

# Dr Shabir Bhatti

## Inspection report

Spa Medical Centre  
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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 location

Inadequate 

Are services safe?

Inadequate 

Are services effective?

Inadequate 

Are services caring?

Inadequate 

Are services responsive?

Inadequate 

Are services well-led?

Inadequate 

# Overall summary

**This practice is rated as inadequate overall.** (Previous rating 12 2017 – *Good*)

The key questions are rated as:

Are services safe? – *Inadequate*

Are services effective? – *Inadequate*

Are services caring? – *Inadequate*

Are services responsive? – *Inadequate*

Are services well-led? – *Inadequate*

We carried out an announced comprehensive inspection at Dr Shabir Bhatti (also known as Bermondsey Spa Medical Practice) on 10 July 2018 in response to concerns.

At this inspection we found:

- The practice had did not have clear systems to manage risks to patient safety; particularly in relation to infection prevention and control during surgical procedures, medicines management and dealing with medical emergencies.
- We found there were poor governance practices which meant safety systems and processes did not minimise risks relating to infection prevention and control, suitable staffing, arrangements for dealing with medical emergencies, medicines management, and acting on and learning from internal and external safety events.
- Consent was not being lawfully sought in relation to surgical procedures
- The practice did not routinely review the effectiveness and appropriateness of the care it provided.
- Patients reported that they were not able to access care when they needed it. They were not able to get through to the practice phone lines, and appointments were not available when they needed them.

- There were arrangements in place to support continuous learning and improvement for staff at all levels, but these were not consistently effective.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Care and treatment of service users is provided with the consent of the relevant person
- Ensure care and treatment is provided in a safe way to patients.
- Ensure systems and processes are established and operated effectively to ensure compliance with the requirements of good governance.

We issued an urgent notice of suspension of the regulated activity of surgical procedures for a period of three months from 17 July 2018.

On 17 July 2018, we issued warning notices for breaches of regulations 12 (Safe care and treatment) and 17 (Good governance), and asked the provider to ensure they became compliant by 17 August 2018.

I am placing this service in special measures. Where a service is rated as inadequate for one of the five key questions or one of the six population groups, it will be re-inspected no longer than 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.

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

## Population group ratings

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

## Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice nurse specialist adviser.

## Background to Dr Shabir Bhatti

The registered provider, Dr S. Bhatti and Dr B. Bhatti, provides NHS general practice services at its location, Dr Shabir Bhatti (also known as Bermondsey Spa Medical Practice) at Spa Medical Centre, 50 Old Jamaica Rd. London, SE16 4BN. The practice website is [www.b-spa.co.uk](http://www.b-spa.co.uk).

Bermondsey Spa Medical Practice is CQC registered to provide the regulated activities of Treatment of disease, disorder or injury, Surgical Procedures, and Diagnostic and screening procedures.

At the time of our inspection, the practice patient population was 10846. Its deprivation decile is three according to the Index of multiple deprivation score, with one being most deprived and 10 being least deprived.

The clinical staff team include three GP partners and a salaried GP providing a combined total of 3.75 whole time

equivalent, WTE (or 30 sessions per week). An additional salaried GP had been recruited and is expected to start employment on 1 August 2018, and will increase the practice GP staff to 4.75 whole time equivalent GPs (or 38 sessions per week). The nursing team consists of a practice nurse (providing 0.8WTE) and a healthcare assistant (providing 0.7 WTE).

The non-clinical staff are a practice manager, a senior receptionist, a secretary, two administrators, and seven reception staff.

Patients can book appointments on the same day or up to four weeks in advance. When the practice is closed, patients are directed to contact SELDOC (South East London Doctors On Call) or NHS 111.

# Are services safe?

## We rated the practice as inadequate for providing safe services.

The practice was rated as inadequate for providing safe services because:

- Infection prevention and control risks in the approved minor surgery room were not addressed.
- Clinicians had not completed update training in how to identify and manage patients with severe infections including sepsis.
- The practice did not have reliable systems for appropriate and safe handling of medicines.
- The practice did not consistently learn and make improvements when things went wrong.

## Safety systems and processes

The practice did not have clear systems to keep people safe and safeguarded from abuse.

- The practice manager informed us that safeguarding and safety training appropriate to their role, was part of mandatory staff training. However, they were unable to provide us with evidence of staff training through their online provider at the time of the inspection.
- We saw evidence that staff employed in the practice had received a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- Policies and procedures were in place in relation to safeguarding children and adults from abuse. However, these needed updates to include all relevant topics and contact details.
- Staff took steps, including working with other agencies, to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The practice carried out appropriate staff checks at the time of recruitment and on an ongoing basis. The provider told us that they had medical indemnity insurance in place. However, the practice manager was not able to provide this information when evidence of it was requested during the inspection. Following the inspection, they sent us evidence that the clinical staff had medical indemnity insurance in place.
- The practice did not have an effective system to manage infection prevention and control (IPC). IPC risks in the

approved minor surgery room were not addressed. Audits had been completed by the estates management team covering the premises, but the practice did not carry out their own assessments of IPC risks, and had no oversight of progress made against actions identified.

- The practice arrangements did not ensure that facilities and equipment were safe and in good working order. The approved minor surgery room had ceiling damage in need of repair, and the patient toilet facilities needed some repair work and thorough cleaning.
- Arrangements for managing waste and clinical specimens kept people safe.

## Risks to patients

There were not adequate systems to assess, monitor and manage risks to patient safety.

- Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics.
- There was an induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures, except for severe infections including sepsis.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. However, clinicians had not completed update training in how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.

## Information to deliver safe care and treatment

Staff did not have the information they needed to deliver safe care and treatment to patients.

- The care records we saw showed that information needed to deliver safe care and treatment was not consistently accessed by staff. There was a documented approach to managing test results. However, we noted a former member of the clinical team who had not worked in the practice for 12 months, had had two hospital letters assigned to them that had not been checked and filed for several months.

## Are services safe?

- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. However, the provider had had a recent quality alert raised against them for delays in sharing information requested from an external agency relating to child protection. Faxed information requests in relation to a child protection case had been missed and not responded to. They had documented this as a significant event and had updated their processes for dealing with faxed communications.
- Clinicians made referrals in line with protocols. However, other providers had raised several quality alerts raised against the practice in relation to referrals. Their local clinical commissioning group (CCG) defines a quality alert as a systemic issue, generally affecting a service, or the ability to deliver a high-quality service.

### Appropriate and safe use of medicines

The practice did not have reliable systems for appropriate and safe handling of medicines.

- The practice had appropriate systems for the management and storage of medical gases, emergency medicines and equipment.
- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- The systems for managing and storing medicines, including vaccines did not minimise risks. The practice did not have a documented system for checking and maintaining appropriate stocks of medicines including vaccines for childhood immunisations. They had had several incidents where appointments had had to be cancelled at short notice due to lack of stocked vaccines.

- Patients' health was not consistently monitored in relation to the use of medicines and followed up on appropriately. Patients were not always involved in regular reviews of their medicines. In some cases, where the practice had had invitations to attend reviews repeatedly denied by the patients concerned, the practice continued to prescribe medicines to patients without review, in some cases exceeding two years.

### Track record on safety

The practice did not have a good track record on safety.

The practice had had several quality alerts raised against them by other services they worked with. Their local clinical commissioning group (CCG) defines a quality alert as a systemic issue, generally affecting a service, or the ability to deliver a high-quality service.

### Lessons learned and improvements made

The practice did not consistently learn and make improvements when things went wrong.

- Staff did not fully understand their duty to raise concerns and report incidents and near misses. They informed us of examples of incidents that should have been documented as significant events, for example cancelled appointments due to lack of vaccines.
- There were adequate systems for reviewing and investigating when things went wrong. Incidents were routinely reviewed at clinical and practice meetings. However, opportunities to learn from these events and improve care and treatment experiences were sometimes missed.
- The practice acted on and learned from external safety events as well as patient and medicine safety alerts.

**Please refer to the Evidence Tables for further information.**

# Are services effective?

**We rated the practice as inadequate for providing effective services overall and across all population groups.**

*The practice was rated as inadequate for providing effective services because:*

- Consent not being appropriately sought for minor surgical procedures and the consent seeking processes were not monitored.
- There was a lack of mentoring and clinical supervision, particularly in relation to minor surgical procedures and the male circumcision service. The practice did not follow guidance in relation to histology practices following surgical removal of skin lesions.
- The practice had low cancer screening figures.
- There was a lack of a comprehensive programme of quality improvement activity.
- The practice had high exception reporting for certain disease groups.

## Effective needs assessment, care and treatment

- We saw no evidence of discrimination when making care and treatment decisions.
- However, patients' immediate and ongoing needs were not being consistently assessed. This included assessments of their clinical needs, as medicines reviews were not being consistently being conducted as regularly as recommended.
- Staff advised patients what to do if their condition got worse and where to seek further help and support. However, clinicians and front desk staff had not received training in responding to and managing the early signs of sepsis.

### Older people:

This population group was rated inadequate for effective services because the concerns we found in the provision of effective services affected all population groups. However:

- Older patients who are frail or may be vulnerable received holistic health assessment of their physical, mental and social needs.
- A dressings clinic was available at the practice, and was provided by their healthcare assistant.
- Seasonal flu vaccinations were provided to older people, and could also be provided at home to patients

who had healthcare difficulties which prevented them from being able to attend the practice in person. Walk in flu vaccination appointments were available in the practice.

- People with caring responsibilities were identified and offered support by the practice. However, the practice had identified a relatively low proportion of their patient population with caring responsibilities.
- Multidisciplinary team (MDT) meetings were held in the practice to discuss and arrange the most appropriate care for people with complex needs. MDT meeting attendance included the community matron, district nurses, as well the practice's clinical team.

### People with long-term conditions:

This population group was rated inadequate for effective services because the concerns we found in the provision of effective services affected all population groups. However:

- Seasonal flu vaccinations were provided to older people, and could also be provided at home to patients who had healthcare difficulties which prevented them from being able to attend the practice in person. Walk in flu vaccination appointments were available in the practice.
- Multidisciplinary team (MDT) meetings were held in the practice to discuss and arrange the most appropriate care for people with complex needs. MDT meeting attendance included the community matron, district nurses, as well the practice's clinical team.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages. However, we noted the practice had relatively high exception reporting rates for several clinical areas: atrial fibrillation, cancer, diabetes mellitus, dementia, depression and mental health. The practice explanation was that they had inherited high levels of unplanned and unexpected new patient registrations, due to some local practices closing within the last three years. They told us this influx of new patients had affected their ability to provide the appropriate levels of follow ups for certain patients.

### Families, children and young people:

This population group was rated inadequate for effective services because the concerns we found in the provision of effective services affected all population groups.



## Are services effective?

- Childhood immunisation uptake rates were in line with the target 90% or above for children aged one. However, they did not meet the target 90% or above for children aged two.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation.

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

This population group was rated inadequate for effective because the concerns we found in the provision of effective services affected all population groups. In addition:

- The practice's uptake for cervical screening was 62%, which was below the 80% coverage target for the national screening programme. The practice was aware of these figures and cited historical nursing staff shortages as the reason for their low screening performance in this area.
- The practice's uptake for breast and bowel cancer screening was below the national average.

People whose circumstances make them vulnerable:

This population group was rated inadequate for effective because the concerns we found in the provision of effective services affected all population groups.

- End of life care was not necessarily delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable. The practice declined a CCG request to make two weekly visits to their patients identified as being at end of life, citing that there was no clinical need. Individualised assessments had not been carried out and the patients' (and those close to them) individual preferences in relation to their decision was not considered.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

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

This population group was rated inadequate for effective because the concerns we found in the provision of effective services affected all population groups.

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

### Monitoring care and treatment

The practice did not have a comprehensive programme of quality improvement activity and did not review the effectiveness and appropriateness of the care provided.

- The practice QOF performance was in line with CCG and national averages
- We noted the practice had relatively high exception reporting rates for several clinical areas, which were attributed to particularly high levels of new patients registering in the practice in the preceding two years.
- The practice presented examples of two completed audits: one on the management of urinary tract infections (UTIs) and the second on two-week wait referrals. The UTI audit led to a switch in appropriate antibiotic prescribing in the treatment of the condition.
- We saw that there were no systemised audits presented to the inspection team. There was no demonstration of a systematic approach to identifying clinical audits. The GPs told us that their audits were identified based on clinical interest or concerns. We found that audits of the surgical procedures being carried out in the practice were not being conducted.

### Effective staffing

- Staff had appropriate knowledge for their role, for example, to carry out reviews for people with long term conditions, older people and people requiring contraceptive reviews.

# Are services effective?

- Nursing staff whose role included child immunisation, providing travel advice and vaccinations, taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.
- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained.
- There was an induction programme for new staff. However, the most recently employed staff member had not completed training in any of the practice's identified training topics despite having been employed at the practice for three months.
- Non-clinical staff received annual appraisals. Clinical staff completed revalidation. However mentoring and clinical supervision was lacking in the practice, particularly in relation to minor surgical procedures and the male circumcision service.

## Coordinating care and treatment

- We saw meeting minutes that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.
- The practice had declined a CCG request to conduct two weekly visits to their patients identified as being at the end of life, citing there was no clinical need for these visits.

## Helping patients to live healthier lives

Staff were not consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers. However, they had identified relatively low numbers of people with caring responsibilities in their patient population.

- Staff encouraged and supported patients to be involved in monitoring and managing their own health, for example through social prescribing schemes.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking and tackling obesity campaigns.
- Health promotion information on the practice website was particularly inappropriate for the season. It focussed on keeping warm in cold weather and prevention of winter illnesses. At the time of the inspection, the country was experiencing a heatwave.

## Consent to care and treatment

The practice did not consistently obtain consent to care and treatment in line with guidance.

- In relation to minor surgical procedures, consent to care and treatment was not being appropriately sought. Risks and benefits were not mentioned for occipital nerve endings injections, or for removal of skin lesions. Verbal consent was not recorded, or risk and benefits documented, for joint injections.
- The practice did not monitor the process for seeking consent appropriately.
- In relation to the male circumcision service, consent to care and treatment was appropriately sought. Consent was sought from both parents of the child prior to male circumcision being carried out.
- We also saw that nursing staff appropriately sought consent in relation to the provision of vaccinations, including child vaccinations; and cervical screening. There was a documented process for seeking consent in these circumstances.

**Please refer to the evidence tables for further information.**



# Are services caring?

## We rated the practice as inadequate for caring.

The practice was rated as inadequate for caring because:

- They received negative patient feedback about care and treatment experiences, they failed to consistently act on patient feedback.

### Kindness, respect and compassion

Staff did not treat patients with kindness, respect and compassion.

- Feedback from patients was negative about the way staff treated people.
- The practice did not give patients timely support and information. The comments and suggestions box items had not been checked or acted on in a year.
- The practice's GP patient survey results were below local and national averages for questions relating to kindness, respect and compassion at nurse consultations. The practice attributed the low scores in these areas to nursing staff shortages during the period the survey was conducted. They have since employed a full-time nurse, and have a healthcare assistant.

### Involvement in decisions about care and treatment

Staff did not always help patients to be involved in decisions about care and treatment.

- Staff helped patients and their carers find further information and access community and advocacy services.
- The practice identified carers and supported them; but had identified a lower than expected proportion of their practice population as people with caring responsibilities.
- The practice's GP patient survey results were below local and national averages for questions relating to involvement in decisions about care and treatment at nurse consultations. They told us this was because of historical nursing staff, and were also able to provide recent feedback from their friends and family test results which showed patients commented frequently on positive experiences of nurse consultations.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.
- Staff recognised the importance of people's dignity and respect.

**Please refer to the evidence tables for further information.**

# Are services responsive to people's needs?

## **We rated the practice, and all of the population groups, as inadequate for providing responsive services.**

The practice was rated as inadequate for responsive because:

- There were unsuitable facilities for minor surgery.
- There were poor levels of cleanliness in toilet facilities.
- Patients regularly experienced difficulties getting through to the practice by telephone, and long waits (several weeks) to get a routine appointment
- The practice did not appropriately manage feedback received through their comments and suggestions box.

## **Responding to and meeting people's needs**

The practice organised and delivered services to meet patients' needs. However, we found some infection prevention and control risks in certain areas.

- The practice understood the needs of its population and tailored services in response to those needs.
- Telephone consultations were available which supported patients who were unable to attend the practice during normal working hours.
- Most of the facilities and premises were appropriate for the services delivered. However, we noted the approved minor surgery room was cluttered with paperwork, and there was a large damp patch, with mould growing, on the ceiling tile above the consultation couch. In addition, the three toilet facilities adjacent to the patient waiting area needed thorough cleaning. Dirt stains were visible on the walls and in the toilet bowls, and some of the sealant joining the floor coving to the walls was damaged.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was not coordinated with other services.

### Older people:

This population group was rated inadequate for responsive because the concerns we found in the provision of responsive services affected all population groups.

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

### People with long-term conditions:

This population group was rated inadequate for responsive because the concerns we found in the provision of responsive services affected all population groups.

- The practice had high levels of exception reporting in some clinical areas, which meant that those patients who were exception reported were typically not followed up, or given the recommended course of treatment and / or monitoring.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.

### Families, children and young people:

This population group was rated inadequate for responsive because the concerns we found in the provision of responsive services affected all population groups.

- We found there were systems 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 accident and emergency (A&E) attendances.

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

This population group was rated inadequate for responsive because the concerns we found in the provision of responsive services affected all population groups.

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours sessions were provided twice a week.

### People whose circumstances make them vulnerable:

This population group was rated inadequate for responsive because the concerns we found in the provision of responsive services affected all population groups.

- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.

# Are services responsive to people's needs?

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

This population group was rated inadequate for responsive because the concerns we found in the provision of responsive services affected all population groups.

- Staff we spoke with had a good understanding of how to support patients with mental health needs and those patients living with dementia.

## Timely access to care and treatment

Patients were not able to access care and treatment from the practice within an acceptable timescale for their needs.

- Patients were subjected to long waiting times, delays and cancellations. We observed on the day of our inspection, that appointments for that day were cancelled due to lack of stocked childhood vaccines.
- Patients reported having difficulties accessing the appointment system. In response to patient and other services' feedback, the practice had changed their telephone system in recent months, and were monitoring feedback and usage of the new system.
- The practice's GP patient survey results were in line with local and national averages for questions relating to access to care and treatment.
- Patients had access to initial assessment, test results, diagnosis and treatment.

## Listening and learning from concerns and complaints

The practice did not consistently take complaints and concerns seriously and had not responded to all complaints and concerns received appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available in the practice. There was no information about how to complain on the practice website.
- The practice complaints policy and procedures was available to patients on request from the reception staff. The practice had received seven recorded complaints within the last 12 months. There were no themes to the complaints recorded, but they were associated with patients' dissatisfaction with care and treatment.
- The practice's comments and suggestions box items had not been reviewed and had been left unattended for nearly a year. This included several complaints and requests for medicines that should have been promptly followed up for patient safety. The comments and suggestions box was also not kept secure (sealed to prevent items being tampered with) to maintain patient confidentiality.

**Please refer to the evidence tables for further information.**

# Are services well-led?

## We rated the practice as inadequate for providing a well-led service.

*The practice was rated as inadequate for well-led because:*

- There was a lack of management oversight of risks to patient safety
- There were a lack of appropriate governance arrangements to ensure clear responsibilities and accountabilities
- The practice did not sufficiently engage with and involve patients, the public, staff and external partners in the delivery of services
- There were a lack of systems and processes for learning, continuous improvement and innovation.

## Leadership capacity and capability

Leaders did not have the capacity and skills to deliver safe care.

- Leaders were not knowledgeable about issues and priorities relating to the quality and future of services. Challenges to the delivery of quality care were not being addressed, such as in the case of infection prevention and control risks in the minor surgery room, and lack of quality monitoring and improvement activity in relation to surgical procedures.
- Leaders at all levels were visible.

## Vision and strategy

- There was a clear vision and set of values, which was displayed in the practice management office.

## Culture

- Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations.
- The practice had arrangements to provide online training to staff on topics they had identified as relevant to their roles. However, when information about the training staff had completed was requested, the practice management were unable to obtain a summary of this information. This showed a lack of management oversight on staff training.

- All staff received annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary.

## Governance arrangements

- The practice did not have clear responsibilities, roles and systems of accountability to support good governance and management. For example, lead roles were not always highlighted in policies.
- Structures, processes and systems to support good governance and management were not clearly set out, understood and effective. We found the practice had not consistently taken appropriate steps in responding to comments and suggestions, dealing with uncollected prescriptions, escalating premises issues

## Managing risks, issues and performance

There was a lack of clarity around processes for managing risks, issues and performance.

- Practice leaders did not have proper oversight of safety alerts, incidents, and complaints. Events that could have been investigated as incidents were not consistently captured. Their complaints box was not monitored.
- There was no systematic approach to clinical audit. However, we saw evidence of improvement made because of audit.
- There was a lack of arrangement for oversight and review of surgical performance (including circumcisions).
- The practice had plans in place to respond to emergency situations. However, staff were not trained in responding to and managing the early signs of sepsis.
- The practice understood the impact on the quality of care of service changes or developments. There had been significant increases in the practice population over the past two years, but the practice had not planned to ensure this process went smoothly without impacting patient care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The practice used performance information which was reported and monitored and management and staff were held to account.

# Are services well-led?

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice did not involve patients, the public, staff and external partners to support services.

- Patients' views were collated and responded to on an ongoing basis through the Friends and Family test (FFT) survey and through NHS Choices.
- The practice had recently changed their telephone system in response to patient and external partners' complaints. At the time of our inspection a survey was ongoing seeking feedback about their new telephone system.

- Staff and external partners' views and concerns were sought through meetings. However, such meetings did not occur regularly.
- We saw evidence that the practice had acted and sought guidance to establish a patient participation group (PPG). Posters informing patients about the PPG and encouraging them to join were available in the practice, and the practice also used their website to promote the PPG. However, they did not currently have an active PPG.
- The feedback we had from the CCG was that the practice was not transparent, collaborative and open with their stakeholders about performance.

## Continuous improvement and innovation

There was no evidence of systems and processes for learning, continuous improvement and innovation.

- The practice did not make effective use of internal and external reviews of incidents and complaints to encourage improvements.

**Please refer to the evidence tables for further information.**

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

#### Regulated activity

Surgical procedures

#### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

How the regulation was not being met: Care and treatment of service users was not being provided with the consent of the relevant person. In particular: The provider did not have an appropriate documented process for obtaining consent for most of the surgical procedures performed. This is in breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued an urgent notice of suspension of the regulated activity of surgical procedures for a period of three months from 17 July 2018.

#### Regulated activity

Surgical procedures

#### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met: The registered provider did not mitigate the risks of the spread of, infections, including those that are health care associated. In particular: The provider had not ensured infection prevention and control risks had not been appropriately addressed in the minor surgery room. The registered provider did not assess and mitigate the risks to the health and safety of service users of receiving the care or treatment. In particular: The lead GP was not participating in peer review and mentorship for the male circumcision service. The clinicians were not conducting audits of clinical outcomes in relation to minor surgery services. This is in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities)



This section is primarily information for the provider

## Enforcement actions

Regulations 2014. We issued an urgent notice of suspension of the regulated activity of surgical procedures for a period of three months from 17 July 2018.

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met: The registered person did not do all that was reasonably practicable to mitigate risks to health and safety of service users. In particular: The provider did not have suitable arrangements for responding to certain medical emergencies, specifically sepsis. The provider did not have suitable arrangements for the management of medicine stocks. They did not have a documented system for checking and maintaining appropriate stocks of medicines including vaccines. The provider did not ensure the proper and safe management of medicines. Patients were not always involved in regular reviews of their medicines. This is in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued warning notices against the provider and the registered manager for the breaches of this regulation and asked the provider to ensure they became compliant by 17 August 2018.

### Regulated activity

Diagnostic and screening procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

How the regulation was not being met: The registered person did not do all that was reasonably practicable to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. In particular: The provider failed to monitor and improve the quality and safety of the services by responding to feedback on the quality of the experience of service users. The provider failed to mitigate the risks relating to the health, safety and welfare of service users and others by ensuring staff are appropriately supported. Systems

This section is primarily information for the provider

## Enforcement actions

and processes were not established and operated effectively that ensured the quality and safety of the services provided were assessed, monitored and improved. This is in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We issued warning notices against the provider and the registered manager for the breaches of this regulation and asked the provider to ensure they became compliant by 17 August 2018.