

Dr SAKM Doha's Practice

Quality Report

The Lordship Lane Surgery
417 Lordship Lane,
London SE22 8JN
Tel: Tel: 020 86932912
Website: www.thelordshipplanesurgery.net

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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	Requires improvement	
Are services safe?	Inadequate	
Are services effective?	Requires improvement	
Are services caring?	Requires improvement	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Requires improvement	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	13
Background to Dr SAKM Doha's Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	27

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr SAKM Doha's Practice on 19 May 2016. Overall the practice is rated as Requires Improvement.

We found three breaches of legal requirements. As a result, we issued a warning notice in relation to:

- Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safe care and treatment.

We also issued two requirement notices in relation to:

- Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Safeguarding service users from abuse and improper treatment.
- Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) 2014. Fit and proper persons employed.

Details of the breaches can be found at the end of the report.

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

- Medicines management was not robust. We found out of date vaccines and other medicines. We found some out of date single use equipment. Vaccine fridge temperatures were not always being checked and recorded daily. Patient Group Directions were not in place in accordance with legislation.
- The practice did not have adequate arrangements in place to respond to emergencies and major incidents. There was no oxygen on site. The practice did not have a defibrillator and had not carried out an assessment of the risks to patients associated with this decision. There was a minimal amount of emergency medicines.
- The premises were clean, however there were several areas where the risk of cross-infection had not been addressed including the storing of patient samples in the vaccine fridge and overfilled sharps bins.
- Not all GPs had undergone level 3 safeguarding training. The practice nurse had undergone training

Summary of findings

but the practice was unable to confirm at what level. Staff demonstrated an understanding of safeguarding and child protection but not all were aware how to report concerns to external authorities.

- Risks to patients were not always assessed, for example those relating to recruitment.
- Data showed patient outcomes were low compared to the national average. Although some audits had been carried out, we saw limited evidence that audits were driving improvements to patient outcomes.
- We found that the system used to determine which patients were given an 'on the day' appointment placed patients at risk, as it was dependent on the degree of information given to the receptionists and their written interpretation of it.
- The majority of feedback from the national patient survey was below the Clinical Commissioning Group (CCG) and England average.
- Information about services was available but was not displayed and had to be requested.
- The practice had a number of policies and procedures to govern activity, but staff said sometimes these were not accessible. Some were missing, such as safeguarding and chaperone policies.

The areas where the provider must make improvements are:

- Improve medicines management to include regular checks of use by dates; monitoring of vaccine refrigerator temperatures, maintenance of appropriate PGDs and safe storage of medicines.
- Regularly check single use equipment and discard any that is out of date.
- Take action to address identified concerns with infection prevention and control practice including sharps management, implementation of cleaning records, facilities to adequately store patient samples and a Legionella risk assessment.
- Put into place a documented process to enable the GPs to effectively and safely triage patients based on information gathered by non-clinical staff.

- Provide all clinical staff with child protection and safeguarding training to the appropriate level; and confirm that staff are aware how to report concerns to external authorities.
- Put in place appropriate systems and processes to be able to respond to medical emergencies including access to equipment and a robust business continuity plan.
- Improve recruitment arrangements so that they include all necessary employment checks for all staff; and provide new staff with an induction.

In addition the provider should:

- Introduce a programme of quality improvement initiatives such as clinical audits and re-audits to improve patient outcomes.
- Introduce systems to ensure all clinicians are kept up to date with national guidance and safety alerts.
- Consider how to ensure patients have access to practice information in the reception area, including the practice leaflet and the complaints procedure.
- Review and update procedures and guidance including the significant events policy; and implement a chaperone policy.
- Record minutes of staff, clinical and multidisciplinary meetings.
- Review the outcomes of the 2016 national GP patient survey to determine appropriate action with a view to improving the patient experience.

Where a service is rated as inadequate for one of the five key questions or one of the six population groups or overall, it will be re-inspected within six months after the report is published. If, after re-inspection, the service has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group or overall, we will place the service into special measures. Being placed into special measures represents a decision by CQC that a service has to improve within six months to avoid CQC taking steps to cancel the provider's registration.

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.

- Patients were at risk of harm because systems and processes had weaknesses. Medicines management was not robust. We found out of date vaccines and other medicines, and single use equipment. Vaccine fridge temperatures were not always being checked and recorded daily. Patient Group Directions could not be found.
- The practice did not have adequate arrangements in place to respond to emergencies and major incidents. There was no oxygen on site. The practice did not have a defibrillator and had not carried out an assessment of the risks to patients associated with this decision. There was a minimal amount of emergency medicines.
- The premises were clean however there were several areas where the risk of cross infection had not been addressed including the storing of patient samples in the vaccine fridge and overfilled sharps bins.
- Staff demonstrated an understanding of safeguarding and child protection but not all were aware how to report concerns to external authorities and not all clinical staff had been appropriately trained.
- Risks to patients were not always assessed, for example those relating to recruitment.

Inadequate



Are services effective?

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

- Data showed patient outcomes were low compared to the national average. For example, the percentage of patients with diabetes, on the register with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 70% compared to 88% nationally.
- The practice's uptake for the cervical screening programme was 68%, which was below the Clinical Commissioning Group (CCG) average of 72.5% and the national average of 74%. The practice's uptake for female breast and bowel cancer screening was also below the CCG and national average (56% compared to 61% and 72% respectively).

Requires improvement



Summary of findings

- There was limited evidence that audit was driving improvement in patient outcomes.
- Staff had access to NICE guidelines however the practice did not have systems in place to monitor that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs, although minuting of these meetings was poor.
- The practice had pioneered an online portal between primary and secondary care and which allowed the GPs to instantly view patient records from local hospitals.

Are services caring?

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

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The percentage of respondents to the GP patient survey who stated that they always or almost always saw or spoke to the GP they prefer. (01/01/2015 to 30/09/2015) was 35.95% compared to the CCG average of 33.77% and national average of 36.17%.
- The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good. (01/01/2015 to 30/09/2015) was 76.68% compared to the CCG average of 78.48%.
- The majority of patients we spoke to on the day said they were treated with compassion, dignity and respect. However, data from the national patient survey showed that not all patients felt cared for, supported and listened to. For example 63% 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%).
- Information for patients about the services was available although it was not displayed in reception and had to be requested or downloaded from the practice website.

Requires improvement



Are services responsive to people's needs?

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

Requires improvement



Summary of findings

- Most patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. However, we found the triage system could lead to patients who needed an urgent appointment potentially being overlooked.
- If an appointment was not available, patients also had the option to attend one of the other practices within the federation to which the practice was affiliated.
- Results from the national GP patient survey showed that in most instances patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example, 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- However, 65% of patients said they had to wait too long to be seen compared to the national average of 34%.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had an in-house SAIL (safe and independent living) navigator. They visited the practice once a week to review patient lists and identify vulnerable and/or elderly patients who qualified for a home visit. Doctors felt this had had a positive impact on their vulnerable patients.
- The practice offered 24 hour ABPM (ambulatory blood pressure monitoring) to assist clinicians in prompt diagnosis of hypertension.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Complaint forms were available and evidence showed the practice responded quickly to issues raised. There was no evidence of complaints being discussed at staff meetings or of learning taken from them.

Are services well-led?

The practice is rated as requires improvement for being well-led.

- The practice had a vision and a strategy but not all staff were clear of their specific roles and said they did not have job descriptions. There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but access to these was not always facilitated. Some policies, such as one for chaperoning, were not in place.

Requires improvement



Summary of findings

- Whilst several audits had been carried out there was no programme of continuous clinical and internal audit to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust. For example, medicines were not effectively managed.
- Staff recruitment processes were not robust. Not all required checks had been carried out. Not all staff had received inductions when starting employment at the practice. They told us they received regular performance reviews however these were not available for us to inspect.
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.

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 requires improvement for the care of older people. The practice was rated as inadequate for safe and requires improvement for effective, responsive and well led. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice website provided information on a range of health matters including a specific section on seniors' health. This provided information on, for example, the seasonal flu immunisation, eating well and exercise.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions. The practice was rated as inadequate for safe and requires improvement for effective, responsive and well led. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice website provided information on a range of long term conditions including coronary heart disease, stroke, cancer, COPD and asthma.
- The practice hosted two studies being carried out by the local hospital, one relating to diabetes, the other cardiovascular risks. Whilst the practice was unable to say if this had led to improved outcomes for its patients, staff commented that their patients did have easy access to the study team.
- Longer appointments and home visits were available when needed.
- The practice offered a range of clinics, including those for asthma, diabetes, hypertension, mental health counselling and smoking cessation.

Requires improvement



Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The practice was rated as

Requires improvement



Summary of findings

inadequate for safe and requires improvement for effective, responsive and well led. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice website provided information on a range of family health matters including men's health, women's health, sexual health and child health.
- An appointment-only baby clinic was held twice a month.
- A number of patients told us the practice was very family orientated, with GPs who were attentive, took their time and were excellent with children.
- Appointments were available outside of school hours.

Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people. The practice was rated as inadequate for safe and requires improvement for effective, responsive and well led. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice offered extended opening hours until 7.30pm on Mondays and Wednesdays.
- 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.

Requires improvement



People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of vulnerable people. The practice was rated as inadequate for safe and requires improvement for effective, responsive and well led. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including people in hostels and those with a learning disability. There were 12 patients on the learning disability register, six of whom had had an annual health check.
- The practice also held a register of carers. They had identified 49 carers, and told us they were signposted to the local carers group for support. Carers were also offered flu immunisations.
- The practice offered longer appointments for patients with a learning disability, those with sight impairment and patients who required an interpreter.

Requires improvement



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns but not all staff were aware how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health. The practice was rated as inadequate for safe and requires improvement for effective, responsive and well led. The issues identified as inadequate and requires improvement overall affected all patients including this population group. However, there were examples of good practice.

- The practice website provided information on a range of health matters including mental health. Links were provided to the Alzheimer's Society and the Mental Health Foundation.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 90% compared to 84% nationally.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and ninety six survey forms were distributed and 97 were returned. This represented 2.3% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 69% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 59% 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 eight comment cards, seven of which were positive about the standard of care received. Patients commented that reception staff were friendly and helpful, that the service was very good and that staff were accommodating. The negative comments related to very long waiting times once the patient had arrived for their appointment.

We spoke with seven patients during the inspection, six of whom were members of the practice's Patient Participation Group. Feedback was mixed, with less positive comments particularly relating to the difficulty in getting an appointment. Patients were positive about the caring attitude of one GP in particular, and felt he went the 'extra mile'.

The practice sent us an audit of 12 recent NHS Friends and Family Test responses (received in April and May 2016). All the responses indicated patients were likely to recommend the practice, they felt the GP service was good and staff were friendly and professional.

Areas for improvement

Action the service **MUST** take to improve

- Improve medicines management to include regular checks of use by dates; monitoring of vaccine refrigerator temperatures, maintenance of appropriate PGDs and safe storage of medicines.
- Regularly check single use equipment and discard any that is out of date.
- Take action to address identified concerns with infection prevention and control practice including sharps management, implementation of cleaning records, facilities to adequately store patient samples and a Legionella risk assessment.
- Put into place a documented process to enable the GPs to effectively and safely triage patients based on information gathered by non-clinical staff.

- Provide all clinical staff with child protection and safeguarding training to the appropriate level; and confirm that staff are aware how to report concerns to external authorities.
- Put in place appropriate systems and processes to be able to respond to medical emergencies including access to equipment and a robust business continuity plan.
- Improve recruitment arrangements so that they include all necessary employment checks for all staff; and provide new staff with an induction.

Action the service **SHOULD** take to improve

- Introduce a programme of quality improvement initiatives such as clinical audits and re-audits to improve patient outcomes.

Summary of findings

- Introduce systems to ensure all clinicians are kept up to date with national guidance and safety alerts.
- Consider how to ensure patients have access to practice information in the reception area, including the practice leaflet and the complaints procedure.
- Review and update procedures and guidance including the significant events policy; and implement a chaperone policy.
- Record minutes of staff, clinical and multidisciplinary meetings.
- Review the outcomes of the 2016 national GP patient survey to determine appropriate action with a view to improving the patient experience.

Dr SAKM Doha's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an Expert by Experience.

Background to Dr SAKM Doha's Practice

Dr SAKM Doha's practice provides services to approximately 4200 patients in south east London under a Personal Medical Services contract (an agreement between NHS England and general practices for delivering personal medical services). It sits within the Southwark Clinical Commissioning Group (CCG) which has 45 member practices serving a registered patient population of approximately 300,000. The practice provides a number of enhanced services including; remote care monitoring; unplanned admissions and rotavirus & shingles immunisation.

The staff team at the practice consists of two full time male GPs, a part time female GP, a male practice manager, a part time practice nurse, a part time male health care assistant and three administrators/receptionists. The service is provided from this location only. The practice provides 16-17 GP sessions per week.

The practice reception is open between 8.00am and 7.45pm Monday and Wednesday; and between 8.00am and 6.30pm on Tuesdays, Thursdays and Fridays. Appointments are available between 9.00am – 12.30pm and 4.30pm – 7.45pm on Mondays and Wednesday; and between 9.00am – 12.30pm and 4.30pm – 6.30pm on Tuesdays and Fridays. On Thursdays appointments are available between 9.30am

and 12.30pm. Patients who wish to see a GP outside of these times are advised to contact the practice's out of hours provider, whose number is displayed on the practice website and in the practice waiting room. Telephone consultations are available between 12.30pm and 1.30pm every weekday except Wednesday. The practice provides an online appointment booking system and an electronic repeat prescription service. Patients can also view test results online. The premises are purpose built with ease of access for patients with mobility difficulties and a lift has been installed.

The practice is registered with the Care Quality Commission to carry on the regulated activities of diagnostic and screening procedures, family planning services, maternity and midwifery services and treatment of disease, disorder or injury.

The practice has a slightly lower percentage than the national average of people with a long standing health conditions (52% compared to a national average of 54%). It has a higher percentage of unemployed people compared to the national average (11% compared to 5.4%). The average male and female life expectancy for the CCG area and the practice is in line with the national average for both males and females.

The population in this CCG area is 54% white British. The second highest ethnic group is black or black British (27%). The practice sits in an area which rates within the fifth most deprived decile in the country, with a value of 25 compared to the CCG average of 29.5 and England average of 21.8 (the lower the number the less deprived the area). The patient population is characterised by a below England average for patients, male and female, over the age of 55; and an above England average for male patients between the ages of 25 and 44 and female patients between the ages of 25 and 49. This equated to approximately 3800 patients under the age of 65, and 400 over the age of 65.

Detailed findings

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.

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 19 May 2016. During our visit we:

- Spoke with a range of staff (insert job roles of 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 policy and system in place for reporting and recording significant events, however the policy definition of a significant event related mainly to non-clinical incidents. We saw that there had been two recorded significant events since February 2015. One related to a theft of a radio from the practice; the other to a patient becoming verbally aggressive. One incident relating to an alleged missed diagnosis, which potentially fell under the auspices of a significant event, the practice had dealt with as a complaint, although it was not recorded on the complaints log.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We were told that when things went wrong with care and treatment, patients were invited to a meeting with the GPs where an explanation and apologies would be offered. The senior GP was unable to give us any examples of when this had happened however. Unless specifically requested by a patient, this meeting was not followed up in writing.
- The practice carried out an analysis of the significant events, and in relation to the two reported significant events, had improved its security, including installing CCTV cameras.
- The part time GP was not aware of any significant incidents that had taken place. They were not copied into minutes of meetings and incidents had not been discussed at any of the clinical meetings they had attended.

We were informed that safety alerts, such as those from the Medicines and Healthcare products Regulatory Agency (MHRA), were received by the practice manager and both GPs, and discussed at staff meetings where appropriate. The practice did not have a system in place to log the alerts, and was unable to show us any minutes of meetings where they had been discussed. We could not determine, therefore, if lessons were shared or action was taken to

improve safety in the practice. The sessional GP told us they were not informed of safety alerts by the practice, and they were not discussed in any of the practice meetings they had attended.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, but these were not robust.

- Staff demonstrated some understanding of their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice did not have its own internal policy, but it did have the local authority safeguarding policy which outlined who staff could contact if they had concerns. Posters containing this information were on display in the clinical rooms. In spite of this, some staff were not clear who to report concerns to outside of the practice. The sessional GP was unaware who the safeguarding lead was.
- Staff told us vulnerable patients were coded so that they would flag up on the electronic record system. We were given an example of how staff had identified a vulnerable patient during a staff meeting however when we cross checked their record we found they had not been coded as vulnerable.
- One of the GPs was the lead member of staff for safeguarding. The GPs attended quarterly locality safeguarding meetings and liaised with other agencies particularly with regard to female genital mutilation (FGM) as they had dealt with several cases. The safeguarding lead demonstrated a comprehensive knowledge of safeguarding. We were told he was trained to level 3, and the second GP had undergone training to level 2. Non-clinical staff were trained to level 1. The practice nurse's staff file did not contain details of their safeguarding training and they were not on duty at the time of the inspection. We requested that copies of training certificates for clinical staff be forwarded to us post inspection. We did receive copies however the practice could not confirm the level of training undertaken.

Are services safe?

- 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)
- We asked to see a chaperone policy and were initially told there was not one in place. Shortly later we were informed staff had located it, however the policy produced had been quickly downloaded from the internet and referred by name to a totally different practice.

The practice generally maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. The waiting room was uncluttered and visitors were provided with hand sanitising gel.
- We noted that each consultation room had a sharps bin. Not all of these had been dated upon assembly, and one in particular had been over-filled.
- We found out of date single use equipment, some by more than 10 years (needles, swab kits, sachets of normal saline, pregnancy testing kits).
- We found patient samples (urine and swab) stored in the vaccine fridge.
- The practice manager told us that there was a cleaning rota, however the cleaner had never been asked to sign any records of the cleaning they carried out.
- There were no formal arrangements for clinical equipment to be cleaned. We were told that it was assumed the GPs would clean equipment after each use.
- The practice had had a Legionella risk assessment carried out in 2012, which was valid for two years. Nothing had been reviewed since that date (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We were told the practice had carried out the regular checks recommended in the risk assessment but they had no documentary evidence of this.
- An infection control audit had been undertaken by the practice in October 2015. The practice achieved 97% compliance. The audit highlighted two areas of need including installing pedal bins in all consulting rooms. Both areas had been actioned.
- Staff told us they had personal protective equipment but had not received training in dealing with spillages or patients' samples.
- The practice manager told us that staff would be provided with immunisations for occupational health reasons if requested, but to date none had made a request.

Some of the arrangements for managing medicines, including emergency medicines and vaccines, in the practice were not sufficiently robust to ensure patients safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- We found that staff did not always check fridge temperatures daily, with a number of gaps in the records for March, April and May 2016.
- We found out of date medicines including seven vials of vaccines. The oldest of these expired in February 2012. We also found Paracetamol which had expired in May 2015. We found medicines stored in unlocked cupboards, including a medicine used for psychosis.
- A senior administrator was responsible for handling repeat prescriptions. They were clear when they needed to refer to a GP, and told us that they checked the box of uncollected repeat prescriptions each month to ensure there were no vulnerable patients who had failed to collect their medicines.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- We requested the Patient Group Directions (PGDs) which had been adopted by the practice to allow nurses to administer medicines in line with legislation however the practice nurse was not on duty on the day of the inspection and no other staff knew where to find the documents. (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.) Following the inspection we were sent two sets of PGDs. One had been completed after the inspection. The other was in place at the time of the inspection although it had not been fully completed. We were told that the practice did not use Patient Specific Directions (PSDs) (PSDs are written instructions from a qualified and registered prescriber

Are services safe?

for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.).

There was a basic recruitment policy in place. It did not state, for example, how staff were to be recruited or what the shortlisting process was. We reviewed six personnel files. All but two staff had been recruited before the current regulations came into force, when requirements for checking staff were less stringent. Two staff had been employed since March 2015. Both staff had undergone a check through the Disclosure and Barring Service (DBS) however other checks, such as a full employment history, proof of identification or references were not on file. All clinical staff had undergone a DBS check.

Staff told us the practice rarely used locum GPs and had not employed any in the past year.

Some staff, for example the health care assistant, worked with other practices within their federation (the practice was developing a local federation of GP practices and this had already resulted in sharing staffing resources), so as to make best use of resources. The senior partner stated that whilst staffing levels were adequate, they would like to recruit a nurse practitioner although they had not yet started the recruitment process.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were 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. We were told that an annual fire drill was carried out, and staff confirmed this, however this was not documented. Fire alarms were tested monthly and we reviewed these records.

- 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 last checks had been undertaken in June 2015.
- 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 did not have adequate arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training, although three of the non-clinical staff were overdue for a refresher. This had been arranged for June 2016.
- The practice did not have a defibrillator or oxygen available on the premises, and had not carried out an assessment of the risks to patients associated with this decision. A first aid kit and accident book were available.
- The practice did not stock all medicines that may be required in the event of an emergency in line with recommended guidance. Some emergency medicines such as adrenaline and salbutamol, were accessible to staff in a secure area of the practice and all staff knew of their location.
- The practice had a service continuity plan in place however it only related to the action the practice would need to take in the event of a flu pandemic. It did not cover other incidents such as power failure or building damage. There was no procedure in place for dealing with medical emergencies.

We were informed that the practice had an informal arrangement to use a neighbouring property in the event their building became uninhabitable.

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.

- Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The sessional GP told us they accessed National Institute for Health and Care Excellence (NICE) guidance via the internet.
- The practice did not, however, have systems in place to monitor that these guidelines were followed through risk assessments, audits and 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 practice achieved 75.8% of available points compared to the CCG average of 92.7% and England average of 94.8%. The practice had a higher exception rate for the percentage of patients with diabetes, on the register, who had had an influenza immunisation in the preceding 1 August to 31 March (26%) than the CCG and England average (17% and 18%). (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). For other indicators the exception rate was in line with or below the CCG and/or England average. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 5% compared to the CCG average of 7% and England average of 12%. This practice was not an outlier for any QOF (or other national) clinical targets. Data showed:

- Performance for diabetes related indicators was worse than the national average. For example, the percentage of patients with diabetes, on the register with a record of

a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 70% compared to 88% nationally. The percentage of patients with diabetes, on the register, who had had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 79% compared to 94% nationally. The percentage of patients with diabetes, on the register, whose last measured total

cholesterol (measured within the preceding 12 months) is 5 mmol/l or less

(01/04/2014 to 31/03/2015) was 66% compared to 81% nationally.

- Performance for mental health related indicators was variable compared to the national average. For example the percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 90% compared to 84% nationally. However, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 70% compared to 90% nationally.

We discussed the below average QOF scores with the practice. They commented that their performance subsequent to the aforementioned data had improved but that their focus was on direct patient care and not on 'ticking boxes' which they felt was a distraction and time consuming.

There was limited evidence of quality improvement through clinical audit.

- The practice had carried out two medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. One, in 2014/15, was a mandatory Pregabalin audit (Pregabalin is used to treat neuropathic pain), to determine how many patients were prescribed this medicine and whether they could be switched to a more cost effective alternative. The audit identified the practice had a low number of patients (three) prescribed Pregabalin but nevertheless the GPs met with the patients to discuss alternatives and all three were changed to a substitute medicine.

Are services effective?

(for example, treatment is effective)

- The second audit, in 2015/16, was of antibiotic prescribing, which identified the practice was a high prescriber, particularly of quinolones (a synthetic broad-spectrum antibiotic) when there were better alternatives. As a result the practice stated it would adhere to local prescribing guidelines with the aim of reducing antibiotic prescribing, more appropriate use of certain types of antibiotics and better management of patient demand. A re-audit six months later showed the practice had reduced the level of quinolone prescribing.
- The practice had undertaken one complete audit of benzodiazepine prescribing (benzodiazepines are used to treat anxiety, insomnia, and a range of other conditions). The initial audit had led to an assessment of all patients prescribed this medicine; all patients were invited to a review and alternative options were suggested such as relaxation therapy, cognitive behaviour therapy and lifestyle changes. The re-audit had indicated that over half of patients who had been prescribed this medicine were no longer using it or were on a regime to reduce then cease usage.
- The practice participated in local (CCG) audits and research. In conjunction with the national bowel screening programme it had audited the patients who had failed to return screening kits and this led to a further 36 patients returning kits.

Effective staffing

- The practice had an induction checklist which they told us they went through with all newly appointed staff. However some staff told us they had not received an induction when they started work at the practice.
- The learning needs of staff were identified through a system of appraisals, one to one meetings and opportunistically. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. The practice manager supervised and appraised the administrative and reception staff and the healthcare assistant. The practice nurse and the practice manager received their annual appraisal from one of the GPs. Staff told us they received an annual appraisal although these were not evident in the staff files we reviewed.
- Staff received training that included: domestic abuse, chaperoning and customer service. Staff had access to and made use of e-learning training modules and

in-house training. Some but not all staff had received the appropriate level of safeguarding training. Not all staff who dealt with patient records had undergone information governance training.

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.

- We saw that the lead GP maintained good patient notes, although they did not create formal care plans as such. Case notes were discussed with patients but they were not provided with a copy of a care plan.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We saw an example of this in patient notes.
- There were systems in place to ensure abnormal pathology results were communicated to patients by the GPs. We saw that pathology results had been actioned up to the week preceding this inspection.
- We reviewed the referral process for patients identified as requiring urgent two week wait appointments and found that the patients were referred immediately and sufficient information was relayed.
- The practice told us they were the first practice to pioneer local care records, an online portal between primary and secondary care and which allowed the GPs to instantly view patient records from local hospitals. This had generated a positive response from clinicians and patients.
- We were told that the practice met monthly with district nurses and the local hospice; however minutes of these meetings were not always recorded. We did see minutes from the meeting in January 2016 where four patients were discussed.
- 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

Are services effective?

(for example, treatment is effective)

were referred, or after they were discharged from hospital. Meetings took place with other health care professionals such as the community matron to review patient care. Minuting of these meetings was poor.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care for cancer, carers, those at risk of developing a long-term condition and those requiring advice on smoking and alcohol cessation, contraception and sexual health advice. Newly diagnosed diabetics, for example, were referred to education classes.
- The practice also had well man and well woman clinics. Virtual clinics were held for asthma and chronic obstructive pulmonary disease (COPD).

The practice's uptake for the cervical screening programme was 68%, which was below the CCG average of 72.5% and the national average of 74%. The practice's uptake for female breast and bowel cancer screening was also below the CCG and national average (56% compared to 61% and

72% respectively). The practice had responded by allocating patient liaison to a member of the administrative team. They encouraged patients to attend for screening, for example they would call patients to remind them about breast screening appointments.

The practice encouraged its patients to attend national screening programmes for bowel cancer screening. The practice had, in December 2015, carried out an audit of 69 patients who had not returned their screening kit. All 69 patients were contacted and encouraged to participate. This had led to a further 36 patients returning their kit. No further chase had been subsequently made of the remaining 33 patients who had declined to participate.

Childhood immunisation rates for the vaccinations given were below CCG/national averages in all but one indicator. For example, 2% of children aged 12 months were given the Men C vaccination compared to 6% nationally. The percentage of children aged 24 months who were given the Men C booster was 81% compared to 88% nationally. Whilst the percentage of five year olds receiving Infant Men C vaccination was 75% compared to 87% nationally.

The GPs told us they opportunistically reviewed patients whenever possible. They provided weight loss programmes and education on diabetes. The practice liaised with the local authority's health and fitness provider, who enabled local residents (who met the criteria) free access to gyms and swimming pools. Patients had access to appropriate health assessments and checks, including health checks for new patients and NHS health checks for patients aged 40–74. Although one patient told us they had never been offered an NHS check, (but they felt any necessary checks were picked up opportunely by the GPs) the practice stated that eight patients had taken up the offer of a check in October 2015; 23 in November; 42 in December and 22 in January 2016.

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.
- The reception area was set away from the waiting room and offered a degree of privacy for patients booking in and for staff to take phone calls.

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

We spoke with six members of the Patient Participation Group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They felt that staff responded compassionately when they needed help and provided support when required.

Results from the 2016 national GP patient survey however indicated the practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 77% 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%.
- 70% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 96% 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%.
- 63% 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%.

- 71% 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%.
- 84.5% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Most of the patients we spoke with 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. The majority of patient feedback from the comment cards we received was positive and aligned with these views. One patient commented that unless they pushed for information it was not forthcoming, and GPs did not mention potential side effects to medicines they prescribed.

Results from the 2016 national GP patient survey showed patients responded less than positively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 68% 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%.
- 69% 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. The practice website offered instant translation of the information on its pages to over 50 different languages. The website advised patients that translators could be arranged however there could be up to a two week wait for this

Are services caring?

service. Additionally, facts sheets in 20 major languages were available via the website. These sheets explained the role of UK health services and the National Health Service for newly-arrived individuals seeking asylum. They covered issues such as the role of GPs, how to register and how to access emergency services.

- Information leaflets were available in the reception area and referred to, for example, weight management, mental health, elderly care and child care. There was also information on living with diabetes, smoking cessation, Alzheimer's, travel vaccines and HIV.
- The practice had a leaflet outlining its services however this was not on display and had to be specifically requested.

Patient and carer support to cope emotionally with care and treatment

Patient information was available on the practice website about a range of conditions such as asthma, diabetes and

osteoarthritis. 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 49 patients as carers (1.1% of the practice list). Information was available on the practice website. A number of video links were provided, including ones relating to carer support groups and advice about benefits.

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. There was information in reception regarding bereavement support services.

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 had an in-house SAIL (safe and independent living) navigator (an Age UK initiative). They visited the practice once a week to review patient lists and identify vulnerable and/or elderly patients who qualified for a home visit. The navigator had access to a wide range of services including, for example, installing home safety devices or arranging an escort for a hospital visit. Six patients had been identified to date and the GPs were enthusiastic about the benefits. They were also able to refer patients to the services and said they often did so following a (GP) home visit.

- The practice offered later appointments on a Monday and Wednesday evening until 7.45pm for working patients who could not attend during normal opening hours.
- Staff had received training in dealing with female genital mutilation and the communication skills needed if they wished to discuss this sensitive topic with patients who may have different attitudes and cultural beliefs.
- 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 require same day consultation (provided the GP assessed them as necessary following information provided to the receptionists).
- The practice offered 24 hour ABPM (ambulatory blood pressure monitoring) to assist clinicians in prompt diagnosis of hypertension.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The premises had a lift giving ease of access to all floors.

- The practice offered a range of clinics, including those for asthma, diabetes, hypertension, mental health counselling and smoking cessation. There were no specific dates given for these clinics. We were informed that they were held when staff were available.

Access to the service

The practice reception was open between 8.00am and 7.45pm Monday and Wednesday; and between 8.00am and 6.30pm on Tuesdays, Thursdays and Fridays. Appointments were available to book between 9.00am – 12.30pm and 4.30pm – 7.45pm on Mondays and Wednesday; and between 9.00am – 12.30pm and 4.30pm – 6.30pm on Tuesdays and Fridays. On Thursdays appointments were available between 9.30am and 12.30pm. Telephone consultations were available between 12.30pm and 1.30pm every weekday except Wednesday. Urgent appointments were also available for people that needed them. If an appointment was not available patients also had the option to attend one of the other practices within the federation to which Dr Doha's practice was affiliated.

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

- 75% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 68% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 69% of patients said the last time they wanted to see or speak to a nurse they were able to get an appointment compared to the national average of 76%.

However:

- 65% of patients said they had to wait too long to be seen compared to the national average of 34%.

Feedback from people on the day of the inspection was mixed. Most told us that that they were able to get appointments when they needed them however one patient commented that it was very difficult to get an 'on the day' appointment, and usually they had to demand to

Are services responsive to people's needs?

(for example, to feedback?)

see a doctor before obtaining an appointment. They felt such demands were not well received by reception staff. Several patients commented on long waits of up to two hours once they had arrived for an appointment.

The practice had a system in place to assess:

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

Patients were advised to telephone first thing in the morning. Reception staff would take down clinical details and pass these to the GPs who would then determine who needed an appointment that day, who was suitable for a telephone consultation or whether a home visit was required. There was a risk that some patients who required medical attention that day may not be offered an appointment if they had not conveyed sufficient detail to the receptionists. We asked reception staff if they had received relevant training and if they had written criteria to follow when asking patients for information. Staff said they had received guidance from the GPs but did not have a formal procedure to follow.

Whilst the GPs told us that all patients who telephoned in the morning would receive some sort of response, we observed one patient come into the practice late afternoon, and ask to speak to a GP as they had been waiting for a call back all day.

Listening and learning from concerns and complaints

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

- There was a designated responsible person who handled all complaints in the practice.
- Complaint forms were available in the reception area but there was no information to help patients understand the complaints system.

The practice sent us a summary of the three complaints they had recorded during the past year. All were verbal complaints and had been dealt with by the practice manager on the same day they were made. Staff told us that complaints were discussed at staff meetings however this was not evident in the meeting minutes provided during the inspection and there was no apparent shared learning from complaints.

We were made aware of one incident that had been treated as a complaint but had not been recorded on the complaints log.

The Patient Participation Group (PPG) told us that they were aware of the complaints system and that it was explicitly set out on the practice's website. They had not yet discussed complaints at their meetings.

Are services well-led?

Requires improvement 

(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, and to develop the local federation of GPs of which it was a member.

- Staff knew and understood the vision and told us the GPs wanted to update the practice and to continue to improve their services to patients.
- The practice was developing a local federation of GP practices and this had already resulted in sharing staffing resources.

Governance arrangements

The practice's governance framework had a number of weaknesses, which hindered the delivery of the vision and good quality care.

- There was a staffing structure however some staff told us that although they had discussed roles and responsibilities they did not have job descriptions.
- Practice specific policies were stored electronically for staff. Whilst we were told access was open to staff, staff told us that often the drive on which the policies and procedures were stored was inaccessible. Some policies and procedures were not in place, including chaperoning and safeguarding.
- Whilst several audits had been carried out there was no programme of continuous clinical and internal audit to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not always robust. For example, medicines and vaccines were not effectively managed.
- We noted that three staff had not signed confidentiality agreements and some who dealt with patient records on a daily basis has not undergone information governance training.
- Senior staff were unable to find documentation such as patient group directions.
- Recruitment arrangements were not robust. Staff files did not contain all necessary checks. New staff did not receive an induction.

- We were informed that regular clinical meetings were held but not minuted.

Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners told us they encouraged a culture of openness and honesty. The practice had some systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal but no written apology.
- The practice kept written records of verbal interactions.

There was a clear leadership structure in place and staff felt supported by management. Sessional staff told us they enjoyed working at the practice and found it well organised, friendly and flexible.

- Staff told us the practice held regular team meetings, although these were not always minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Requires improvement 

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. Some members of the PPG told us it was relatively new, having held its first meeting in November 2015, and its most recent meeting in February 2016; however others said the group had been formed over two years previously. It was not representative of the patient population as it did not have any young members, even though the practice list exceeded the England average of patients aged between 25 and 49; and was below the England average for patients aged 55 and above. The PPG had acknowledged this and said they were trying to encourage new patients to join.

Not all patients were aware of the PPG or knew that they were looking for new members. We noted however there was a poster in the waiting area giving the date of the next PPG meeting and inviting patients to attend.

- Members told us they made suggestions for improvement. For example, the PPG had commented that there needed to be two staff on duty at reception, so that one could deal with telephone calls and the other attend to patients. This suggestion was implemented. The security of the premises has also been raised and as a result CCTV had been installed. Minutes from the PPG meeting in November 2015 were available on the practice website. Topics discussed included electronic prescribing (a member of staff from the local pharmacy attended to give advice) and the long waits to be seen by a doctor once the patients had arrived for their appointment.

- We were told that staff meetings were held every two weeks however when we asked for the latest minutes the only ones available were from a month earlier and it later transpired meetings were taking place approximately once a month. From the minutes we could see that a range of topics were discussed, including training needs; clinics; the PPG and the Friends and Family Test.
- 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.

Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area. They hosted a number of different projects, including two studies being run by the local hospital and cluster meetings with other practices in the locality.

Staff told us of plans to run education sessions for the PPG and their Carers Group. The first meeting was scheduled for May 2016 and a local pharmacist was due to attend to give a talk. The practice had also opened up this session to PPGs from all practices in the South Southwark area.

The practice had an in-house SAIL navigator. The SAIL (Southwark Safe and Independent Living) project provides a quick and simple way to access a wide range of local services to support older people in maintaining their independence, safety and wellbeing.

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>How the regulation was not being met:</p> <p>The registered person was not protecting patients from abuse and improper treatment. This was because not all clinical staff had been appropriately trained. Some staff were unaware how to report concerns to external agencies.</p> <p>This was in breach of regulation 13 (1) (2) (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>How the regulation was not being met:</p> <p>The registered person had not ensured they had obtained from all staff the information specified in Schedule 3 of these regulations.</p> <p>This was in breach of regulation 19 (2) (a) (3)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The system used to determine which patients were given an 'on the day' appointment was not rigorous enough. The registered person had also failed to ensure all single use equipment was in date; to ensure the safe management of medicines; to ensure it could appropriately respond to any medical emergencies; to follow infection prevention and control protocols.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>