Dr Abubakr Shaikh

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?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Abubakr Shaikh on 31 March 2016. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Abubakr Shaikh on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 8 December 2016. Overall the practice is now rated as inadequate.

Our key findings were as follows:

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. There were continuing deficiencies in the systems for infection control, medicines management, emergency equipment and the assessment and management of risk to ensure the safety of patients, premises and equipment.
- Data showed improvement in QOF performance in a several areas since our previous inspection. However, a number of patient outcomes remained low compared to the national average.
- There had been improvements in staff training since our previous inspection although documentation of the induction process remained incomplete.
- Completed full cycle clinical audits were used to drive quality improvements to patient outcomes.
- Patients were positive about their interactions with staff and said they were treated with compassion, dignity and respect. However, the practice did not have an effective system for proactively identifying patients who were carers to offer them additional support.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- The practice had a number of policies and procedures to govern activity, but some were in need of further review to ensure they were tailored specifically to the practice in all aspects.
- The practice had an informal governance structure led by the GP. Staff we spoke with were aware of their own roles and responsibilities and felt supported by management.
- The provider was aware of the requirements of the duty of candour and encouraged a culture of openness and honesty.

Importantly the provider must:

Ensure that premises and equipment are safe and all risks are assessed and mitigated. This includes:

- Undertaking the full assessment, implementation and monitoring of action arising from risk assessments for infection control, Legionella and Asbestos.
- Ensuring the proper and safe management of medicines and the security of blank prescriptions forms is in line with guidance.
- Ensuring emergency and ancillary equipment is safe for use and in line with guidance.
- Ensuring that staff are suitable to provide services safely, in particular by arranging through the practice for new Disclosure and Barring Service (DBS) checks to be completed for staff whose checks had been made by their previous employer. Where DBS checks have not been carried out for administrative staff, this should be risk assessed and documented to evidence why.
- Ensuring there is an effective system to assess, monitor and improve the quality and safety of the services provided.
- Ensuring effective monitoring and recording of the prescribing of high risk medicines.
- Ensuring policies and procedures to govern activity are practice-specific and up to date.
- Establishing an effective follow up system to improve quality outcomes for patients with long term conditions and those experiencing poor mental health.

In addition the provider should:

- Complete documentation to evidence the completion of the induction programme for newly recruited staff.
- Ensure completed consent forms are included in patient records for all patients who undergo minor surgery.
- Review systems to improve the identification of carers and provide support.
- Promote the availability of translation services for patients in the reception area.
- Arrange for the practice mission statement to be put on display at the practice for patients and staff.

This service was placed in special measures in June 2016. Insufficient improvements have been made such that there remains a rating of inadequate for providing safe and effective services, and there is also now a rating of inadequate for providing well-led services. CQC is taking further action against the provider, Dr Abubakr Shaikh, in line with its enforcement policy, subject to a right of appeal.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. It had made several improvements in the last nine months but had not addressed sufficiently concerns identified at our previous inspection and additional concerns were identified at our recent follow up inspection:

- Patients remained at risk of harm because systems and processes were not implemented in a way to keep them safe.
- There were continuing shortcomings in the practice's infection control arrangements.
- Medicines management arrangements remained insufficiently effective, in particular with regard to prescription management and monitoring and checking of expiry dates of vaccinations in cold storage. Deficiencies in recruitment processes identified at our previous inspection, especially evidence of pre-employment reference checks, had largely been addressed. However, DBS checks for newly recruited staff, although recent, were from previous employment. In addition one receptionist was not DBS checked and no documented risk assessment had been completed for this.
- Risks to patients were not sufficiently assessed and managed.
- Some of the action to address compliance measures identified in an external assessment of the risk of Legionella, completed in September 2015 remained outstanding.
- An Asbestos survey was completed May 2016, but there was no evidence of action taken in response to the survey in the one area identified.
- There were continuing shortcomings in the arrangements for dealing with medical emergencies.
- The content of the emergency medicines kit was in line with national guidance but we found multiple medicines out of date mixed in with in-date medicines. No record was kept of checks of expiry dates.
- Oxygen was available but the provider had not taken action identified at our previous inspection to ensure there were packaged child and adult masks in the oxygen kit. Nebuliser masks were available in the practice, which could be attached to the oxygen, including paediatric masks suitable for children but under national guidance the correct masks should be readily available.

Summary of findings

- Staff resources remained marginal in relation to patient demand for services. The provider had recruited additional staff but this had been offset by the retirement of two long-standing nursing staff.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made. It had addressed a number of concerns identified at our previous inspection but some concerns remained and additional concerns were identified at our recent follow up inspection:

- Data showed improvement in QOF performance in several areas since our previous inspection. However, a number of patient outcomes remained low compared to the national average; indicators related to depression and osteoporosis were significantly below average.
- In response to our previous inspection the practice provided evidence that clinical audit had been used to drive quality improvement in patient outcomes. Three recent audits submitted for our latest inspection were completed second cycle audits to provide evidence of such improvement.
- There had been improvements in staff training since our previous inspection. However, evidence of the completion of induction for new staff remained incomplete.
- In four patient records we reviewed we found deficiencies regarding the recording for patients on anticoagulant medicines which did not meet relevant and current evidence based guidance and standards. In another record there was no evidence that consent had been sought from a patient who had undergone minor surgery.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there were areas where improvements should be made.

- The practice did not have an effective system for proactively identifying patients who were carers to offer them additional support.
- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care but lower than others in a number of areas.

However, there were also examples of good practice.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. However, there was limited information in the practice waiting area signposting patients to local support services.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The GP reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, through participation in the local Whole Systems Integrated Care (WSIC) scheme.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- Improvements had been made since our previous inspection to the practice facilities and equipment, although some deficiencies remained. None of the patients we spoke with or received comments cards from raised any concerns about the practice environment. Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Inadequate

The practice is rated as inadequate for providing well-led services and improvements must be made. It had made several improvements in the last nine months but had not addressed sufficiently concerns identified at our previous inspection and additional concerns were identified at our recent follow up inspection:

- The practice had a vision and a mission statement but the mission statement was not on display for patients or staff at the practice.
- The practice had an informal governance structure led by the GP. Staff were aware of their own roles and responsibilities and most staff felt supported by management.
- The practice had a number of policies and procedures to govern activity. Some of these had been reviewed to ensure

they were up to date and relevant. However, since our previous inspection there were still examples where model policies had been obtained from external sources which had not been tailored sufficiently to the practice and not all policies were clearly dated.

- The provider was aware of the requirements of the duty of candour and encouraged a culture of openness and honesty.
- Although several improvements had been made since our previous inspection, there were continuing deficiencies in the systems for identifying, recording and managing risks and issues and implementing mitigating actions, particularly in the areas of infection control, health and safety in relation to premises and equipment, medicines management and the monitoring of patients receiving high risk medicine.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The provider is rated as inadequate for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were improved since our previous inspection, particularly with regard to dementia but QOF performance remained significantly below CCG and national averages for osteoporosis.
- The practice used a risk stratification tool approved by the CCG to support practices in case managing their high risk patients, for example in relation to unplanned hospital admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were available to patients who needed them.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The provider is rated as inadequate for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Longer appointments and home visits were available when needed.
- Performance for diabetes related QOF indicators was worse than the CCG and national averages. Performance for heart failure was also below average.
- Monthly multidisciplinary meetings were held with a range of healthcare professionals to review the care and treatment of patients in this group.
- Flu and pneumococcal vaccinations were offered to patients in at risk groups, including patients with long term conditions.

Summary of findings

Families, children and young people

Inadequate

The practice is rated as inadequate for families, children and young people. The provider is rated as inadequate for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Immunisation rates were comparable with local averages for the majority of standard childhood immunisations.
- Family planning was provided at the practice, including contraceptive advice on all forms of contraception, fitting and removal of coils and implants and advice and treatment on sexual health.
- The practice's uptake for the cervical screening programme for 2015/16 was 82%, which was comparable to the national average of 82%.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider is rated as inadequate for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours on Monday evening and on Saturday morning, particularly for working people who cannot attend the surgery during normal surgery hours on weekdays.
- Health promotion advice was offered, including advice on diet and smoking cessation, although there was limited accessible health promotion material available at the practice.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider is rated as inadequate for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

Summary of findings

- The practice had a register of people with complex needs including those with learning disabilities and other vulnerable adults.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice carried out annual health checks for people with a learning disability.
- Staff knew how to recognise signs of abuse in vulnerable adults and children and the process to follow in the event of any safeguarding concerns. All but one recently recruited member of staff had completed formal training in safeguarding of vulnerable adults. There was no information in the practice's policy for safeguarding of vulnerable adults about details of local agencies to contact for further guidance if staff had concerns about a patient's welfare. However, staff had access to contact information on the desktop of their computers.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider is rated as inadequate for safe, effective and well-led services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- All mental health patients were identified on the practice's computer system and were offered a full annual health check.
- The practice's 2015/16 QOF performance for dementia showed improvement and achievement was 100%, compared to 0% in the previous year.
- Performance for QOF mental health related indicators overall was similar to the CCG and national average. However, performance in the related mental health indicator for depression was significantly below CCG and national averages and showed no improvement from the previous year.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Not all staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with, and in some areas above and in others below, local and national averages. Three hundred and thirty four survey forms were distributed and 78 were returned. This represented a response rate of 21% and just over 4% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 65% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. All of the 48 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with eleven patients during the inspection, including six members of the Patient Participation Group (PPG). All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Dr Abubakr Shaikh

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector**.** The team included a GP specialist adviser, and an Expert by Experience.

Background to Dr Abubakr Shaikh

Dr Abubakr Shaikh is an individual GP who provides primary medical services through a General Medical Services (GMS) contract at the Peel Precinct Surgery to around 1850 patients in the Kilburn area of Brent in North West London. This is the only location operated by this provider. The practice serves a multi-ethnic mix of population who have varied socio-cultural and religious needs. The majority of patients are from a relatively young population group with above national average numbers in the 0-14, 30-49 years age ranges and below average numbers in the 65-85 age ranges.

The GP is supported by a team of one GP (one session per week), a part time practice nurse (0.3 whole time equivalent (WTE), and four part time receptionists (2.3 WTE). The GP was also making arrangements to recruit an additional part-time nurse.

The provider informed us of local plans for moving three practices, including the Peel Precinct Surgery, to a large newly built medical centre. If the practice went ahead with this, the move was not expected to take place until two years' time. In the meantime the provider told us the practice would be relocated to another site provided by Brent Council within the next four months, which would be a purpose built surgery. However, we spoke with the CCG who informed us that there was no imminent move of the practice from the current location.

The practice is open and appointments are available Monday to Friday 8.30am to 11.00am, Monday 4pm to 7pm, Tuesday, Thursday and Friday 4pm to 6 30pm and Saturday 9am to 11am. Extended hours appointments are offered on Monday 6.30pm to 7pm and Saturday 9am to 11am. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that need them.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are advised of the number to call to receive telephone advice or if necessary a home visit.

The inspection was carried out to follow up a comprehensive inspection we carried on 31 March 2016 when we found the practice was not meeting the fundamental standards of quality and safety. We rated the practice as inadequate overall. Specifically, we found the practice to be inadequate for providing safe and effective services. We placed the service in special measures. We also issued a warning notice to the provider in respect of safe care and treatment.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Abubakr Shaikh on 31 March 2016 under Section 60 of the Health

Detailed findings

and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and effective services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of safe care and treatment and informed them that they must become compliant with the law by 15 July 2016.

We undertook a further announced comprehensive inspection of Dr Abubakr Shaikh on 8 December 2016. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice was now complaint with the law and could come out of special measures. The full comprehensive report on the March 2016 inspection can be found by selecting the 'all reports' link for Dr Abubakr Shaikh on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 December 2016. During our visit we:

- Spoke with a range of staff (the GP, a part-time practice nurse and two part-time receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the GP of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice ensured the communication of lessons learned was recorded in practice meeting minutes. Lessons were shared and action was taken to improve safety in the practice. For example, following an incident where an acutely unwell patient arrived at the practice, the GP advised staff that, if for any reason, he was not present in the surgery and such a patient arrived in the surgery they should immediately call an ambulance for them to be taken to the nearest A&E Department.

Overview of safety systems and processes

Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policy in relation to children clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Equivalent information was not included in the policy in relation to vulnerable adults but staff had ready access to contact information on the desktop of their computers. The GP was the lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities on safeguarding children and vulnerable adults. Apart from one recently recruited receptionist, they had all received training relevant to their role in child protection. The GP was trained to child protection level 3, the nurse to level 2 and administrative staff to level 1. In response to action we identified the practice should take at our inspection of 31 March 2016, all staff had now received training in safeguarding of vulnerable adults.
- The practice had a chaperone policy and had taken action to communicate this more clearly to patients, as identified at our inspection of 31 March 2016. All staff who acted as chaperones had received briefing for the role and had received a Disclosure and Barring Service (DBS) check, albeit in some cases undertaken by their previous employer. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The GP told us a recently recruited staff member who had returned to work at the practice and had not yet been DBS checked, would not be asked to act as a chaperone until the check had been completed.
- The practice sought to maintain appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had taken action we recommended at our previous inspection and there was now a cleaning schedule in place. However, the cleaner did not sign the schedule to record cleaning tasks completed. The GP was the infection control clinical lead and there was an infection control policy in place and staff had received up to date training. The infection control policy had been updated, as recommended at our previous inspection to remove references which indicated that it was a model policy, and tailor it to the practice, although the current version was not dated.
- At our previous inspection we found that the latest annual infection control audit was overdue as there had been no audit in 2015. At our latest inspection we found the practice had undergone an extensive infection control audit by NHS England in June 2016. However, several improvements identified in the audit action plan had not been implemented. These included: the purchase of new flooring in consultation rooms and other practice areas; purchase of new foot-operated waste bins; replacement of material chairs in the waiting

room with washable chairs; contacting the occupational health service to determine staff vaccinations against varicella; and producing written guidance for staff on the management of the cold chain supply for vaccination storage in the event of a power cut or when the temperature reading for the storage fridge is outside the temperature range. The GP told us some action, for example new flooring, had not been implemented on cost grounds due to an impending move of the practice to new premises in April 2017.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. As recommended at our previous inspection a record was now kept of serial numbers of batch numbers to ensure full monitoring. However, their use was not effectively controlled as no record was kept of which pad prescriptions were sent from or to which printer they were sent, and there were no instructions to locum GPs to maintain the log in the GP's absence. We also found there were prescriptions uncollected by patients dating back to July 2016. None of these were of clinical concern or risk but they had not been destroyed or followed up with patients. Nurses administered a range of vaccinations to patients. The practice had taken action identified at our previous inspection to ensure Patient Group Directions (PGDs) had been adopted to allow this, as required by legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.
- Checks of vaccine fridges were completed daily and showed the correct temperatures were maintained. However, no checks were completed and recorded of medicines stored in the fridge and we found three boxes of one medicine which expired in November 2016 (alongside in date boxes); two of another expired in March 2016; and one which expired in May 2016. The nurse removed the expired medicines from the fridge during the inspection and the GP undertook to take disposal action immediately. In addition, there were no instructions by the fridge on action to take if temperatures exceeded the required range or power was lost.
- At our previous inspection we said the practice must take action to ensure recruitment arrangements include all necessary employment checks for all staff. At our latest inspection we reviewed the personnel files of the two most recently recruited staff which showed appropriate checks were now in place and documented in most respects. However, we found that whilst DBS checks were recent, they were from previous employment and one recently re-instated receptionist had not been DBS checked and no risk assessment had been documented for not completing a check.

Monitoring risks to patients

Risks to patients were not sufficiently assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. However, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. At our previous inspection we found an external contractor had carried out a comprehensive health and safety risk assessment. However, much of the action from that report dated January 2015 had not been implemented. This included several actions which had been identified for early action. At our latest inspection we found the practice had addressed the majority of these actions. All staff had been health and safety and fire safety trained; weekly fire alarm tests and monthly fire evacuation drills were now undertaken and recorded; updated fire extinguishers had been purchased and annual servicing arranged; and up to date boiler servicing and PAT testing had been completed. An asbestos survey had been completed in May 2016 but action for the one area of potential risk identified was outstanding. The practice had also undergone a hazardous substances (COSHH) risk assessment.
- In reviewing cleaning arrangements we found the cleaning cupboard was not locked. There was a locked padlock on the door but it was not fixed to the lock

clasp which was tied with plastic wire. This meant the door was unsecured and presented a potential safety risk as patients could access cleaning materials stored in the cupboard.

- At our previous inspection, we found the action plan for a Legionella assessment, completed in September 2015, had not had not been implemented to address compliance issues identified. At our latest inspection we found the practice had now implemented some of the main actions in the action plan. These included remedial pipework and staff training. However, some actions were still outstanding including: weekly flushing of low use outlets, temperature monitoring of hot and cold water outlets or thermostatic mixing valves (TMV) and maintaining appropriate records of these actions; and implementation of a written scheme covering these actions, including what should happen in the event of non-conformance with them.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place to ensure that enough staff were on duty. There was also arrangements for members of staff to cover each other's annual and sick leave. At our previous inspection we observed that staff resources were marginal in relation to patient demand for services. The provider had appointed a part-time female GP (two hours per week) and a new and a re-instated former receptionist. Two former part-time nurses (22 hours per week) had retired and had been replaced by a part-time nurse working 12 hours a week initially but with plans to increase the hours to match the previous nursing hours. The provider was also actively seeking to recruit another part-time nurse.

Arrangements to deal with emergencies and major incidents

There were deficiencies in the practice's arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available. The content of the emergency medicines kit was in line with national guidance but we found multiple out of date medicines mixed in with in-date medicines. The provider undertook to take disposal action immediately.
- The practice had a defibrillator available on the premises and had oxygen in place. As recommended at our previous inspection the chest pads for the defibrillator were now kept in the emergency kit. However, as we found at the previous inspection, there were no sterile packaged adults and children's masks with the oxygen. The provider told us that nebuliser masks available in the practice, could be attached to the oxygen, including paediatric masks suitable for children. However, under national guidance the correct masks should be readily available. A first aid kit and accident book were available.
- In response to action identified at our previous inspection, emergency equipment and medicines were stored in an accessible cupboard in the reception area in a locked cupboard. All staff knew of their location.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice had completed the section of essential contacts as recommended at our previous inspection.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and ongoing review of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). At our previous inspection we noted the most recent published results (2014/15) were 85% of the total number of points available and showed low performance in several areas. More recently published results showed some improvement at 88% of the total points available and, in some of the low performance areas identified previously, the practice was now performing above the national average. However, the practice was not using QOF information effectively to identify where improvements were needed to improve outcomes for particular patient groups, in particular those with long term conditions and those experiencing poor mental health.Data from 2015/16 showed:

- Performance for diabetes related indicators was improved but remained below the national average: 78% compared to 90% (63% compared to 89% previously).
- Performance for mental health related indicators was similar to the national average 89% compared to 93% (the same as previously) .
- Other areas of improvement included above national average results for:
- Cancer: 100% (46% previously)
- Dementia: 100% (0% previously)
- Atrial Fibrillation: 100% (65% previously)
- Stroke and transient Ischaemic attack: 100% (91% previously)
- However, performance for two indicators remained significantly below the national average:
- Depression: 0% compared to 92% (14% compared to 92% previously
- Osteoporosis: 0% compared to 88% (0% compared to 81% previously).

The GP told us he saw patients with depression but they did not return for a review, related, he believed, to having a higher than average transient young practice population. He had patients with osteoporosis but believed he had coded them wrongly and would be reviewing this.

- The practice participated in local audits, national benchmarking, and peer review. At our previous inspection in March 2016 the practice submitted evidence of seven audits undertaken since April 2015. However, none of these were completed second cycle audits, although the GP told us that the second cycle was pending for three of them. At our latest inspection the practice submitted three audits which were completed second cycle audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, in a repeat audit of diabetic patients on newer hypoglycaemics (used to lower glucose levels) the practice identified 27 patients on these medicines for whom treatment therapies were developed subject to review. If those therapies failed to provide adequate glycaemic control traditional insulin therapies would be considered.

Effective staffing

At our inspection in March 2016 we said the provider must take action to ensure gaps in staff training were addressed, particularly in relation to ongoing clinical update training for nurses in key areas and the completion of and recording of the induction process for new staff. At our latest inspection we found the practice had made significant progress in the training provision for staff, including safeguarding of vulnerable adults, health and safety, fire safety, and legionella awareness. There had also been progress in nurse clinical update training. However, the two former nurses had retired since the previous inspection. The new nurse had undertaken training in previous

employment but updates and additional training had been booked for January 2017. The practice had not taken action regarding the induction process. The process remained informal and there was there was no documentary evidence of the completion of the induction programme for the two most recently recruited staff.

Coordinating patient care and information sharing

It was intended that information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and computer system. However, this was not always the case.

At our previous inspection we found in some patient records we reviewed it was not evident the GP had acted on issues requiring follow up. At our latest inspection we looked at two hospital discharge follow ups, and found they had both been actioned appropriately. Of seven referrals we sampled, six were referred in acceptable timescales but one took 11 days. Two referrals under the two week waiting (2WW) referral pathway for suspected cancer had been actioned promptly. However, we found deficiencies in four records sampled of patients on anticoagulant medicine. The GP told us he checked the latest International Normalised Ratio, or INR reading (a blood test that checks how long it takes for blood to clot) in each patient's 'yellow book' then issued a prescription. But in the four records we looked at there was no information on the latest INR check at the time the GP issued a repeat prescription. In one case the patient was housebound and there was no evidence that a home visit had been made to check the patient's yellow book.These were important deficiencies as they did not meet relevant and current evidence based guidance and standards. We also reviewed four records of patients on two other high risk medicines, one used to treat cancer and autoimmune diseases and the other bi-polar disorder. In all four cases there was evidence of appropriate monitoring and review.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was not always evident in patient records. In two records we looked at where the patients had undergone minor surgery, there was no consent form included in the record. In one case it was recorded that verbal consent had been obtained but there was no evidence of this in the second record.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service. For example, patients identified as obese were given lifestyle advice and where appropriate referred to a local weight management programme and a community dietitian and in extreme cases to a consultant bariatric surgeon. Eighty eight percent of those identified as obese had been offered support.

The practice's uptake for the cervical screening programme for 2015/16 was 82%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Inadequate

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 6% to 100% and five year olds from to 4% to 91%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (completed for 77% of eligible patients) and NHS health checks for patients aged 40–74 (completed for 23% of eligible patients). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- A mobile screen was available for use in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could occasionally be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All 48 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was broadly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses; some scores were above and others below average. For example:

- 80% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 76% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 79% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 78% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. There was no notice in the reception area informing patients this service was available. However, staff spoke many languages and told us the translation services were rarely needed.

Patient and carer support to cope emotionally with care and treatment

There were limited patient information leaflets and notices available in the patient waiting area which told patients

Requires improvement

Are services caring?

how to access support groups and organisations. However, information about support groups was available on the practice website, for example bereavement and carers services.

We reviewed a sample of patients on the current list of 143 carers provided by the GP. However, there were no alerts on their records that the patient was a carer and in only two of 18 sampled was it clear that they were a carer. The other 16 did not fit the CQC definition of a carer or the practice's own definition set out in its carers policy. We could not therefore be confident that the practice actively identified and provided support to carers. The GP undertook to review the patient list against the CQC definition of a carer and to provide appropriate support to those identified.

Staff told us that if families had suffered bereavement, the practice sought to meet the family's support needs and gave them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example through participation in the local Whole Systems Integrated Care (WSIC) scheme. The scheme enabled the practice to provide person centred integrated care to at risk adults with complex health needs.

- The practice offered extended hours on Monday evening and on Saturday morning, particularly for working people who cannot attend the surgery during normal surgery hours on weekdays.
- There were longer appointments available for patients who needed them, including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice worked in partnership with hospital and community colleagues, district nurses, specialist nurses, social workers and other community workers to deliver a multidisciplinary package of care.
- Family planning was provided at the practice, including contraceptive advice on all forms of contraception, fitting and removal of coils and implants and advice and treatment on sexual health.
- The GP told us all mental health patients were 'read coded' (the use of a set of clinical descriptions used to manage the data in patients' records) on the practice's computer system and were offered a full annual health check. The GP also told us mild to moderate cases were seen and treated at the practice; severe cases needing expert advice and treatment were referred to consultant psychiatrists.

Access to the service

The practice was open and appointments were available Monday to Friday 8. 30am to 11am, Monday 4pm to 7pm, Tuesday, Thursday and Friday 4pm to 6.30pm and Saturday 9am to 11am. Extended hours appointments were offered on Monday 6.30pm to 7pm and Saturday 9am to 11am. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the national average of 80%.
- 96% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

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

Patients who required a home visit were asked to call the practice before 10am. The GP triaged such requests and decided whether a visit was clinically necessary and what priority it should be given. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for the GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. There was a notice in reception about the practice's complaints procedure and an NHS leaflet explaining how complaints are handled in general within the NHS.

We looked at two written complaints received in the last two years and found these were satisfactorily handled, dealt with in a timely way, and demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and the communication of learning within the practice was recorded in the minutes of practice meetings. Action was taken to as a result of complaints to improve the services provided. For example, following a complaint about a patient's removal from the register, the practice reviewed the decision and reinstated the patient on the register.

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 vision was set out in its statement of purpose.

- The practice had a mission statement which was also set out in its statement of purpose.
- At our previous inspection we found not all staff we spoke with were aware of the statement of purpose and the mission statement and practice vision were not on display for patients or staff at the practice. At our latest inspection the majority of staff we spoke with showed a greater awareness of these documents but the mission statement had not been displayed as recommended in our previous report. However, it was clear that patients were at the heart of the service the staff provided. The practice promoted and valued continuity of care and patient feedback largely confirmed this.

Governance arrangements

The practice had an informal governance structure led by the GP. The governance arrangements were ineffective and unclear. Information available to monitor performance was not utilised effectively to drive improvements in quality and patient outcomes. In addition, there was no effective system for identifying, capturing and managing issues and risks. There was no formal staffing structure but staff we spoke with were aware of their own roles and responsibilities

- In response to shortcomings identified at our previous inspections in November 2014 and March 2016, the practice had reviewed some policies and procedures to ensure they were up to date and relevant. Infection control, business continuity, recruitment and equal opportunities identified previously as examples in need of review had been updated and were now more specific to the practice. However, at our latest inspection these and other policies seen were not clearly dated and we found again that some policies were externally sourced templates which had not been tailored sufficiently to the practice in all aspects.
- The practice undertook clinical audits which it used to monitor quality. In response to our previous inspection, the practice submitted three audits which were completed second cycle audits to demonstrate improved patient outcomes.
- In response to our previous inspection the practice had taken steps to improve QOF performance in areas where previously performance was lower than average. Four indicators previously below average were now at 100% and above CCG and National averages; one was improved and was above the national average but below the CCG average. However, overall QOF improvement was insuffient as six indicators remained below CCG and national averages, only one of which showed improvement over the previous year.
- Although there had been several improvements, there were continuing deficiencies in the arrangements for identifying, recording and managing risks and issues and implementing mitigating actions. Since our previous inspection the action plan for Health & Safety risk assessment completed in January 2015 had been implemented. An asbestos survey and COSHH risk assessment were completed in May 2016, although there was no evidence of action taken in response to the asbestos survey in the one area identified. The practice had also implemented some of the main actions in the action plan to address compliance issues identified in a legionella risk assessment completed in September 2015. However, some actions were still outstanding. An external infection control audit was completed in June 2016 but the practice had no formal record of action plan implementation and several issues were outstanding.
- We found improvements in the arrangements for following up hospital discharges and referrals under the two week waiting (2WW) referral pathway for suspected cancer. However, we found deficiencies in records sampled of patients on anticoagulant medicine, which lacked assurance that the risks to these patients were being effectively managed.

Leadership and culture

The GP lacked management support and this impacted on his capacity to lead effectively. However, staff we spoke with told us the GP was approachable and took the time to listen to them.

The GP was aware of the requirements of the duty of candour and encouraged a culture of openness and honesty. The practice had systems in place to ensure that

Are services well-led?

Inadequate

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

when things went wrong with care and treatment, the practice gave affected people reasonable support, truthful information and a verbal and written apology and kept records of written correspondence related to this.

There was an informal leadership structure in place and staff felt supported by the GP.

- Staff told us the practice held quarterly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the GP. For example, the GP had recruited an additional part-time nurse in response to feedback about a lack of nurse availability. However, the two part-time nurses previously in post had since retired.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the GP.

Continuous improvement

The practice was part of local pilot schemes to improve outcomes for patients in the area. For example, it participated in the local Whole Systems Integrated Care (WSIC) scheme to support at risk adults with complex health needs.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The provider did not have established and effectively operated systems to ensure care and treatment to patients was provided in a safe way. There were shortcomings in: • infection control processes • medicines management • emergency equipment • the assessment and management of risk to ensure the suitability of staff and the safety of premises and equipment. Regulation 12 (1)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider was not able to demonstrate good governance. • There was no effective system to assess, monitor and improve the quality and safety of the services provided. • Some policies and procedures to govern activity were not practice-specific and up-to-date. • Audit action plans relating to the safety of premises and equipment were not fully assessed, implemented and monitored.

This section is primarily information for the provider

Enforcement actions

- There was not an effective follow up system to improve quality outcomes for patients with long term conditions and those experiencing poor mental health.
- There were deficiencies in the monitoring and recording of the prescribing of high risk medicines.

Regulation 17(1)