabric chairs had been replaced with plastic chairs that were easier to clean.

There was a cleaning schedule in place. Reception staff and the practice manager confirmed they were responsible for cleaning each day. Staff recorded the areas they had cleaned each day. We were told that a cleaner was employed for one hour once a week to carry out a 'deeper' clean. There were no records of checks on the quality of cleaning. We found a bottle of bleach was stored on a low shelf in the toilet, this was locked away when we pointed this out to staff. Toilet paper was not provided. There were no records to show that the cleaner had received any training in infection control.

NHS England had carried out an infection control visit in July 2014, this identified issues to be addressed. We saw that work had been completed with the exception of building work.

There was no evidence to show Legionella testing or risk assessment had been carried out on the water storage to ensure it was safe. (Legionella is a germ which can contaminate water systems in buildings).

Equipment

There was no fire policy. A self fire risk assessment had been completed following enforcement action by the London Fire and Emergency Planning Authority in February 2014; however, we found the document had not been completed accurately, for example one section noted 'no extension cables were used' when we could see an extension cable in the practice manager's office. Staff had not completed training in fire safety and were not clear about the actions to take in the event of a fire. There were smoke alarms which we were told were tested when the alarm sounded because the batteries required replacing. There were no records to confirm that portable electrical appliances were checked every two years as required.

The locum GP told us they had access to equipment they needed to carry out their role. There was no inventory of medical equipment that required calibrating at the practice. There was no evidence to show the blood pressure monitor had been checked or tested.

Staffing and recruitment

While the GP has conditions imposed on his GMC registration which restrict his ability to practice and as a result he is currently not practising, he remained the registered person and had elected to employ locum GPs. The arrangements in place for recruiting locums were not safe and were not in line with requirements. The GP told us one locum GP had been recruited through an agency who had checked to ensure the locum was registered with the GMC, had professional indemnity insurance and was on the GP performers list. Although records of these checks were not available at the practice. There was no evidence of the checks completed by the locum agency prior to placing the locum GP at the practice, to confirm that references, a Disclosure and Barring Service check and checks on the individual's identity had been completed as required under the Health and Social Care Act 2008 (Regulated Activities Regulations 2010). We were told that another locum had been found through the local community and again the GP said they had checked their registration with the GMC, performers list and MDU membership, although there were no other checks completed for example references or a DBS check, to ensure patients were protected from avoidable harm. There was no information at the practice for the other two locum GPs being used.

The practice manager said they tried to employ local people, so staff were from similar cultural backgrounds to

Are services safe?

patients, to help them understand patients' needs. Staff records for the practice manager and receptionists included a copy of their contract of employment. There was no evidence confirming pre-recruitment checks were completed before these staff started work.

We were given a copy of the locum rota for 1-31 December 2014; there were four names on the rota. This document was not up to date and did not have details of all the sessions covered during the month. There was one session on 12 December 2014 which noted 'rescheduled' there was no record on the locum rota when this session was held with no details of the locum GP who covered the session. Three morning sessions on 22, 23 and 29 December 2014 noted 'arranging through agency' with no record of the locum GP who had covered these surgeries. We were told there was no staffing rota available for January 2015.

Monitoring safety and responding to risk

There were minimal systems, processes and policies in place to manage and monitor risks to patients and staff. While some policies were in place, they were not easily accessible to locum staff. The GP told us they had not made arrangements to deal with Ebola, although there was a poster in reception for staff.

Arrangements to deal with emergencies and major incidents

The locum GP, who administered two injections during our inspection, told us that emergency medicines were available in the doctor's bag which they thought was in the

consultation room. The GP had taken their bag to get the lock fixed and returned with it, still locked, part way through morning surgery. This put patients at risk of not receiving appropriate emergency treatment in the event of anaphylaxis. Even when the doctor's bag was returned to the practice, it remained locked and the locum would not have been able to open it in the event of a medical emergency. The first aid kit was empty; we had found it empty at our inspection in December 2013. Oxygen was available if required. The practice did not have an automated external defibrillator (AED) and no risk assessment had been completed regarding whether they needed to have one. The GP had completed Basic Life Support training in December 2014. Staff said they had not completed this or any training recently. Records were not available to show training the locum GPs had completed.

The practice manager was unable to find a copy of the disaster plan. This document should contain details of how to respond in the event of a range of emergency situations, including flood, power cut or severe weather conditions and include the contact details of emergency repair contractors.

It was not clear what arrangements were in place to deal with patients between 8am when the out of hours service finished and 9am when the locum GP arrived at the practice, and between the hours of 10.30am and 5pm. There was an on call locum GP, although reception staff were not clear when they would contact them.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The GP has conditions imposed on his GMC registration which restrict his ability to practice, as a result he is currently not practising. In his absence no arrangements were in place to share best practice guidance, guidelines from the National Institute for Health and Care Excellence and from the Clinical Commissioning Group (CCG). The locum GP we spoke with told us they had not received NICE guidelines, and although they could access them electronically they were not able print information to give to patients. The locum GP gave examples of looking up information regarding treatments and said they used the 'pop up prescribing guidance' on the electronic patient records to ensure prescribing was appropriate. A review of patient records at the practice carried out by NHS England in October 2014 identified concerns in the assessments and treatments in all 25 records reviewed.

Management, monitoring and improving outcomes for people

There were no systems to monitor and improve outcomes for patients. Clinical audits had not been completed. Arrangements were not in place to review significant events recording, child protection and safeguarding concerns and alerts and medicines management to ensure they were suitable. The GP told us they carried out their own audit of referrals, although it was not clear what format this took and records were not available to demonstrate the findings. We were told the CCG had a peer review audit tool, although the GP said they had not been involved in this. While the GP was not at the practice arrangements had not been made to oversee the Quality and Outcome Framework (QOF).

Effective staffing

The practice staffing included part time reception staff and practice manager and one GP. At the time of our inspection, the GP was not able to be at the practice and locums were being used. There were no records of induction for the locum GPs and no locum pack in place. There were no staff training records. There were no records to show what training locum GPs had completed.

Reception staff and the practice manager had an appraisal in July 2014. The GP told us he had an annual appraisal and had been revalidated in May 2014. (Revalidation is the process doctors go through with the General Medical Council every five years).

The locum GP did not have details of who to report to and said they would speak with doctors at another practice they worked at. Poor management of locum GPs increased the risk to patients.

Working with colleagues and other services

While the locum gave an example of a recent referral made to the district nurse for a blood test and continence advice, there was no evidence of multidisciplinary meetings to discuss the care and treatment of patients receiving end of life care or those with long term conditions. The GP told us they had three monthly meetings with the CCG pharmacist, although meeting minutes were not available to confirm the findings from these meetings. The GP told us the CCG met at a local surgery once a month, although they did not confirm they attended.

There was some confusion regarding blood results, the locum GP was clear that they would review these, however, the practice manager said they received and filed results on the basis of the laboratory result. This is not safe, results of blood tests should be checked by clinical staff who know the reason for the test, the patient's medical history and current medicines. While we were told patients always booked an appointment to see the doctor when the results had been received, this is not safe or appropriate and could mean patients do not get the care and treatment they need. A review of 25 patient records carried out by NHS England in October 2014 identified insufficient evidence to confirm the GP communicated with colleagues sufficiently to ensure patients' needs were fully met.

There was no evidence of multidisciplinary meetings with other health or social care professionals and no reported links with district nurses, community matrons, the community mental health team or community staff who co-ordinate end of life care.

Information sharing

While the practice used an electronic patient recording system which had message functions, we saw and were

Are services effective?

(for example, treatment is effective)

told that messages were passed from reception to the locum GP or the GP on pieces of paper. This was not safe, left no audit trail and did not show if actions had been completed or still required attention.

Consent to care and treatment

Staff demonstrated limited knowledge and understanding of the Mental Capacity Act 2005 and Children Acts and their responsibilities under this legislation.

Health promotion and prevention

The GP gave examples of giving health advice regarding diet and exercise to patients when they attended appointments. We saw a range of information leaflets and posters in the waiting room for patients to read and take away.

The practice kept a record of patients with learning disabilities and records showed they all had an annual health check in February or March 2014. Seventy three per cent of patients described as vulnerable had received their flu vaccination which was above the national average of 52%. Sixty four per cent of patients over 65 had received

the flu vaccine. While cervical smears were not carried out at the practice, posters detailing local clinics which provided this service were displayed in the waiting area and reception staff were able to direct patients when they telephoned to book an appointment. Data showed that 72% of eligible women had a smear in the last five years.

Data showed 100% of eligible children had the DTaP / Polio / Hib Immunisation (Diphtheria, Tetanus, acellular pertussis (whooping cough), poliomyelitis and Hemophilus influenzae type b), which was above the CCG average of 94%. Eighty three per cent had the MMR (CCG average 84%). For five year olds, 88% had the pre-school booster and 55% had the DTaP/IPV booster. For Pertussis (whooping cough) the number of five year old having their immunisation was 89%.

We were told that there had not been any new patients in the last few months and that new patients would be required to complete a health questionnaire as part of the registration process.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff and patients told us that consultations were carried out in the privacy of the doctor's consultation room. Disposable curtains were provided in consultation rooms so that patient's privacy could be maintained during examinations. We saw the door was closed to the consultation room when patients saw the doctor and conversations could not be overheard.

There was a glass partition at the reception desk, although it was possible to overhear staff talking with patients on the telephone while in the waiting room. However, we did not hear any personal information. Patient records were stored in locked cabinets and we saw staff return records to these cabinets when they had finished with them. Secure arrangements were in place for staff to access electronic patient records.

Seventy nine per cent of respondents to the national GP survey 2014 were satisfied with the level of privacy at reception.

There was one day in December and one day in January when morning surgery was cancelled because the practice had not been able to get a locum GP to cover the practice.

Care planning and involvement in decisions about care and treatment

The national GP survey 2014 involved 388 surveys being sent out with 68 returned, an 18% completion rate. Ninety

three per cent of respondents to the 2014 national GP survey said they had trust in the last GP they spoke to. Ninety two per cent of respondents said the last GP they saw was good at giving them enough time. Eighty three per cent said the last GP they saw was good at explaining tests or treatments to them.

Patients we spoke with during our visit said the doctor discussed health issues with them. They said they were given choices about the care and treatment they received. They felt the doctor provided appropriate care and treatment to them and their family.

Staff told us they had access to interpreters and translation services. Reception staff spoke the same language as some patients and were able to translate and support the locum doctor to understand patients.

There was a range of health information leaflets in the waiting room which patients could read and take away. The analysis of one complaint indicated the learning was to have access to health information on ailments of the local population so these could be given to patients when required.

Patient/carer support to cope emotionally with care and treatment

Patients we spoke with gave us examples of the support the GP gave them when required and the GP told us how having been at the practice for many years he was able to provide support to patients at the surgery and in their homes.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There were no arrangements in place if patients wished to see a female clinician. There was no evidence of engagement with the NHS Area Team and the CCG to explore the needs of the local population and service improvements.

Responses to the practice patient survey 2014 identified patients were not satisfied with the waiting time when they attended for an appointment. An action plan had been developed in response to this, although it was too early to see if improvements had been made.

There was no Patient Participation Group (PPG). There was a notice in the waiting room inviting patients to join the PPG, although no progress had been made with setting up a group and meetings had not been arranged.

There was no evidence of multi-disciplinary meetings with other health and social care services to discuss the treatment and care of patients including those receiving end-of-life care, those newly diagnosed with cancer or long term health conditions, unplanned admissions and accident and emergency attendances.

Tackling inequity and promoting equality

Staff were able to speak with many patients in their own language. Staff had access to interpreters and translation services when required. Reception staff gave us examples of when they had helped patients explain their health concerns to the locum GP.

The practice was on the ground floor, with the entrance accessed via three steps, there was a ramp to the rear of the building where patients could enter the doctors consultation room directly, avoiding the steps. The toilet was accessible to patients who used a wheelchair.

The electronic recording system identified patients who were vulnerable. We were told that one of the locum GPs was able to provide home visits to patients.

Access to the service

The practice was open five days a week and offered a range of bookable and on the day appointments. Appointments were available from 9.00-10.15am Monday to Friday and 5.00-6.15pm on Monday, Tuesday, Thursday and Friday. Appointments were scheduled for 15 minutes although this could be longer if required. Arrangements were in place for an on-call locum GP to be available when the practice was open between 10.30am and 5pm, although staff were not clear when they would contact the on-call locum GP. When the practice was closed, the answer machine message directed patients to ring NHS 111 if they required medical assistance.

The results from the 2014 GP survey showed 93% of respondents found it easy to get through to the surgery by telephone (the CCG average was 76%). One hundred per cent of respondents were able to get an appointment to see or speak to someone the last time they tried (the CCG average was 85%).

We saw two morning sessions when the practice was unable to get cover from a locum GP so morning surgery was cancelled. On one morning session seven patients were recorded as DNA, the electronic recording code for 'did not attend'. Therefore the electronic patient record was completed incorrectly.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints. The practice manager was responsible for dealing with complaints. Records were kept of complaints received and actions taken. There was limited analysis of complaints and insufficient complaints to identify any trends. The practice manager discussed complaints with the GP, and reception staff when required. Information about how to make a complaint was displayed in the waiting room. Patients we spoke with had not made a complaint but said they would speak with the practice manager or GP and felt confident any issues they raised would be addressed.

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

There was no evidence of a strategy or values for the practice. While the GP was clear that he wanted to provide a primary medical service to the local community, he was not able to provide patient care at the practice at the time of our visit due to restrictions imposed on him by the GMC. The absence of the GP was having a negative impact on the day to day operation of the practice.

Governance arrangements

There were no governance arrangements in place. Systems processes and practices did not ensure patients safety, risks were not recorded so could they could not be appropriately managed and staff were not clear about who to report issues and concerns to.

Leadership, openness and transparency

The GP said because the practice was small that he saw staff daily so meetings were not required, however, he told us he had not been at the practice for seven weeks. Arrangements were not in place for the day to day management of the practice.

The practice did not participate in peer reviews and there was limited contact with the CCG.

Practice seeks and acts on feedback from its patients, the public and staff

The practice did not have a Patient Participation Group, there was an advert inviting patients to join this group. However the practice manager had carried out a General Practice Assessment Questionnaire (GPAQ) in June and July 2014. The results were displayed in the waiting area for patients. The results showed patients were satisfied with opening hours, reception staff and continuity of care. Although other areas including waiting times, how well the doctor listens and explains treatment were areas the practice fell below the GPAQ benchmark.

Staff meetings were not held, although we were told that these were not usually required because the GP saw reception staff and the practice manager.

Management lead through learning and improvement

There were no systems to share learning.

There were no staff training records and staff told us they had not had training in the past few months.

We were told that records were kept of significant events and we were given one dated August 2013 to view. This showed the practice manager discussed the incident with the GP and developed an action plan which noted a locum pack was prepared. While there was some analysis, it was insufficient and there was no evidence of a locum pack having been prepared.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers

The provider did not have safe recruitment practices for locum GPs.

Regulation 21 (b).

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

The provider had not made suitable arrangements to ensure people who use the service were protected from abuse.

Regulation 11 (1).

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services

The provider had not made suitable arrangements for dealing with medical emergencies because emergency medicines were not easily accessible.

Regulation 9 (2).

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

The provider had not made suitable arrangements for the induction, supervision or support of locum GPs and staff were not provided with any training.

This section is primarily information for the provider

Compliance actions

Regulation 23 (1) (a).

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA 2008 (Regulated Activities) Regulations
2010 Safety, availability and suitability of equipment

The provider had not made arrangements to protect patients by equipment being checked at the required intervals.

Regulation 16 (1).