

# Dr UA Afser & Dr A Arif 's Practice

## 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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr UA Afser & Dr A Arif 's Practice on Thursday 21 April 2016. Overall, the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, there was no fire risk assessment and the fire alarm was not working on the day of inspection and the fire extinguishers had expired their servicing date. A Legionella risk assessment had not been carried out, there was no portable appliance testing conducted and improvements identified in an infection control audit carried out in 2015 had not been actioned.
- Data showed patient outcomes were comparable to the national average. Although one audit had been carried out, we saw no evidence that audits were driving continuous improvements to patient outcomes.

- Patients were positive about their interactions with staff and said they were treated with compassion and dignity. However, patients told us appointment systems were not working well and waiting times were long.
- Information about services was available but not everybody would be able to understand or access it. For example, the complaints procedure was in English and therefore not all patients would understand what to do.
- The practice had a number of policies and procedures to govern activity. However the practice business continuity plan did not include a staff list or contact details.
- Staff were clear about reporting incidents, near misses and concerns and staff told us outcomes and learning was shared at practice meetings.

The areas where the provider must make improvements are:

# Summary of findings

- Ensure risk to patients and assessments and managed and improvements identified are implemented and actioned, including, Legionella, electrical safety, fire risks and infection control.
- Ensure recruitment arrangements include all necessary employment checks for all staff to comply with Schedule 3 requirements, including carrying out a risk assessment for Disclosure and Barring Service (DBS) checks for staff.
- Implement a programme of continuous improvement including audits to show improvements in patient outcomes.
- Ensure systems are in place to keep all staff up to date with role specific training, including training in safeguarding, fire and annual basic life support, and ensure appropriate records are kept.
- Ensure a risk assessment is carried out for managing medical emergencies if there is no defibrillator in the practice.
- Ensure there are arrangements for managing medicines, including Patient Group Directions (PGDs) are adopted by the practice and the proper storage of medicines and an effective system to track blank prescriptions.

The areas where the provider should make improvement are:

- Improve processes for making appointments.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.

- Make information more available to those with limited English.
- The provider should review arrangements for patients to access a female GP and review the number of practice nurse sessions available.
- Review the complaints system to be in line with the national complaints guidance.

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.

- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe. For example, there was a lack of risk assessments including fire, legionella, environmental and electrical appliances testing. We found infection control improvements identified had not all been actioned.
- Not all non-clinical staff had received appropriate safeguarding training in adult or children.
- Staff carrying out chaperoning duties had not been DBS checked and did not have a risk assessment.
- Patient Group Directions (PGDs) had not been adopted by the practice to allow the locum nurses 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).
- Although fire drills were carried out, there was no fire risk assessment, staff did not have fire safety training and we found fire extinguishers had failed to be checked since 2004.
- The practice did not have a defibrillator and had not carried out a risk assessment for not having one in case of a medical emergency.
- Staff did not have up to date basic life support training.
- There was an effective system in place for reporting and recording significant events.

Inadequate



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average. Although one audit had been carried out, we found a lack of evidence to support that audits were driving improvement in patient outcomes.
- Staff development was identified through formal and informal discussions. Non-clinical staff did not have training in safeguarding, information governance, infection control, or fire safety.

Requires improvement



# Summary of findings

- Staff assessed needs and delivered care in line with current evidence based guidance.
- GPs had the skills, knowledge and experience to deliver care and treatment and we saw evidence of multidisciplinary work with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. For example, 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. However, they were not always available in different languages.
- The practice did not have a translation service, but staff were multi-lingual and could speak Hindi and Bengali.
- The practice did not have a system to identify carers in the practice and did not proactively provide support and information to carers.

## Are services responsive to people's needs?

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

**Requires improvement**



- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages. For example, 57% of patients said they were able to get an appointment when they needed to see a GP or nurse compared to the CCG average of 64% and national average of 76%.
- Results from the GP patient survey showed that patient's satisfaction with waiting times was lower than local and national averages. For example, 68% of people said they felt they normally have to wait too long to be seen compared to the CCG average 47% and the national average 35%.
- The practice did not have induction loop for patients who were hard of hearing.

# Summary of findings

- Information about how to complain was available however, was only available in English and therefore not all people could understand the procedure. Learning from complaints was shared with staff.

## Are services well-led?

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

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not adequate.
- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. The practice did not provide a business plan.
- Although there was an induction policy, there was no evidence in staff records to show staff had received induction. There was a lack of training and the practice did not keep records of training staff had received.
- The practice had a patient participation group, which was active and met at least twice a year.
- The practice had a number of policies and procedures to govern activity.
- There was a leadership structure in place and staff felt supported by management.

**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 provider was rated as inadequate for safe and well led and requires improvement for effective and responsive and good for caring. The issues identified as inadequate overall affected all patients including this population group.

There were, however, examples of good practice.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older people in this population group had a named GP for continuity of care, but could also see a different GP if they wanted to.

Inadequate



### People with long term conditions

The provider was rated as inadequate for safe and well led and requires improvement for effective and responsive and good for caring. The issues identified as inadequate overall affected all patients including this population group.

There were, however, examples of good practice.

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the national average. For example, 72% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 72% for CCG average and 78% for national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Inadequate



# Summary of findings

## Families, children and young people

The provider was rated as inadequate for safe and well led and requires improvement for effective and responsive and good for caring. The issues identified as inadequate overall affected all patients including this population group.

There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. However, the practice could not demonstrate that all staff had received safeguarding training at the suitable level for their roles.
- 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.
- Childhood immunisation rates for the vaccinations given were mixed compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 91% and five year olds from 36% to 61%.
- The practice's uptake for the cervical screening programme was 77%, which was lower than the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Inadequate



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

The provider was rated as inadequate for safe and well led and requires improvement for effective and responsive and good for caring. The issues identified as inadequate overall affected all patients including this population group.

There were, however, examples of good practice.

- 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.

Inadequate





# Summary of findings

## People whose circumstances may make them vulnerable

The provider was rated as inadequate for safe and well led and requires improvement for effective and responsive and good for caring. The issues identified as inadequate overall affected all patients including this population group.

There were, however, examples of good practice.

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However, non-clinical staff did not have safeguarding training.

Inadequate



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

The provider was rated as inadequate for safe and well led and requires improvement for effective and responsive and good for caring. The issues identified as inadequate overall affected all patients including this population group.

There were, however, examples of good practice.

- 96% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average.
- Performance for mental health related indicators was higher than the national average. For example, all 19 patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 89% for CCG average and 88% for national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Inadequate



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with local and national averages. There were 394 survey forms distributed and 81 were returned. This represented 2% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 57% 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%.
- 74% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 61% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 patient comment cards 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. However, eight comment cards said waiting times were long and needed improving.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, they also said that waiting times could be up to 30 minutes. They told us that the practice had a 'one concern per appointment policy', which was outlined in a poster in the waiting area to help reduce waiting times.

## Areas for improvement

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

- Ensure risk to patients and assessments and managed and improvements identified are implemented and actioned, including, Legionella, electrical safety, fire risks and infection control.
- Ensure recruitment arrangements include all necessary employment checks for all staff to comply with Schedule 3 requirements, including carrying out a risk assessment for Disclosure and Barring Service (DBS) checks for staff.
- Implement a programme of continuous improvement including audits to show improvements in patient outcomes.
- Ensure systems are in place to keep all staff up to date with role specific training, including training in safeguarding, fire and annual basic life support, and ensure appropriate records are kept.

- Ensure a risk assessment is carried out for managing medical emergencies if there is no defibrillator in the practice.
- Ensure there are arrangements for managing medicines, including Patient Group Directions (PGDs) are adopted by the practice and the proper storage of medicines and an effective system to track blank prescriptions.

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

- Improve processes for making appointments.
- Review systems to identify carers in the practice to ensure they receive appropriate care and support.
- Make information more available to those with limited English.
- The provider should review arrangements for patients to access a female GP and review the number of practice nurse sessions available.
- Review the complaints system to be in line with the national complaints guidance.

# Dr UA Afser & Dr A Arif 's Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and the team included a GP specialist adviser.

## Background to Dr UA Afser & Dr A Arif 's Practice

Dr UA Afser & Dr A Arif's Practice provides primary medical services to approximately 3828 patients. The practice is in a purpose built building located in a residential area of Dagenham and is commissioned by Barking and Dagenham Clinical Commissioning Group (CCG). The practice holds a General Medical Services (GMS) contract with NHS England. The practice is registered with the Care Quality Commission to provide the regulated activities of surgical procedures, diagnostic and screening procedures, family planning and treatment of disease, disorder or injury. The practice runs a number of services for its patients including, long term condition management, new patient checks, administering joint injections and fitting/removing contraceptive implants.

The practice has two male GP partners providing 13 GP sessions a week. The practice employs one female locum nurse once a week providing one nursing session. There is one practice manager, one deputy practice manager and two administration staff.

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9.30am to 1.30pm every morning and 4.00pm to 6.30pm Monday to

Friday, with the exception of Thursday when the practice is closed from 1.30pm. Extended hours appointments were offered between 6.30pm and 8.00pm on Tuesdays. Appointments with the locum nurse were between 9.30am and 12.30pm on Wednesday or Thursday. The practice phone lines are closed between 1.30pm and 4.00pm for lunch. During some of this time the GPs attend home visits and carry out telephone consultations. The phone lines are diverted to the out of hours service, which is delivered by a different provider and the telephone number is provided on the practice leaflet.

Information taken from the Public Health England practice age distribution shows the population distribution of the practice was similar to that of other practices in CCG. The life expectancy of male patients was 79 years, which was higher than the CCG average of 77 years and the same as national average of 79 years. The female life expectancy at the practice was 82 years, which is one year higher than the CCG average of 81 years and one year lower than national average of 83 years.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest.

## 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

# Detailed findings

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.

Dr UA Afser & Dr A Arif's Practice was not inspected under the previous inspection regime.

## 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 Thursday 21 April 2016. During our visit we:

- Spoke with a range of staff (reception staff, nurse, practice manager and GPs) 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 an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and would record it into the incident book, held in reception. There was a recording form available on the practice's computer system that supported the recording of notifiable incidents under the duty of candour. The practice manager completed the recording forms. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff told us that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again. We saw details of incidences recorded onto patients records.
- Staff told us that the practice held meetings when a significant event took place and learning and outcomes were shared at this meeting.

We saw evidence that action was taken to improve safety in the practice as a result of a significant event. For example, we saw that a patient had suffered an asthma attack whilst waiting in the reception area. There was a delay as the GP could not find the nebuliser. The patient was treated once the nebuliser was located. As a result of the incident the practice now keep all the emergency medicines together in the medicines cabinet in the nurse's room. When we spoke to staff, they were able to tell us where the emergency medicines were kept.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had

concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. However, not all non-clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. We did not see evidence of safeguarding training completed for locum nurses.

- Non-clinical staff who acted as chaperones were trained for the role in house by the GPs and were able to give examples of where they would stand when chaperoning. However, they had not received a Disclosure and Barring Service (DBS) check nor had the provider risk assessed the need for a 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice manager and one of the GPs were the infection control leads. There was no infection control protocol in place and we saw no evidence of staff having received infection control training. Annual infection control audits were undertaken. However, we found clinical waste was stored with cleaning equipment and found that non-disposable damp mop heads were being used, which were identified as an issue in the infection control audit carried out in 2015. We found this had not been actioned.
- The arrangements for managing medicines, including emergency medicines and vaccines, did not keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Although there was a cold chain policy we found that the temperature of the fridges was not being recorded daily as per the practice policy. We found sharps bins in the clinical rooms did not have any written details on them, including a start date. Staff were unable to tell us when sharps bin would be replaced. We found 15 packs of out of date medical appliances including test strips and dressings. Processes were in place for handling repeat prescriptions, which included the review of high-risk medicines. Blank prescription forms and pads

## Are services safe?

were securely stored but there were no systems in place to monitor their use. Patient Group Directions (PGDs) had not been adopted by the practice to allow the locum nurses 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).

- We reviewed five personnel files and found appropriate recruitment checks had not been undertaken prior to employment. For example we found there was a lack of: proof of identification, references, qualifications, registration with the appropriate professional body and appropriate checks through the DBS had not been taken.

### Monitoring risks to patients

Risks to patients were not adequately assessed or 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; however, this did not contain contacts of local health and safety representatives. The practice had not carried out fire risk assessments although we saw evidence of a fire drill being carried out in February 2016. We were told as a result of the fire drill it was established that the fire alarm was not working. However, the practice had not taken action to get this replaced or repaired. There were two fire extinguishers, which had not been checked since 2004 and 2006. We saw no evidence of electrical equipment being checked to ensure the equipment was safe to use. We were told that this had recently been carried out but the practice did not have any records of this. We did however see evidence of clinical equipment being checked to ensure it was working properly in April

2016. The practice did not have other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health 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 and major incidents.

- Staff did not receive annual basic life support training, however the practice told us that training had been booked for all staff in July 2016.
- The practice did not have a defibrillator and had not carried out a risk assessment to show how it would manage medical emergencies without one in place. The practice did have oxygen with adult and child masks. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, the plan did not include emergency contact numbers for staff or contact details of local services.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.



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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. The practice was not an outlier for exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, 72% of patients with diabetes had a blood sugar level of 64 mmol/mol or less in the preceding 12 months compared to 72% for CCG average and 78% for national average.
- Performance for mental health related indicators was better than the national average. For example, all 19 patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive, agreed care plan documented in their records, in the preceding 12 months compared to 89% for CCG average and 88% for national average.
- Performance for dementia related indicators was better than the national average. For example, 96% of patients

diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, compared to 84% for CCG average and national averages.

Clinical audits demonstrated some quality improvement.

- There had been one clinical audit completed in the last two years, which was a two cycle completed audit. The audit was carried out on the prescribing of opioid medicines. The results of the audit showed they had improved opioid prescribing by 90%.
- The practice participated in national benchmarking and peer review.

### 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 covered discussions on such topics as fire safety, health and safety and data protection.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff. Staff told us they had a commitment to their own continued development and learning. For example, GPs attended monthly meetings held by the CCG to keep up to date with clinical training. However, we found that not all administration staff had training on information governance, safeguarding children or adults. No staff had training in fire safety or infection control.
- Locum nurses administering vaccines and taking samples for the cervical screening programme had received specific training. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attending CCG training forums.
- Staff had not received basic life support training since 2013.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

# Are services effective?

## (for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GPs assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- The practice told us patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, were signposted to the relevant service.
- Smoking cessation advice was available from a local pharmacy.

The practice's uptake for the cervical screening programme was 77%, which was slightly lower than the CCG average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were mixed compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 75% to 91% and five year olds from 36% to 61%. The practice told us that since getting support from the immunisation team from the CCG, they had changed their policy and procedures for childhood immunisations. The practice now audited the childhood immunisations every quarter and contacted the child's guardian to attend the practice. The practice told us that since this intervention the childhood immunisation rates had improved and we saw unpublished data that showed childhood immunisations rates were above 80% across all age groups.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and the practice had completed 21% of NHS health checks for patients aged 40–74 in 2014/15, which was above CCG average of 16%. 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.
- On the day of inspection, we found the waiting area to be over cramped and people were having to wait near the main doors or the reception counter and therefore were able to overhear confidential conversations at the reception desk.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer to speak to them in the practice office.

We received 47 patient Care Quality Commission comment cards 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 (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. However, eight comment cards said waiting times at the surgery were long and needed improving.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practices satisfaction scores on consultations with GPs and nurses were mixed compared to CCG and national averages. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 79% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 90% and the national average of 95%.

- 80% 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%.

However, patients satisfaction with nurse and reception staff were lower than the national average. For example:

- 84% 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%.
- 76% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

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

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% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that the practice team, including the GPs could speak a number of languages, including Bengali, Hindi and Urdu and therefore did not deem it necessary to have a translation service for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

## Are services caring?

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

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice did not have a register for carers. However, they had identified 15 carers of learning disability patients (0.4% of the practice list). The practice could not

demonstrate how they proactively identified carers across all their population groups. The practice told us that they would offer carers a priority flu vaccination and would refer carers for counselling when this was suitable.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was followed by a phone call to the families by the practice manager to arrange 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

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended opening hours on Tuesday evenings between 6.30pm and 8.00pm. These appointments were prioritised for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients with long term conditions.
- Patients with a long term condition had a named GP and a structured annual review.
- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority
- 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 require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- Appointments could be booked by telephone, online or at the reception desk. Repeat prescription could also be ordered online.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a system in place to follow up patients who had attended accident and emergency.
- The practice operates a 'one person-one condition' per appointment policy. However patients told us they were able to discuss more than one concern at their appointment.
- There were disabled facilities, but there were no hearing loop or translation services available. However, staff told us they were able to speak multiple languages, including Bengali, Hindi and Urdu.
- There were two male GPs, and no provisions were in place for patients to see a female GP. Two patients we

spoke to on the day of inspection told us that although they trusted and had confidence in both male GPs, they would prefer to see a female GP, especially when discussing intimate conditions.

- Appointments with the locum nurse were between 9.30am and 12.30pm Wednesday or Thursday.
- There was a lack of seating in the waiting area.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9.30am to 1.30pm every morning and 4.00pm to 6.30pm Monday to Friday, with the exception of Thursday when the practice is closed from 1.30pm. Extended hours appointments were offered between 6.30pm and 8.00pm on Tuesdays. The practice phone lines are closed between 1.30pm and 4.00pm for lunch and close at the end of the day at 6.30pm. During this time the GPs carry out home visits and telephone consultations. The telephone calls were directed to the out of hour's service. The out of hour's services is delivered by a different provider and the telephone number is provided on the practice leaflet. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them on the day.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was lower than local and national averages. On the day of inspection people also told us about the difficulty in getting through to the practice by phone and found it easier to come to the practice directly.

- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.
- 57% of patients said they were able to get an appointment when they needed to see a GP or nurse compared to the CCG average of 64% and national average of 76%.

We received eight comment cards that said waiting times were long and needed improving. They also said that waiting times to see a GP could be up to 30 minutes. We spoke to six patients on the day of inspection, who also said waiting times were long and they had accepted that they could be waiting for long periods of time before being seen by a clinician. They told us that the practice had a 'one concern per appointment policy', which was outlined in a

# Are services responsive to people's needs?

## (for example, to feedback?)

poster in the waiting area to help reduce waiting times. However, members of the PPG told us that this made little difference as the sign was in English and not all patients could understand it, but they had not raised this with the practice. Patient told us that the practice access time needed to be improved, as the practice was closed for long periods of time during the day. Results from the national GP patient survey were low compared to CCG and national averages, which was also in line with the comments patients made about waiting times:

- 68% of people said they felt they normally have to wait too long to be seen compared to the CCG average 47% and the national average 35%.
- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 78%.

The GPs had telephoning triage sessions at the end of their morning sessions. We saw that patients who needed to be seen after the telephone consultation were then booked in for an appointment in the afternoon on the same day or the next day. On the day of inspection people told us that they liked this system and that this meant they were able to see a GP if they needed to. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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. However, verbal complaints were not recorded.
- There was a designated responsible person who handled all complaints in the practice.
- There was a complaints policy and there were signs in the practice waiting area to speak to staff about any concerns or complaints. However, this was in English and not all the patients would be able to understand this.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. We saw that complaints were recorded onto patient notes. We saw that an annual review of the complaints had been carried out in February 2016 and actions were taken as a result to improve the quality of care. For example, there had been a complaint about an appointment time that had been changed without the patient being informed. As a result, the practice now has a texting service and can text patient's reminders of their appointment times, if patients request to be part of the texting service.

### Listening and learning from concerns and complaints

# 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 had a vision to deliver high quality care and promote good outcomes for patients, but this was not well documented or evidenced. We found issues that threatened the delivery of safe, high quality care were not all identified or adequately managed. Staff did not understand how their roles contributed to achieving the vision. The practice did not provide a business strategy.

### Governance arrangements

The practice did not have an effective governance framework to deliver their vision of good quality care.

- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not adequate. For example, there was no fire risk assessment and although we saw evidence of fire drills having been carried out, the fire alarm did not work and the fire extinguishers were out of date. Electrical appliance testing had not been carried out, and there were no risk assessments for the control of substances hazardous to health, environmental or legionella.
- A comprehensive understanding of the performance of the practice was not maintained. Although we saw some evidence of data collection, there was no programme in place for continuous clinical and internal auditing to be used to monitor quality and to make improvements to patient care.
- There were no systems in place to monitor or manage staff training. The management team had no oversight of the training requirements for individuals to carry out their roles and lacked any record keeping.
- Practice specific policies were implemented and were available to all staff.

### Leadership and culture

Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice told us that when there was unexpected or unintended safety

incidents the practice gave affected people reasonable support, truthful information and a verbal or written apology. We saw evidence of action taken recorded into patient notes.

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

- Staff told us the practice held practice meetings ad-hoc and we saw that the locum nurse did not attend these. We were told that the practice managers would inform the nurse of any necessary updates, however we did not see evidence of this.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management team in the practice.

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

The practice sought feedback from patients and staff and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met twice a year and submitted proposals for improvements to the practice management team. For example, the PPG requested for more chairs in the waiting room as there was not enough seats for people. As a result the practice put more seats in the waiting room. However, on the day of inspection, we found the waiting area to be over cramped and people were having to wait near the main doors or the reception counter and therefore were able to overhear confidential conversations at the reception desk. The PPG also asked that the waiting room be refurbished and chairs be upgraded as they felt that they spent a lot of time waiting in this area and therefore the environment needed updating. However, the PPG told us that the practice said they did not have funding to carry out such changes.
- The practice had gathered feedback from staff through staff meetings and discussions. 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.

## 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 Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to carry out risk assessments to ensure the premises used were safe. The provider failed to carry out fire, legionella, control of substances hazardous to health and portable appliance testing.</p> <p>The provider had not ensured that Patient Group Directions (PGDs) were in place to authorise nursing staff to administer vaccines and immunisations in line with national requirements. The provider had also failed to ensure the proper and safe management of medicines.</p> <p>The provider had not risk assessed what would happen in a medical emergency with the absence of a defibrillator.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have established systems in place to identify and assess monitor and mitigate the risks relating to health and safety and welfare of people who use services.</p> <p>The provider had not established systems and process to assess and risk assess staff for a DBS check, who carried out chaperoning duties.</p> <p>The provider had not ensured that blank prescriptions were tracked throughout the practice.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Regulated activity

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

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

#### **How the regulation was not being met:**

The provider failed to provide appropriate training to enable staff to carry out their duties. Staff did not have fire training, information governance, basic life support or infection control training. Not all non-clinical staff had safeguarding training appropriate for their role.

The provider failed to keep up to date records of completed training by staff and annual appraisals.

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

### Regulated activity

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

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

#### **How the regulation was not being met:**

The provider had failed to ensure that processes were in place to ensure staff have appropriate and current registration with a professional body, and had not ensured that information specific to schedule three was in place for all staff.

This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.