

# Dr Haider Al-Hasani

## Quality Report

Dr Haider Al-Hasani  
9 Lynwood Road  
London  
W5 1JQ  
Tel: **020 8997 7522**  
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?

Requires improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Haider Al-Hasani on 4 August 2016.

Overall the practice is rated as inadequate.

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

- The system of reporting incidents was not always consistently followed and there was no evidence of learning from incidents and communication with staff.
- The practice did not have adequate systems in place for medicines and infection control management.
- 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.
- Not all staff demonstrated the necessary competencies in relation to safeguarding of vulnerable adults and children.
- Not all clinical staff were aware of the requirements of the Mental Capacity Act 2005, and their duties in fulfilling it.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example there was no multi-disciplinary working taking place to improve patient care.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- Patients we spoke with on the day of the inspection said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- The practice had insufficient leadership capacity and limited formal governance arrangements. As a result they had failed to identify and manage significant issues that threatened the delivery of safe and effective care.

The areas where the provider must make improvements are:

- Introduce effective 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 practice.
- Ensure that the health care assistant only works to Patient Specific Directives to deliver care safely and that they are always supervised.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure that patients on high risk medicines are reviewed as required.
- Ensure that the process of issuing repeat prescriptions is only undertaken by qualified staff
- Ensure there is a programme of quality improvement to include completed clinical audits to drive improved outcomes for patients.
- 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.
- Ensure that the practice business continuity plan is tailored and suitable to the practice.
- Ensure there is leadership capacity to deliver all improvements.

- Ensure they have effective arrangements in place to safeguard children and vulnerable adults.
- Ensure that all clinical staff are aware of the Mental Capacity Act and their duties in fulfilling it.
- Ensure they develop a system that obtains patients views on improving the service.

The areas where the provider should make improvements are:

- Ensure that the vaccines fridges are monitored by adequately using efficient thermometers.
- Ensure there is adequate nursing staff to adequately deliver care.
- Improve the process of identifying carers to ensure they receive support and information as appropriate.
- Ensure they develop and maintain a Patient Participation Group so as to actively involve patients in developing and improving the service.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate 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 service 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 by adopting our proposal to remove this location or cancel the provider's registration. Special measures will give people who use the service 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?

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

- Although the practice carried 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. For example the practice did not have a policy or a system it followed in the re-issue of prescriptions. As a result some repeat prescriptions were being processed without the authorisation of the GP.
- Patients on some long term medication that required monitoring were not being reviewed.
- Though the practice had a business continuity plan. This was not specific to the practice and did not contain emergency contact details and there was no information or plan on the action to take in an emergency/disaster.
- The principal GP was the lead for safeguarding children and adults. However they could not use the clinical system effectively to ensure alerts were on the system to identify vulnerable patients.
- Not all administrative staff could demonstrate their understanding of safeguarding.
- No regular fire drills were being conducted at the practice.

Inadequate



### Are services effective?

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

- Patient outcomes were hard to identify as 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.
- There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.

Inadequate



# Summary of findings

## Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- The practice had not reviewed the needs of its local population.
- Feedback from patients reported that access to a named GP was easily available; however access to the practice nurse was limited.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

**Inadequate**



## Are services well-led?

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.
- The practice lacked key policies such as medicines prescriptions issuing and though some policies were available they were not easily accessed by staff.
- Staff told us that they held team meetings at the practice. However the staff meetings minutes we saw contained very little information discussed and documented
- The practice had not proactively sought feedback from patients and did not have a patient participation group.
- Staff told us they had not received regular performance reviews and did not have clear objectives.

**Inadequate**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the 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 care plans where necessary.
- The practice had a named GP for all patients over 75.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Inadequate



### People with long term conditions

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

- Longer appointments and home visits were available when needed.
- Annual reviews were undertaken to check that patients' health and care needs were being met by a staff who was not always supervised.
- The practice could not demonstrate that they held meetings with the district nurses and the end of life care team on a regular basis.

Inadequate



### Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Though the practice had systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people on protection plans they could not use this system effectively.
- Immunisation rates were low for standard childhood immunisations.

Inadequate



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 68%, which was lower than the CCG average of 78% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

## **Working age people (including those recently retired and students)**

The practice is rated as inadequate for working age people (including those recently retired and students). The provider was rated as inadequate for safe, effective, responsive and well led. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group. However the practice did not have its own website.
- Health promotion advice was offered but there was limited access to the practice nurse.

**Inadequate**



## **People whose circumstances may make them vulnerable**

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

- It offered longer appointments for people with a learning disability.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Not all staff knew how to recognise signs of abuse in vulnerable adults and children.
- We found no evidence that the practice had worked with multi-disciplinary teams in the case management of vulnerable people.

**Inadequate**



# Summary of findings

## People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients with dementia. The dementia diagnosis rate was comparable national average. (practice 75%; national 84%).
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- However, we found that not all clinical staff were aware of the requirements of the Mental Capacity Act 2005, and their duties in fulfilling it.
- There was no evidence of working with multi-disciplinary teams in the case management of people experiencing poor mental health.

Inadequate





# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016 for the most recent data. The results showed the practice was performing in line with local and national averages. Three hundred and thirty eight forms were distributed and 93 were returned. This represented a 29% response rate and 4% of the practice list size.

- 70% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 68% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 67% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 53% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice could not demonstrate an understanding of the areas they had scored lower than average and the actions they were taking to address these.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 12 comment cards which were all positive about the standard of care received. However three patients had commented on the difficulties they were experiencing on accessing nurse appointments due to the limited nursing hours available at the practice.

We spoke with three patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service MUST take to improve

- Introduce effective 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 practice.
- Ensure that the health care assistant only works to Patient Specific Directives to deliver care safely and that they are always supervised.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines.
- Ensure that patients on high risk medicines are reviewed as required.
- Ensure that the process of issuing repeat prescriptions is only undertaken by qualified staff.
- Ensure that the vaccines fridges are monitored by adequately using efficient thermometers.
- Ensure there is a programme of quality improvement to include completed clinical audits to drive improved outcomes for patients.
- 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.
- Ensure that the practice business continuity plan is tailored and suitable to the practice.
- Ensure there is leadership capacity to deliver all improvements.
- Ensure they have effective arrangements in place to safeguard children and vulnerable adults.
- Ensure that all clinical staff are aware of the Mental Capacity Act and their duties in fulfilling it.

# Summary of findings

- Ensure they develop a system that obtains patients views on improving the service.

## **Action the service SHOULD take to improve**

- Ensure there is adequate nursing staff to adequately deliver care.
- Improve the process of identifying carers to ensure they receive support and information as appropriate.
- Ensure they develop and maintain a Patient Participation Group so as to actively involve patients in developing and improving the service.

# Dr Haider Al-Hasani

## 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 practice manager specialist adviser.

## Background to Dr Haider Al-Hasani

Dr Haider Al-Hasani is located in Hanger Lane in the London Borough of Ealing. The practice provides care to approximately 2160 patients. The practice informed us that they have a population group from diverse backgrounds.

The practice is registered as a sole provider with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures; family planning services and maternity and midwifery services.

The practice has a General Medical Services (GMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning and sexual health services.

The practice has one male principal GP, a long term female locum GP and an ad hoc male locum GP working a total of 13 sessions between them.

The practice has a part time practice manager working a total of twelve hours per week. The rest of the practice team consists of one part time practice nurse working a

total of four hours every fortnight, one part time health care assistant/ receptionist working seventeen hours per week and two administrative staff consisting of a medical secretaries and reception staff.

The practice was currently open five days a week from 9:00am-6:00pm on Mondays, Thursday and Fridays. On Tuesday the practice was open until 7:30pm. On Wednesdays the practice closed at 1:00pm. Consultation times were 9:00pm until 1:00pm and 3:00pm until 6:00pm. Consultation times were 09:00am until 1:00pm and 3:00 until 6:00pm.

When the practice is closed, the telephone answering service directs patients to contact the out of hours provider.

There were no previous performance issues or concerns about this practice prior to our inspection

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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 4 August 2016. During our visit we:

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

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system in place for reporting and recording significant events however improvements are required.

- Staff told us they would inform the practice manager of any incidents and there was a book kept in reception where incidents were recorded. The practice had recorded two incidents in the past 12 months. However when we spoke with staff they told us that they informed the practice manager of some incidents that occurred via text message when they were not at the practice and these incidents had not been recorded in the book. We saw no procedure that staff then followed during the absence of the practice manager to deal with the incidents.
- There was no recorded evidence of how any incidents were discussed with staff to share learning.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice could not demonstrate the systems they had in place for acting on patient safety alerts. The practice manager advised us that they received the alerts and distributed them to the GPs. Following that we saw no evidence on action taken and who was responsible for ensuring that they had been acted upon.

### Overview of safety systems and processes

The practice lacked clearly defined and embedded systems, processes and practices to keep people safe and must make improvements.

- The practice did not have suitable arrangements in place to safeguard children and vulnerable adults from abuse.
- Staff at the practice could not demonstrate how they accessed policies. Staff told us that paper policies were kept by the practice manager. Staff could not explain to us how they accessed these policies if required in the absence of the practice manager.

GPs were trained to child protection or child safeguarding level 3, nurses to level 2 and non-clinical staff to level 1. Though administrative staff had undertaken training they had limited knowledge on the different types of abuse or what constituted safeguarding.

The principal GP was the safeguarding lead at the practice. The practice used a clinical system that ensured vulnerable children and adults were indicated on the system. However the principal GP could not demonstrate to us how they would identify a vulnerable child/family on the computer system.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).
- We observed the premises to be reasonably clean and tidy. A cleaner attended the practice once weekly to clean but no system was in place to monitor this. The practice nurse was the infection control clinical lead though it was difficult to ascertain how they carried out this work as their time at the practice was very limited. There was an infection control protocol in place and staff had received up to date training. The practice had carried out an infection control audit in 2015. However they had not taken action to address issues that had been identified in the audit. For example the practice had identified that some non-wipe able chairs in the patient waiting room required replacing or to undergo steam cleaning on a regular basis and that a sink overflow needed to be changed. These had still not been implemented. The practice manager told us that they were still in the process of addressing the required action.

The arrangements for managing medicines required improvements.

- We found the arrangements for managing medicines, including prescriptions processing and vaccinations in the practice did not always keep patients safe. The

## Are services safe?

practice did not have a safe policy when patients requested repeat prescriptions. For example administrative staff reauthorized and continued to issue medicines even though patients had not been reviewed.

- We looked at clinical records of a patient who was on medication that required annual blood tests. We saw that this patient had a last recorded blood test from three years ago. However the practice had continued to prescribe the medication. The principal GP told us that they thought the hospital had undertaken the blood tests. However they could not show us any evidence of this in the records to confirm that this had been done.
- Though the practice had a system for monitoring fridge temperatures. We found that a week prior to our inspection the vaccines fridge had been indicating a maximum temperature of around 12 degrees Celsius which was higher than the recommended 2-8 degrees Celsius. This had been followed up by an engineer who had advised the practice to replace the thermometers as they were giving false readings. However on the day of our inspection the practice had still not replaced the thermometer. Therefore the practice could not assure themselves if the fridge readings were correct. The practice manager advised us that they were still planning to order the thermometers.
- The practice carried out medicines audits as required by the CCG (Clinical Commissioning Group) to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored; however there were no systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). However we saw that Patient Group Directions used by the practice nurse had not been countersigned by a GP.
- The health care assistant was administering influenza immunisations and Vitamin B injections without any Patient Specific Directions. The practice told us that they had not implemented PSDs for the vaccination of influenza as the health care assistant was not administering these. However we saw evidence on the health care assistants booked clinics that they had been administering flu vaccines during the last flu season.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. However they did not carry out regular fire drills and there was no nominated fire marshal.
- 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 a variety of 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 were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies however improvements are required.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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 and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- Emergency medicines were easily 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 stored securely.
- The practice had a business continuity plan in place, however this had not been tailored to the practice. The plan did not contain specific action to take in major incidents such as power failure or building damage. The plan did not include emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

- The practice did not have formal systems in place to keep all clinical staff up to date. Staff individually accessed guidelines from NICE (National Institute for Health and Care Excellence) to deliver care and treatment that met patients' needs. There were no systems used at the practice to ensure these guidance were received for the practice as a whole and shared.
- We saw no evidence that the practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

We saw no evidence that the practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The principal GP had limited knowledge about QOF and they didn't understand what exception reporting was. The principal GP could not explain how the process worked and could not fully explain how this resulted in improvements to patient care and their involvement with the process (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of points available, with exception reporting of 13%. (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). This was below the clinical commissioning group (CCG) and national averages of 95% and 3% CCG exception reporting.

The practice had been identified as an outlier for the uptake of cervical smears and diabetes management.

- Performance for diabetes related indicators was lower than the national average. (practice 64%; national 78%).
- The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average. (practice 81%; national 83%).
- Performance for mental health related indicators was below the national average. (practice 83%; national 90%).

- The dementia diagnosis rate was comparable national average. (practice 75%; national 84%).

The practice were aware of the low performance in relation to diabetes management only and they told us that they were planning to recruit a full time nurse to effectively manage patient care.

The practice could not demonstrate any quality improvement measures such as clinical audits that had been completed apart from the CCG medicines audits.

### Effective staffing

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- However the practice could not demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The health care assistant was undertaking reviews for long term condition patients. The principal GP advised that they supervised this work and provided training. However no records were available to evidence this. The health care assistant was also undertaking influenza vaccines without supervision.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. However the practice relied on the nurse keeping themselves up to date at another practice where they worked.

The practice had not identified the learning needs of staff. No records were available to evidence staff appraisals and reviews of practice development needs. No staff had received an appraisal within the last 12 months. Staff told us that team meetings were held at the practice. However the staff meetings minutes we saw contained very little information discussed and documented.

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and



# Are services effective?

## (for example, treatment is effective)

information governance. Staff had access to and made use of e-learning training modules and in-house training. However we found that some staff could not demonstrate their understanding of safeguarding.

### **Coordinating patient care and information sharing**

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

The principal GP found it difficult to efficiently use the patient clinical recording system used for recording patients notes. For example the GP was incorrectly loading the problem page on the patient records with inappropriate entries that made it difficult for anyone else viewing the record to quickly identify the problems areas.

We saw no evidence to confirm that meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### **Consent to care and treatment**

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

- We found that the principal GP did not fully understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

### **Supporting patients to live healthier lives**

The practice did not have a system to identify patients who may be in need of extra support. They dealt with these needs when patients presented to them and we saw no evidence of forward care planning.

The practice's uptake for the cervical screening programme was 68%, which was lower than the CCG average of 78% and the national average of 82%. The practice were aware of the low uptake which they attributed to their population group. The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 35% to 56% and five year olds from 75% to 85%. The vaccination rates for the under twos were much lower than the CCG average. Reception staff told us that they followed up non-attenders.

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

# 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.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could 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 18 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

However the practice had scored low for most of its satisfaction scores on consultations with GPs and nurses. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 76% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

- 80% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients had not responded so positively to questions about their involvement in planning and making decisions about their care and treatment. Results were much lower than local and national averages. For example:

- 68% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 65% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 74% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Most staff working at the practice also spoke languages used by patients who used the practice.
- Information leaflets were available in easy read format.

### Patient and carer support to cope emotionally with care and treatment

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 17 patients as carers representing 0.85% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found no evidence that the practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services.

- The practice offered late evening appointments until 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 had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients were referred to other clinics for those vaccines only available privately.
- Patients had access to online appointments and prescription requests through the TPP website.

### Access to the service

The practice was currently open five days a week from 9:00am-6:00pm on Mondays, Thursday and Fridays. On Tuesday the practice was open until 7:30pm. On Wednesdays the practice closed at 1:00pm. Consultation times were 9:00pm until 1:00pm and 3:00pm until 6:00pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 67% of patients were satisfied with the practice's opening hours compared to the national average of 79%.

- 70% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

People told us on the day of the inspection that they were able to get GP appointments when they needed them. However a number of patients commented on the difficulties they had to get nurse appointments for ongoing care such as ear syringing and wound care. The practice nurse attended the practice once a fortnight and offered four nursing hours. The practice told us that the health care assistant covered most nursing roles; they had reduced the nursing hours due to previously unfulfilled nurse appointments. However they were in the process of implementing more practice nurse hours with permanent staff from September 2016.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available to help patients understand the complaints system
- We looked at two complaints received in the last 12 months and found these were satisfactorily handled in a timely way. For example the practice had received a complaint from a patient who had waited for more than half an hour to be seen for their appointment after their arrival at the practice. However we saw no evidence of complaints being shared and discussed with the team. Therefore no mechanisms were in place to ensure lessons learnt were shared with all relevant staff.

# 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 vision to deliver high quality care and promote good outcomes for patients.
- No strategy and business plans were in place to reflect the values of the practice.
- We saw no evidence where the vision and values of the organisation were discussed and shared with staff.

### Governance arrangements

The practice did not have clear governance arrangements in place. The practice held no clinical governance meetings, and the systems for learning, sharing and making improvements following Significant Events Analyses (SEA) and complaints were not effective.

- We viewed the practice's business continuity plan and found that this had not been tailored to the practice. No staff contact details were contained in the plan and they had been no identification of how the practice was to continue operating in cases of difficulty.
- No programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were inadequate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

- The concerns found on the day of the inspection with dealing with repeat medicines prescriptions being authorised by non-clinical staff showed that the practice did not have adequate leadership. Both the practice manager and the principal GP were aware of this arrangement. The practice manager told us that they had raised their concerns with the GP regarding this. However no action had been taken to ensure that this had stopped.
- Though the practice told us they prioritised safe, high quality and compassionate care this could not be demonstrated as the practice lacked governance, systems and processes to keep people safe. Staff told us the principal GP and practice manager were approachable and always took the time to listen to all

members of staff. However we found the administration of the practice was not effectively managed. The practice manager was at the practice for limited times and could not demonstrate how staff were supervised and how other managerial duties were completed during their absence. When we spoke to staff at the practice, it was not clear which days the practice manager worked or attended the practice.

- The principle GPs knowledge of the practice was very limited. They were not aware of the practice's essential information such as exception reporting and they could not use the patient clinical system effectively.
- Staff told us the practice held regular team meetings though minutes of these were not always recorded.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the principal GP at the practice.

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

- The practice had not gathered feedback from patients through the patient participation group (PPG). The practice did not have a PPG. They told us that they were recruiting for a borough wide PPG though we saw no evidence of this.
- Staff told us that the practice had gathered feedback from staff through meetings though these meetings were not always documented or when they were there was very little information in them. However staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. No appraisals had taken place for all staff in the last year.

### Continuous improvement

- We saw no focus on continuous learning and improvement at all levels within the practice. The practice kept very limited records of training and development undertaken by staff.

# Are services well-led?

Inadequate 

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

- No staff member had an appraisal completed which demonstrated that personal development was not a priority for the practice. None of the GPs could evidence a system of peer review used at the practice to continually improve.

## 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	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment
Family planning services	The registered person did not ensure care and treatment was provided in a safe way for service users by making suitable arrangements for:
Maternity and midwifery services	The practice could not demonstrate the process for issuing repeat prescribing was safe. Repeat prescriptions were being authorised by non-clinical staff without the involvement of a GP.
Treatment of disease, disorder or injury	The health care assistant was administering influenza vaccinations without the use of Patient Specific Directives (PSD).
	The nurses Patient Group Directives (PGD) had not been authorised by a GP.
	The practice was not following the process for reviewing and managing patients on high risk medicines.
	The practice did not keep a log of their prescription pads.
	The practice was not following their infection control policy.
	The practice was not carrying out regular fire drills according to their policy.
	This was a in breach of regulation 12(1) (2) of the Health and Social Care Act 2008 (RegulatedActivities)

This section is primarily information for the provider

## Requirement notices

Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

The registered person did not ensure that systems and processes were established and operated effectively to prevent and investigate abuse or allegations of abuse of service users.

The practice could not evidence that clinical and non-clinical staff had received appropriate safeguarding adults and children training to ensure they understood their roles and responsibilities in relation to preventing abuse.

No systems were in place to ensure staff had adequate safeguarding knowledge to enable them to identify abuse to protect people using the service.

Clinical staff could not effectively use an alert system used at the practice to flag vulnerable children and adults.

The Principal GP was not aware of the Mental Capacity Act and their duties in fulfilling it.

This was in breach of regulation 13(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

We found no systems or processes in place that enabled the provider to identify where quality and/or safety were being compromised and to respond appropriately and without delay.

The practice did not have key governance policies; such as medicines management.



## Requirement notices

The practice could not evidence any audits that had been undertaken to monitor and improve care.

The practice did not have systems that obtained patients views on improving the service.

This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Treatment of disease, disorder or injury

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered provider did not ensure that staff received appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

No staff at the practice had received an appraisal in the last 12 months.

The health care assistant working at the practice was not being supervised in their role to ensure they delivered safe patient care.

This was in breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.