Dr Daya Nand Das

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Das on 25 February 2016. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews and investigations were not thorough enough, outcomes were not shared and learning was not cascaded to staff.
- Risks to patients were assessed and managed.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.
- Information about services was available but not everybody would be able to understand or access it. For example there were different languages across the patient population but no information available in appropriate languages and formats.
- The practice had a number of policies and procedures to govern activity, but the majority were overdue a review.
- There were no robust infection prevention and control measures in place.
- There were no health and safety risk assessments or checks in place such as fire safety and legionella. The practice did not have oxygen available in case of emergency.
- Disabled access to the treatment rooms and other facilities was limited.
- The practice had no clear leadership structure, insufficient leadership capacity and limited formal governance arrangements.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was available.
- Patients said they found it easy to make an appointment with a named GP, with urgent appointments available the same day.

Summary of findings

- The practice had sought feedback from patients and had a patient participation group.

The areas where the provider must make improvements are:

- Investigate safety incidents thoroughly and ensure that any learning from these is cascaded to staff.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure that all clinical audits demonstrate a two audit cycle to support quality improvement for patient outcomes.
- Put assurances in place in place to ensure all clinicians, including locum GPs and the practice nurse, are kept up to date with national guidance and guidelines.
- Take action to address identified concerns with infection prevention and control practice including legionella and Control of Substances Hazardous to Health risk assessments.
- Undertake a fire risk assessment as a matter of urgency and introduce regular alarm testing and evacuation drills.
- Put in place a business continuity plan in the event of an unforeseen emergency incident or event.
- Have oxygen available in the event of a medical emergency.
- Ensure recruitment arrangements include all necessary employment checks for all staff including DBS for those staff undertaking chaperone duties.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements

In addition the provider should:

- Provide practice information in appropriate languages and formats.
- Review and update procedures and guidance.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made so a rating of inadequate remains for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service.

Special measures will give people who use the practice the reassurance that the care they get should improve.

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.

- 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 were at risk of harm because systems and processes were not in place in a way to keep them safe. This included recruitment checks, infection prevention and control measures, dealing with emergencies, fire safety and health and safety risk assessments.
- Disclosure and Barring Service (DBS) checks or risk assessments had not been undertaken for all staff who carried out chaperone duties.

Are services effective?

Inadequate

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

- Data showed patient outcomes were variable compared to the locality and nationally.
- Knowledge of and reference to national guidelines was inconsistent.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services. This is due to concerns within the practice that have an impact on all patients across the domains. However, we saw some examples of positive practice.

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to.

Summary of findings

- Information about services was available but not everybody would be able to understand or access it. For example there were different languages across the patient population but no information available in appropriate languages and formats.

Are services responsive to people's needs?

Requires improvement

The practice is rated as requires improvement for providing responsive services.

- Although the practice had reviewed the needs of its local population, it had not put in place a plan to secure improvements for all of the areas identified.
- Feedback from patients reported that access to a named GP and continuity of care was available and urgent appointments were usually available the same day.
- The practice was not well equipped to treat patients and meet their needs.
- Patients could get information about how to complain. However, there was no evidence that learning from complaints had been shared with staff.

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 and staff did not feel supported by management.
- The practice had a number of policies and procedures to govern activity, but the majority of these were overdue a robust review.
- The practice did not hold regular governance meetings and issues were discussed at ad hoc meetings.
- The practice had sought feedback from patients and had a patient participation group.
- The practice did not have an understanding of their performance and did not have systems in place to monitor performance and make improvements.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

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

- Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have updated care plans.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example the number of emergency admissions for 19 ambulatory care sensitive conditions was 23 per 1,000 population compared to the national average of 14.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable to the CCG and national averages.
- Longer appointments and home visits were available for older people when needed.
- The safety of care for older people was not a priority and there were limited attempts at measuring safe practice.

People with long term conditions

Inadequate

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

- The practice nurse had a lead role in chronic disease management but was only in the practice one day per week and there was no cover if they were unavailable.
- Longer appointments and home visits were available when needed.
- There was no investigation into the very high hospital admission rates in this patient group

Summary of findings

Families, children and young people

Inadequate

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

- Immunisation rates for the standard childhood immunisations were mixed.
- Patients told us that children and young people were treated in an age-appropriate way.
- Appointments were available outside of school hours.
- There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- Staff told us that children and young people were treated in an age-appropriate way. However, not all staff were aware of the Gillick Competencies.
- Staff were undertaking chaperone duties without a disclosure and barring service check in place or a risk assessment detailing the rationale as to why they did not require one.

Working age people (including those recently retired and students)

Inadequate

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

- Although the practice offered extended opening hours for appointments, patients could not book appointments or order repeat prescriptions on line.
- Health promotion advice was offered but there was limited accessible current health promotion material available throughout the practice.
- There was a low uptake for both health checks and health screening.

People whose circumstances may make them vulnerable

Inadequate

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

Summary of findings

- There were no policies or arrangements to allow people with no fixed address to register or be seen at the practice.
- The practice had carried out annual health checks for people with a learning disability, but there was no evidence that these had been followed up.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns however information on how to contact relevant agencies in normal working hours and out of hours was not readily available and not current.

People experiencing poor mental health (including people with dementia)

Inadequate

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

- The practice was unable to identify patients experiencing poor mental health or those with dementia.
- It had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice had not told patients experiencing poor mental health about support groups or voluntary organisations.
- It 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 and no dementia training was made available.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was generally performing the same as or above local and national averages. 372 survey forms were distributed and 105 were returned. This represented just about 7% of the practice's patient list.

- 98% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 92% were able to get an appointment to see or speak to someone the last time they tried (National average 76%).
- 87% described the overall experience of their GP surgery as fairly good or very good (National average 85%).
- 77% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (National average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring. Information from the "Friends and Family Test" indicated that the some patients completing the form are extremely likely or likely to recommend the practice to others.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Investigate safety incidents thoroughly and ensure that any learning from these is cascaded to staff.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure that all clinical audits demonstrate a two audit cycle to support quality improvement for patient outcomes.
- Put assurances in place in place to ensure all clinicians, including locum GPs and practice nurses, are kept up to date with national guidance and guidelines.
- Take action to address identified concerns with infection prevention and control practice including legionella and Control of Substances Hazardous to Health risk assessments.
- Undertake a fire risk assessment as a matter of urgency and introduce regular alarm testing and evacuation drills.
- Put in place a business continuity plan in the event of an unforeseen emergency incident or event.
- Have oxygen available in the event of a medical emergency.
- Ensure recruitment arrangements include all necessary employment checks for all staff including DBS for those staff undertaking chaperone duties.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements

Action the service SHOULD take to improve

The provider should:

- Provide practice information in appropriate languages and formats.
- Review and update procedures and guidance.

Dr Daya Nand Das

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector**.** The team included a GP specialist adviser.

Background to Dr Daya Nand Das

This practice is located in Leigh and is also known as Direct Access Surgery. The practice provides services from a modified terrace house. Consultation rooms are on both ground floor and first floor (for suitable patients). At the time of our inspection there were just over 1500 patients registered with the practice. It is overseen by NHS Wigan Borough Clinical Commissioning Group (CCG).

There are a higher proportion of patients above 65 years of age (21%) than the practice average across England (17%). There are a high proportion of patients registered who have a long standing health condition (68%) compared to the CCG (57%) and National (54%) averages. Data showed there was a 25% turnover of patients per year.

There is one GP (male) supported by a practice nurse. There is also a practice manager and two supporting administration and reception staff. There was no regular and consistent access to a female GP in the practice for the patient population.

The practice delivers commissioned services under the Personal Medical Services (PMS) contract. It offers direct enhanced services for the childhood vaccination and immunisation scheme, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, minor surgery, patient participation, rotavirus and shingles immunisation and unplanned admissions.

The practice is open from 9am to 5.30pm from Monday to Friday with the exception of Thursday when there are extended hours are 6.30pm to 7.30pm and Wednesday when the practice closes at 1pm. Cover is provided through the out of hours service on a Wednesday afternoon.

Patients can book appointments in person or via the phone. Emergency appointments are available each day. There is an out of hours service available provided by Bridgewater Community Health Care Trust and commissioned by Wigan Borough CCG.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016. During our visit we:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Spoke with staff, patients and the PPG.
- Spoke with staff from external organisations.
- Reviewed patient survey information.
- Observed how people were being cared for and talked with carers and/or family members
- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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 a system in place for reporting incidents and recording significant events but this was not effective.

- Staff told us they would inform the practice manager of any incidents that occurred.
- The practice did not undertake significant event analysis.

There was no evidence that any alerts, for example medicines or patient safety alerts, were being cascaded to staff in the practice.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Some arrangements were in place to safeguard children and vulnerable adults from abuse. However written information on this was not current. For example contact details for onward safeguarding referrals were not correct The GP was the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP was trained to Safeguarding level 3.
- Notices were displayed in the consultation rooms advising patients about chaperones, if required, but not in the waiting area. Some staff had been undertaking chaperone duties but did not have a disclosure and barring service (DBS) check or risk assessment in place. The provider must ensure that only staff who have completed a DBS check undertake chaperone duties or make sure there is a risk assessment to explain the reasoning for not undertaking a DBS check.
- The premises were not clean and tidy. It was unclear who was the infection control lead in the practice. There was a current infection control audit but we did not see any evidence that action was taken to address any improvements identified as a result. For example we saw broken tiles and peeling paint, and the treatment room to the rear of the building, used for minor surgery, was extremely dusty and there were stains on the floor tiles. There was no plan to rectify this. There were cleaning rosters in place but these were dated 2014 and there were no checklists to indicate that the schedules had been completed.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). There were regular audits carried out by the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation.
- We reviewed four personnel files and found some recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, and registration with the appropriate professional body. However, not all staff had the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- There were limited procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety poster in the reception office however this was covered by other information on the notice board. The practice did not have an up to date fire risk assessment, did not test any alarms and did not carry out regular fire drills. However fire extinguishers were serviced annually.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had no other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

Inadequate

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises. The practice had adult and children's oxygen masks but no oxygen and could provide no reasonable explanation why they did not have this. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice did not have a 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 assessed needs and delivered 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 ensure all clinical staff were up to date.
- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice did not monitor that these guidelines were followed and did not carry out risk assessments, audits and random sample checks of patient records.
- There were also no assurances in place that any locum staff had received updated information.

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 the time of our inspection the practice had achieved 95% of QOF points available compared to the CCG average of 96% and national average of 95% and with 3.1% exception reporting. Data from 2014/15 showed;

- The percentage of patients with diabetes, on the register, in whom the last IFCCHbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 78% which was comparable to the national average of 77%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 71% which was below the national average of 78%
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 April to 31 March (01/04/2014 to 31/03/2015) was 95% which was comparable to the national average of 94%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 80% which was the same as the national average of 80%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 62% which was significantly below the national average of 88%. The practice could not offer an explanation as to why this was so low or demonstrate a plan to improve these results.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2014 to 31/03/2015) was 82% which was comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% which was above the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% which was above the national average of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 79% which was below the national average of 84%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2014 to 31/03/2015) was 93% which was comparable to the national average of 94%.

Clinical audits did not demonstrated quality improvement.

- There had been a series of clinical audits commenced in the last two years, however none of these were completed audits and there were no improvements

made or implemented as a result of these. Most audits were medicine and prescribing audits that were instigated and undertaken by the CCG pharmacy technician.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This comprised staff having to complete an induction booklet.
- The practice nurse could demonstrate how they received role-specific training and updates such as reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme. The practice nurse who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice nurse forums.
- Staff had an appraisal completed but it did not identify learning and practice development needs. Staff had access to some training to meet their learning needs and to cover the scope of their work such as basic life support, manual handling, equality and diversity and safeguarding.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Clinical staff worked together with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw evidence that multi-disciplinary team meetings took place on a regular basis.

Consent to care and treatment

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

- Clinical 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, clinical 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 or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent consistently applied.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives and those with a learning disability. They did not formally identify patients with caring responsibilities.
- Patients who required counselling were referred to another service in the area.
- The practice had access to the community link worker (CLW). The CLW took referrals for patients who need extra help, but not necessarily medical help. It can vary from advice on benefits to social issues such as loneliness and not knowing which services are available and how they can be accessed. This service works in co-operation with Age UK so that patients over 65 will be linked to the services available through them. The practice had made two referrals since this service had been operating.

The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years (01/04/2014 to 31/03/2015) was 77% which was below the national average of 82%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 100% and five year olds from 81% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and

Inadequate

Are services effective?

(for example, treatment is effective)

checks were made, where abnormalities or risk factors were identified. However the practice did not proactively offer these health checks to patients but only when they attended the practice.

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.

- No curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments but there was a screen in the GPs consulting room.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not 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 of the 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. 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 performing generally in line with its satisfaction scores on consultations with GPs and nurses. For example:

- 86% said the GP was good at listening to them (CCG average 90%, national average 89%).
- 91% said the GP gave them enough time (CCG average 88%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 85% said the last GP they spoke to was good at treating them with care and concern (CCG average 86%, national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 94%, national average 91%).
- 96% said they found the receptionists at the practice helpful (CCG average 90%, national average 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 on the comment cards we received was also positive and aligned with these views.

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 in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments (CCG average 87%, national average 86%)
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%)
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. There were no visible notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access some support groups and organisations.

There was no system in place to alert the GP if a patient was also a carer. There was a notice board in the reception area providing some limited and outdated information for carers.

Staff told us that if families had suffered bereavement, the GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had not reviewed the needs of its local population or engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Thursday evening from 6.30pm to 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Disabled access to the treatment rooms and other facilities was limited. For example the downstairs toilet had a disabled sign on the door but this could not be accessed by a patient in a wheelchair. Also a wheelchair bound patient could not access the downstairs treatment room that was used for minor surgery.
- There were translation services available.
- There was limited access to a female GP.

Access to the service

The practice is open from 9am to 5.30pm from Monday to Friday with the exception of Thursday when there are extended hours are 6.30pm to 7.30pm and Wednesday when the practice closes at 1pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the national average.

- 92% of patients were satisfied with the practice's opening hours (National average 78%).
- 98% patients said they could get through easily to the surgery by phone (National average 73%).
- 77% patients said they always or almost always see or speak to the GP they prefer (CCG National average 36%).

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

Listening and learning from concerns and complaints

The practice had a 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at all complaints received in the last 12 months and found these were satisfactorily handled. However we did not see any evidence of shared learning from these.

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 or strategy for the practice.

- The practice did not have a mission statement or a clear vision or strategy..
- The practice had some policies in place. Some of these were not practice specific, for example, some policies were old Primary Care Trust (PCT) policies. Most of the policies we saw were not dated, with any indication of a review date. We received no assurances that any changes to policies and procedures were cascaded to staff such as safeguarding information. The practice manager had updated some policies by just changing the year in pen on the front sheet.

Governance arrangements

- The practice did not have a governance framework which adequately supported the delivery of good quality care.
- The practice had a single handed GP who was supported by locum GPs when needed.
- Policies were not always practice specific and were often undated, so it was difficult to know if information and guidance was up to date.
- Not all staff had an understanding of the performance of the practice.
- The practice manager was unaware of the national GP patient survey results and was not aware they could respond to comments on NHS Choices.
- There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.

Leadership and culture

The provider was aware of and complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. They did not keep written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff generally felt supported by management.

- Staff told us the practice held regular team meetings. However information from these meetings was not consistently recorded.

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

The practice told us they encouraged and valued feedback from patients, the public and staff.

- There had been a patient participation group (PPG) for approximately four years. We met with two members individually who told us five of them met four times a year. The group told us they were unsure of their remit but thought it was to feedback patient views to the practice about improvements that had been made.
- There was no evidence to suggest the practice had gathered feedback from staff, However there were staff meetings but we did not see any actions from these.

Continuous improvement

We saw no evidence that the practice had any systems and processes in place to demonstrate any continuous improvement and innovation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **Regulation 13 HSCA (RA) Regulations 2014:** **Safeguarding service users from abuse and improper treatment.** **How the regulation was not being met:** **We found that the registered person had a safeguarding policy but it did not contain up to date guidance.** **Regulation 13(2)**

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Regulation 12 HSCA (RA) Regulations 2014: Safe care and treatment How the regulation was not being met: The registered person had failed to ensure care and treatment was provided safely and that the risks to the health and safety of patients receiving care and treatment were properly assessed. There were no effective processes in place in relation to infection control, business continuity and fire safety. The registered person did not ensure recruitment arrangements include all necessary employment checks for all staff were in place that included taking up references and completing disclosure and barring service checks, in particular for staff who were already undertaking chaperoning duties. The provider was not assessing the risks to the health and safety of patients receiving the care or treatment or doing all that is reasonably practicable to mitigate any such risks. The provider had not ensured that the premises used by patients are safe to use for their intended purpose and are used in a safe way. There was no fire risk assessment, no fire evacuation drills carried out and no alarm testing. 12(1)(2)(a)(b)(c)(d)(h)

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014:

Good Governance

How the regulation was not being met:

The provider did not assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities.

The systems and processes in place did not enable the provider to identify where quality and safety were being compromised and had not always responded appropriately and without delay.

Learning from significant events was not shared with relevant staff.

We found that the registered person did not have all the required practice specific policies and procedures, and those held were not always dated.

The practice did not complete clinical audit cycles as a way to improve patient care and implement change.

The practice did not have a business continuity plan.

Regulation 17 (1) (2)(a)(b)(f)