Mr Shambhu Nath Keshri

Quality Report

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Grimsby
South Humberside
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Website: n/a

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Inadequate
Are services safe?	Inadequate
Are services effective?	Inadequate
Are services caring?	Inadequate
Are services responsive to people's needs?	Inadequate
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced comprehensive inspection at Mr Shambhu Nath Keshri, 128 Chelmsford Avenue, Grimsby, South Humberside, DN34 5DA on 3 March 2016. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because resources, systems and processes were not in place to keep them safe. For example, the management of patients medicines, the call and recall of patients, the system for reviewing hospital discharge and clinic letters, supervision and support of staff and the management of safeguarding.
- Staff were not clear about reporting incidents, near misses and concerns as there was no evidence of learning and communication with staff. When there were unintended or unexpected safety incidents, reviews and investigations either did not take place or were not thorough enough to support improvement. Action was not taken to mitigate future risk and so safety was not improved.
- There were no investigation records available for either significant events or complaints and no records to show patients had received a written apology.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Data, records and feedback from staff showed that care and treatment was not delivered in line with recognised professional standards and guidelines. For example the GP was unaware of recognised standards and guidelines (such as Gillick competence) and was unable to give an example of when they last used National Institute for Health and Care Excellence (NICE) Guidance.
- Reviews of patient records identified serious concerns with the way patients were managed.
- Patients were frequently unable to access the care they needed. Services were not set up to support patients with complex needs or patients in vulnerable circumstances.

Summary of findings

- The service had little or no clinical governance systems (clinical governance is a system through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish). There was evidence that known risks had not been acted on.
- There was no system in place to monitor outcomes of intervention including holding clinicians to account for their clinical decisions. There was no system in place to support peer review and enable shared learning.
- The practice was a single handed GP practice with one member of staff. There was no clinical leadership at the practice and staff were not supervised nor had their competency assessed. There was no evidence of any recent mandatory staff training.

The Provider Must:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with infection prevention and control.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Provide staff with appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements
- Improve processes for making appointments.

In relation to all of the areas of concern identified during the inspection, NHS England were informed of the risks identified during our inspection.

Following our inspection, due to the serious concerns identified we gave the provider, Mr Shambhu Nath Keshri, notice that we were cancelling his registration with the Care Quality Commission (CQC) under section 31 of the Health and Social Care Act 2008.

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.

- Staff were not clear about reporting incidents, near misses and concerns. The practice did not carry out investigations when there were unintended or unexpected safety incidents, lessons learned were not communicated and so safety was not improved. Patients did not receive reasonable support or a verbal and written apology.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, significant concerns were found in respect of clinical recording, management of medicines (including emergency medicines), infection prevention and control, information governance, anticipating events and management of unforeseen circumstance.
- There was insufficient attention to safeguarding children and vulnerable adults. Staff did not recognise or respond appropriately to abuse and had not received the mandatory safeguarding training.
- The practice premises were poorly maintained; there was no hot water available in the patient toilet or GP consultation room. The practice was very cold and damp was evident on the walls of one of the consultation rooms. There was no current buildings insurance in place.
- There were no records of portable appliance testing or calibration of electrical equipment.
- We were shown a health and safety audit from 2000 but it was not completed.
- No fire drills or risk assessments had been carried out and the staff had not attended any fire safety and prevention training.

Are services effective?

Inadequate

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

- Data showed that care and treatment was not delivered in line with recognised professional standards and guidelines. The GP was unaware of Gillick competence, Fraser guidelines and was unable to give an example of recent National Institute for Health and Care Excellence (NICE) guidance used.

Summary of findings

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- There was minimal engagement with other providers of health and social care. The GP was unaware of safeguarding leads in the Clinical Commissioning Group or the Local Authority.
- There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.
- Reviews of patient and other records identified serious concerns with the treatment and management of some of the practice's patients.
- Basic care and treatment requirements were not met. For example records were hand written in paper notes and not put onto the computer and were therefore unable to be seen by other health professionals. All of the eight sets of patient notes reviewed were illegible and none had care or treatment plans. Five of the eight patient notes reviewed did not have recorded diagnosis.

The call and recall of patients to the practice was ineffective which meant patients were not being reviewed as they should.

Are services caring?

Inadequate

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

- There was insufficient information available to help patients understand the services available to them.
- There was no mechanism for patients to give feedback.
- There were no disabled facilities, baby changing facilities, breast feeding facilities or translation services on offer.
- There was no carers register in place.

Are services responsive to people's needs?

Inadequate

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

- The practice had not reviewed the needs of its local population.
- Appointment systems were not implemented so patients did not receive timely care when they needed it. The practice was frequently closed and patients were required to telephone to access the GP.
- The practice was not well equipped to treat patients. Information about how to complain was poor.

Summary of findings

- There was no designated person responsible for handling complaints and staff did not fully understand how to progress concerns and complaints from patients.
- Services were not set up to support patients with complex needs or patients in vulnerable circumstances.

Are services well-led?

Inadequate

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

- The practice did not have a clear vision and strategy. Staff were not clear about their responsibilities in relation to the vision or strategy.
- There was no clear leadership structure.
- The practice had a number of policies and procedures to govern activity, but these were over six years old and had not been reviewed since.
- The practice did not hold regular governance meetings; we were told that issues were discussed at 'ad hoc' meetings.
- The practice did not hold any multi-disciplinary meetings with allied professionals; for example safeguarding or palliative care meetings.
- The practice had not proactively sought feedback from patients and did not have a patient participation group.
- The one member of staff had not received regular performance reviews and did not have clear objectives.

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

- The safety of care for older patients was not a priority and there were limited attempts at measuring safe practice.
- We saw evidence which showed that basic care and treatment requirements were not met. For example; the practice did not have any equipment other than a blood pressure monitor.
- The care of older people was not managed in a holistic way.

The leadership at the practice had little understanding of the needs of older people and they were not attempting to improve the service for them**.** Services for these patients were therefore reactive. There was no attempt to engage with this patient group in order to improve the service.

People with long term conditions

Inadequate

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

- None of these patients had a personalised care plan.
- There were no registers of patients with long-term conditions.
- Structured annual reviews were not undertaken to check that patients' health and care needs were being met.
- Medication reviews were not being undertaken.

Families, children and young people

Inadequate

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

- There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- Data showed that 0% of children had received the MMR vaccine at 12 months compared to the CCG average of 97.3%.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

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

- Appointments could be booked by telephone and face to face.
- There were no early or extended opening hours for working people.
- There was no evidence of health checks and health screening taking place.
- No online facilities were available.

People whose circumstances may make them vulnerable

Inadequate

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

- The practice did not hold a register of patients living in vulnerable circumstances. They were unable to identify the percentage of patients who had received an annual health check. The practice had not worked with multi-disciplinary teams in the case management of vulnerable people.
- Staff did not know how to recognise signs of abuse in vulnerable adults and children and they were not aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies out of normal working hours.

People experiencing poor mental health (including people with dementia)

Inadequate

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

- The practice was unable to identify patients
- They had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- They did not carry out advance care planning for patients with dementia.
- The practice had not told patients experiencing poor mental health about support groups or voluntary organisations.

Summary of findings

- The practice did not have a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.
- Staff had not received training on how to care for people with mental health needs or dementia.

Summary of findings

What people who use the service say

No data was available from the national GP patient survey results. As the inspection was unannounced we did not have information from CQC comment cards. We were only able to speak to one patient on the day who stated that they found it difficult to access the practice for repeat prescriptions as it was often closed. They stated that they had not had a medication review despite taking regular medication.

Mr Shambhu Nath Keshri

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 a second CQC inspector

Background to Mr Shambhu Nath Keshri

Chelmsford Medical Centre is situated in Grimsby in an urban area. It is within a row of buildings which are primarily shops. There is no car park but there are parking facilities to the front of the practice. The practice has a GMS contract with NHS England (North Yorkshire and Humber Area Team) and is part of NHS North East Lincolnshire CCG. The practice has an Index of Multiple Deprivation (IMD) decile of 1. The lower the IMD decile the more deprived an area is. People living in more deprived areas tend to have greater need for health services The practice has a list size of 140 patients.

The practice is a single handed GP practice with one other member of staff. The GP is male and the member of staff is female. The member of staff is responsible for reception duties, cleaning, chaperoning and acts as Practice Manager. The practice is not a teaching or training practice.

The inspection was unannounced following concerns raised with the Care Quality Commission from NHS England following a visit by them on 9 January 2016. The concerns related to access to the practice, the environment, infection prevention and control and information governance. The practice had not been previously inspected by the Care Quality Commission.

The practice is open from 10.15am to 11.30am Monday to Friday, 3.30pm to 4.30pm Monday, Thursday and Friday and 3.30pm to 6.30pm on Tuesday. No practice website and online facilities are available. The practice telephone number has an answerphone message with the GP's mobile number for assistance when the practice is closed in core hours. Out of hours care is provided by NHS North East Lincolnshire CCG.

Why we carried out this inspection

We carried out an unannounced comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions in response to concerns raised with us. The inspection was planned to check whether the provider was 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.

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 unannounced visit on 3 March 2016. During our visit we:

- Spoke with both members of staff (GP and receptionist) and spoke with one patient who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed a range of other records.

Detailed findings

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

An effective system was not in place for reporting and recording significant events.

- The practice did not have robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Staff were not clear about when to report significant events and were not aware of the reporting arrangements.
- There were no processes in place to ensure lessons were shared to make sure action was taken to improve safety in the practice.

We reviewed one significant event recorded on 6/11/2015. This had not been responded to appropriately and there was no documentation regarding discussion, analysis and subsequent learning. We did not see any evidence of lessons shared to make sure action was taken to improve safety in the practice.

Overview of safety systems and processes

We discussed safeguarding policy and procedures with the GP and found:

- No safeguarding policy or procedures were in place. The GP did not have any current up to date training in adult safeguarding. The member of staff had not had any current training in either children or adult safeguarding.
- There were no markers on patient's records regarding patients who were vulnerable.
- We were told that multi-disciplinary team meetings did not take place. There were no minuted meetings with any other Health or Social Care professionals to discuss patient safeguarding concerns. The GP was unaware of the safeguarding lead for the Clinical Commissioning Group or Social Services.
- We were told that there was one patient on the child protection register, although the GP was unsure about this and did not know the circumstances of the referral.
- The GP told us that they had not received any training regarding the Mental Capacity Act and did not know or have any understanding about Gillick competency or Fraser guidelines.
- We did not see a notice in the waiting room advised patients that chaperones were available if required. The member of staff who acted as a chaperone was not trained for the role and had not received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). There was no policy or procedure available regarding patient chaperoning.

We found that the practice premises were poorly maintained for example:

- The provider did not have current or valid buildings insurance. The certificate that was produced during inspection had expired (May 2014).
- The health and safety audit shown to us dated 2000 had not been completed.
- The practice did not maintain appropriate standards of cleanliness and hygiene. The GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but it was incomplete, not robust and had no review date. It did not comply with the specified guidelines from the Department of Health regarding the prevention and control of infection. The date on the protocol was 2008. The practice were not following the protocol as they had no hot water or paper towels available in the patient's toilet or GP consultation room. There was damp visible on the walls in one of the consultation rooms. There were worn areas on the carpet in one consultation room. During the inspection the practice was very cold in particular the patient waiting area.
- There were no cleaning schedules for the premises and cleaners were not employed. The member of staff who undertook this role had not undertaken any recent training or updates regarding infection control procedures.

On the day of the inspection we also found:

- There was dust evident in the room behind the reception area. There were cobwebs hanging from the ceiling area of the consulting room.
- The material and metal screen around the examination couch in the GP's consulting room could not be cleaned thoroughly. There was no evidence that the material curtaining on the screen had been laundered or changed at regular intervals.

- The only blood pressure cuff looked dirty and there was no evidence provided that it had ever been cleaned.
- There were limited cleaning products available. There were no cleaning mops - we were told that these had been ordered, but we were not shown any documentation regarding the ordering of these.
- Sharps bins were not signed or dated.
- There were wire guards over the convection heaters in the patient waiting area – these had not been cleaned thoroughly and harboured dust.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing and security). For example;

- We saw a flu vaccination left on the counter top of the GP's consulting room. We were unsure if there had been an attempt to use it or not. This vaccination should be stored in the refrigerator in order to maintain its viability.
- There was an adult dose of 'epipen' (adrenaline) which was out of date (04/2015). This was one of the emergency drugs. The GP stated that he had left his doctor's bag at home on the day of the inspection, so we were unable to check medicines held in it.

We found some diagnostic testing equipment (urine testing strips) which were out of date (09/1996).

- There was no protocol in place for medicines that required close monitoring such as sulfasalazine. When the GP was asked about the monitoring of high risk medicines he was unaware of current clinical guidelines and best practice surrounding the monitoring of these medicines.
- There were no thermometers to take patient temperatures at the practice.
- The practice did not carry out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored but there were no systems in place to monitor their use.
- We did not see any personnel files and were unable to check if appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We were told that the member of staff had not had a DBS check.

Monitoring risks to patients

Risks to patients were not assessed or well managed.

- There were no procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available but this had not been reviewed. The practice did not have an up to date fire risk assessment. We were told that they had not carried out any fire drills. The GP and member of staff confirmed they had not attended any fire safety and prevention training. The date of servicing on the fire extinguisher was illegible.
- The machine used for taking blood pressure had not been calibrated.
- We were told that there had been no portable appliance testing of electrical equipment at the practice.
- There was no legionella risk assessment in place.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had not received basic life support training and the emergency medicines available in the treatment room were minimal with some out of date.
- The practice did not have a defibrillator available on the premises.
- There was no oxygen on the premises.
- The practice had not undertaken any risk assessments to mitigate the risk of not having such equipment in place.
- There was no first aid kit or accident book available.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not assess needs or 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 did not have systems in place to keep all clinical staff up to date. The GP told us that they could access guidelines from the internet but could not give an example of when he last used the guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84.6% of the total number of points available, with 2.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Due to the small list size of the practice it was difficult to make comparison with local CCG and national averages with the information we hold.

The GP was not able to tell us how many patients had each disease. The GP stated he was unsure when asked if a register was held at the practice for patients with a learning disability, mental health condition, long term condition, patients who were carers or patients who required palliative care. The GP informed us that he had not formulated any care plans for patients.

We were shown later a note book that had entries of numbers of patients with diabetes, COPD, asthma and cancer. The GP could not confirm and we were not shown any evidence that these patients had been reviewed.

Clinical audits did not demonstrate quality improvement.

- There had been 2 clinical audits undertaken in the last two years, neither of these were completed audits where the improvements made were implemented and monitored.
- Findings were not used by the practice to improve services.

Effective staffing

Staff did not have the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have a recruitment policy or an induction policy.
- Staff administering vaccinations and performing cervical cytology had received specific training. However, the practice could not provide evidence of role specific training for non-clinical staff.
- The learning needs of staff were not identified as there was not a system of appraisals, meetings and reviews of practice development needs. We were told that the member of staff had not had an appraisal. We were told that practice meetings were conducted on an 'ad-hoc' basis due to the small number of staff.
- The was no system for monitoring training which resulted in the practice failing to identify that staff had not completed certain required training or completed it in a timely way.
- Staff had not received annual training that included: safeguarding (neither member of staff had up to date adult safeguarding training and the member of staff had not done children's safeguarding training), fire procedures, basic life support and information governance awareness. The member of staff had last completed safeguarding of children and infection control training in March 2011.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was not available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This also included care and risk assessments, care plans, medical records and investigation and test results.
- At the time of the visit we did not see evidence that incoming letters and test results were being filed in the Lloyd George (paper) records or inputted on the computerised system. We saw that all incoming letters

Inadequate

Are services effective?

(for example, treatment is effective)

and patient test results were stored in the reception area in a filing basket. We saw some patient test results dated from Jan 2016 that had not been filed in patient records.

- Clinical recording was inadequate it was evident that READ coding was not used (this is a system of alerting the clinician to the fact that a patient had a diagnosed condition). Of the eight patient records reviewed none were computerised records. Because of this it would be very difficult to easily identify issues/concerns for follow up.
- We required assistance from the GP to read all of the eight patient records as the writing was illegible. This meant that it would be very difficult for another clinician to take over the patient's care.
- The GP agreed with Specialist Advisor (SpA) for the Care Quality Commission (CQC) that patients would be at a disadvantage in an emergency situation as up to date patient computerised records were not accessible to other clinicians, for example those working in Out of hours and emergency care. In addition we saw that there had been an information governance breach in terms of patient information being incorrectly filed within another patient's Lloyd George record.
- We saw that the GP was using the other member of staff's computer card to access the system; this was also an information governance breach.
- We looked at eight routine patient consultations undertaken by GP; they were all documented in Lloyd George records. These included:
- A patient had been prescribed an oral contraceptive medicine. Two weeks later they presented at the practice with pain in both thighs. No further exploration of symptoms was undertaken and no examination findings were documented that ruled out deep vein thrombosis. The management plan referred to a change of medicine. No safety netting or review date was documented in the patient's record.
- Another patient presented with left sided back pain that had been present for one month. There was not a full and thorough examination recorded in the patient record. No patient advice given was documented regarding the worsening of symptoms, no safety netting and no diagnosis recorded in the patient's record.
- A patient presented with shoulder and knee pain. No diagnosis was recorded in the patient's records. The patient had been told to increase some already prescribed medication (Naproxen). No further exploration of symptoms, no safety netting and no agreed review date was documented in the patient's record.
- Of the eight patient records viewed following consultations, five did not have a recorded diagnosis in the patient record.

There was clear evidence that there was no action taken regarding governance and quality monitoring at the practice.

- We were told that there were no visiting professionals or multi-disciplinary team meetings taking place.
- We found patient records in paper notes format only (Lloyd George). We were told that the member of staff transcribed these notes onto the computer system. However of the eight records viewed none had been transcribed.
- The GP was unable to show us any examples of records that had been computerised.
- All the policies and procedures we viewed were incomplete and were mainly in a small list format. Dates on them ranged from 2008 – 2010.
- We found at inspection that patient records were not stored safely and we saw that personal data was in view to the public in the reception area.
- We were told that none of the staff had undertaken any information governance training.
- We found that the GP did not have sufficient indemnity insurance cover.
- All of the eight patient records we viewed had gaps in the recording and did not demonstrate that best practice guidance had been followed.
- No staff files or staff records were kept.
- There were no feedback mechanisms in place for patients to access regarding the satisfaction of the service provided. The practice did not have a patient participation group.
- The practice did not have a current website for patients to access.
- There was no policy or procedure available regarding patient chaperoning. We were told that the member of staff acted as a chaperone but had not received training and had not undergone a Disclosure and Barring Service (DBS) check.

Consent to care and treatment

Inadequate

Are services effective?

(for example, treatment is effective)

It was unclear if staff sought patients' consent to care and treatment in line with legislation and guidance.

The GP told us that they had not received any training regarding the Mental Capacity Act (2005) and did not know or have any understanding about Gillick competency or Fraser guidelines.

Supporting patients to live healthier lives

The practice had not identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- We were told that no other professionals visited the premises.

The practice could not demonstrate how they encouraged uptake of the cervical screening programme by using information in different languages and for those with a learning disability. They did not ensure a female sample taker was available.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages.

Patients did not have access to appropriate health assessments and checks such as health checks for new patients and NHS health checks for people aged 40–74.

Inadequate

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We did not observe members of staff with patients on the day of the inspection and no data was available from any patient surveys.

- A screen was provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

There was no patient participation group. The practice did not have any evidence of patient surveys or consultations regarding the service.

There were no baby changing facilities. There were no breast feeding facilities.

The reception area was not confidential and we saw patient's notes through the glass reception area window. We were able to see patient identifiable information. The telephone was also answered at reception and conversations could be overheard in the waiting area.

Care planning and involvement in decisions about care and treatment

We spoke with one patient on the day who was collecting a prescription. They said that they were not involved in decisions about care and treatment.

We did not see notices in the reception area informing patients that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice's patient recording system did not have any way of alerting the GP if a patient was also a carer. The computer system was not routinely used as patient consultations were written in paper notes. The practice had not identified any of the patients on the practice list as carers. No written information was available to direct carers to the various avenues of support available to them.

The member of staff told us that they did not know what happened with regards to support if families had suffered bereavement.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We did not see any evidence that the practice reviewed the needs of its local population.

- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were no disabled facilities, no hearing loop and no translation services available.

Access to the service

The practice was open from 10.15am to 11.30am Monday to Friday and 3.30pm to 4.30pm Monday, Thursday and Friday and 3.30pm to 6.30pm on Tuesday. Appointments were during these times. Extended surgery hours was not available. Appointments were arranged by telephone or in person; it was not clear how far in advance appointments could be made.

No results were available from the national GP patient survey with regard to patient's satisfaction with how they could access care and treatment.

One patient told us on the day of the inspection that they were not able to get appointments when they needed them. We were told that the practice was frequently closed with the shutters down and that it was difficult to collect prescriptions. A patient told us they had to drive past frequently to see if the practice was open in order to collect a prescription. We were told that sometimes they had ran out of their prescribed medication as they had been unable to collect it as the practice was closed most of the time. The only way to contact the GP at these times was via a mobile telephone number left on the practice answerphone. The GP told us that they had experienced problems with opening the practice due to the sickness of the member of staff and that it was difficult to manage when they were off. This had not been reported to the Care Quality Commission as a Health and Social Care Act (2008) statutory notification under Regulation 18, events that stop the provider carrying on an activity safely and properly.

Listening and learning from concerns and complaints

The practice did not have an effective system in place for handling complaints and concerns. There was a note up on the wall of the waiting room stating that all complaints should be made verbally to the receptionist. There was no complaints policy or leaflet. The practice was not following its GP contractual obligation to follow the complaints procedure. We were told that the practice had only received one complaint and that this had been dealt with verbally. There was no recorded evidence of this.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice did not have a mission statement.
- The practice did not have a robust strategy or supporting business plans which reflected the vision and values.

Governance arrangements

The practice did not have a governance framework which supported the delivery of the strategy and good quality care to outline the structures and procedures in place. Consequently;

- There was not a clear staffing structure; the member of staff at the practice had multiple roles.
- On the day of inspection the GP told us that the member of staff undertook the role of practice manager, receptionist and cleaner. The member of staff had no documented checks such as references, DBS, competency checks or annual appraisals undertaken. In addition there was no specific training documented associated with the roles and responsibilities they undertook at the practice.
- There were policies on the shared computer but they were dated 2008 – 2010 with no review dates.
- No comprehensive understanding of the performance of the practice was maintained
- There was no evidence of a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were no robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The GP in the practice did not have the experience, capacity and capability to run the practice and ensure high quality care. They did not prioritise safe, high quality and compassionate care.

The practice had no systems in place for knowing about notifiable safety incidents

We did not see any evidence of when there were unexpected or unintended safety incidents:

- They did not keep written records of verbal interactions nor written correspondence.

There was no clear leadership structure in place.

- Staff told us the practice did not hold regular team meetings. We observed both members of staff to be struggling to manage with the demands of the practice on the day of the inspection (for example with regard to finding information required)

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

We saw no evidence of the practice encouraging or valuing feedback from patients, the public and staff.

- The practice had not gathered feedback from patients. There were no patient survey results, no suggestion box and no feedback questionnaires. There was no patient participation group (PPG). We did not see any evidence of feedback from the member of staff. We were told that meetings took place on an 'ad-hoc' basis as there were only two members of staff.