

Dr Selwyn Dexter

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Inadequate



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Selwyn Dexter, North West London Medical Centre on 1 September 2016 and 3 September 2016. Our visit on 3 September was arranged following the inspection on 1 September to gather further information about the weekend urgent care service provided at the practice. Overall the practice is rated as inadequate. The practice was rated inadequate for providing safe, effective and well led services; and requires improvement for responsive and caring.

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

- Staff understood and fulfilled their responsibilities to raise concerns, however when things went wrong lessons learned were not always actioned to support improvement.
- Infection control and medicines management procedures within the practice required improvement.
- Patient outcomes were hard to identify as there was limited reference made to audits or quality improvement.
- Data showed some patient outcomes were low compared to the national average and knowledge of and reference to national guidelines were inconsistent.
- The practice had no clear leadership structure and limited formal governance arrangements.
- The practice was not proactively identifying patients who were also carers.
- The practice had not proactively sought feedback from patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Translation services were not advertised or routinely used for patients.
- Information about services and how to complain was available and easy to understand.

Summary of findings

- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice did not have an overarching governance framework to support the delivery of high quality care and good outcomes for patients.

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

Following our inspection, we received information from NHS England of the provider's notice to NHS England and the local Clinical Commissioning Group (CCG) in Central London to retire and resign from practice on 31 March 2017. The provider will therefore not be placed into special measures.

If the provider had remained registered with CQC, we would have set out the following list of 'musts' and 'shoulds' for their action:

The areas where the provider must make improvements are:

- Develop effective systems and processes to ensure safe care and treatment including actioning learning from significant events; medicines management in relation to stock control; and implementation of infection control procedures including infection control audits.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines. Carry out clinical audits including re-audits to ensure improvements have been achieved. Seek and act on patient feedback.

The areas where the provider should make improvement are:

- Take action to improve the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan; and the practice performance for long term conditions, with particular focus on diabetes indicators.
- Consider ways to improve the practice uptake for cervical screening and performance for childhood immunisations.
- Review the security arrangements for treatment and consulting rooms when these are not in use.
- Ensure all clinical staff have received appropriate training in the Mental Capacity Act and requirements of the Duty of Candour.
- Ensure all staff who act as chaperones have been appropriately trained to provide this role and advertise this service for patients within the practice.
- The provider should improve its identification of patients who are carers and the support offered to them by the practice.
- Advertise the translation service within the practice to inform patients this support is available to them as required.
- Consider improving communication with patients who have a hearing impairment.

NHS England and Central London CCG have taken into account the number of patients registered with the provider and where they live, as well as the availability of alternative nearby practices. There are 29 other GP surgeries within one mile of North West London Medical Centre, all of which are currently accepting new patients. Arrangements have been made with local practices for patients to register with these alternative practices.

All patients will be advised of the provider's decision to discontinue the service provided at North West London Medical Centre and will be provided with information on how to register with a new GP and how to seek further advice and assistance.

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, as there are areas where improvements must be made.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong lessons learned were not always actioned to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Infection control procedures within the practice required improvement.
- Medicines management arrangements required improvement including the stock control of medicines within the medicines fridge.

Inadequate



Are services effective?

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

- Data showed some patient outcomes were low compared to the national average.
- Knowledge of and reference to national guidelines were inconsistent.
- There was no evidence that audit was driving improvement in patient outcomes.
- There was no evidence that the practice was comparing its performance to others; either locally or nationally.
- Multidisciplinary working was taking place but in-house clinical meetings were generally informal and record keeping was limited or absent.

Inadequate



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice in line with the national averages for several aspects of care.

Requires improvement



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect.
- The practice was not proactively identifying patients who were also carers. The computer system was not being used to code and maintain a register of patients who had been identified as carers in order to alert GPs and offer patients additional support. There was no written information available to direct carers to the various avenues of support available to them.

Are services responsive to people's needs?

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

- There was limited engagement with the local CCG to plan services and to improve outcomes for patients in the area.
- Translation services were not advertised or routinely used for patients.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the national averages.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

Requires improvement



Are services well-led?

The practice is rated as inadequate for being well-led, as there are areas where improvements must be made.

- The practice did not have a clear vision and strategy.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- The practice did not hold clinical meetings to discuss clinical issues and ensure clinicians were kept up to date.
- A comprehensive understanding of the performance of the practice was not maintained.

Inadequate



Summary of findings

- The practice had not proactively sought feedback from staff or patients.
- Staff had received inductions but not all staff had received regular performance reviews.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate



- The practice is rated as inadequate for the care of older people. The provider was rated as inadequate for safe, effective and well-led and requires improvement for responsive and caring. The issues identified as inadequate overall affected all patients including this population group.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

Inadequate



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

- There were unclear leadership roles for chronic disease management within the practice.
- Performance for diabetes related indicators were below the national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less, was 68% which was below the national average of 81%; and the percentage of patients with diabetes, on the register, who received a foot examination, was 53% which was below the national average of 88%.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Inadequate



The practice is rated as inadequate for the care of families, children and young people. The provider was rated as inadequate for safe, effective and well-led and requires improvement for responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

Summary of findings

- Childhood immunisation rates for the vaccinations given were below the national averages.
- The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 74% and below the national average of 82%.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for families, children and young people.

Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safe, effective and well-led and requires improvement for responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The provider was rated as inadequate for safe, effective and well-led and requires improvement for responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider was rated as inadequate for safe, effective and well-led and requires improvement for responsive and caring. The issues identified as inadequate overall affected all patients including this population group.

- Performance for some mental health related indicators were below the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 50% against a national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 100% which was above the national average of 84%.
- 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.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and forty-six survey forms were distributed and 94 were returned. This represented 4% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% 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%.

- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 83% 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 19 comment cards which were all positive about the standard of care received.

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

Areas for improvement

Action the service **MUST** take to improve

- Develop effective systems and processes to ensure safe care and treatment including actioning learning from significant events; medicines management in relation to stock control; and implementation of infection control procedures including infection control audits.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines. Carry out clinical audits including re-audits to ensure improvements have been achieved. Seek and act on patient feedback.

Action the service **SHOULD** take to improve

- Take action to improve the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan; and the practice performance for long term conditions, with particular focus on diabetes indicators.

- Consider ways to improve the practice uptake for cervical screening and performance for childhood immunisations.
- Review the security arrangements for treatment and consulting rooms when these are not in use.
- Ensure all clinical staff have received appropriate training in the Mental Capacity Act and requirements of the Duty of Candour.
- Ensure all staff who act as chaperones have been appropriately trained to provide this role and advertise this service for patients within the practice.
- The provider should improve its identification of patients who are carers and the support offered to them by the practice.
- Advertise the translation service within the practice to inform patients this support is available to them as required.
- Consider improving communication with patients who have a hearing impairment.

Dr Selwyn Dexter

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Selwyn Dexter

Dr Selwyn Dexter, North West London Medical Centre, provides GP primary medical services to approximately 2,510 patients living in the London Borough of Westminster and Westminster Clinical Commissioning Group (CCG). The Borough of Westminster has a diverse population being home to some of the wealthiest people in Britain alongside a high proportion of people living in poverty.

The practice team is made up of one male lead GP providing 12 sessions per week, a practice nurse, a Health Care Assistant, a practice manager and three administrative staff.

The practice is open between 9am-6.30pm on Monday, Wednesday, Thursday and Friday; 9am-7.30pm on Tuesday; and 8am-4pm on Saturday and Sunday. Appointments are from 9.30am-11.30am and 4pm-5.30pm on Monday, Wednesday, Thursday and Friday; 9.30am-11.30am and 4pm-7.30pm on Tuesday; and 8am-4pm on Saturday and Sunday. Weekend appointments are for urgent care and emergencies only and the practice operates a walk-in service. The lead GP provides the GP services for the urgent care service on Sundays and a locum GP provides this service on Saturdays. Home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a Personal Medical Services (PMS) contract (PMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice is registered with the Care Quality Commission to provide the regulated activities of maternity and midwifery services; diagnostic and screening procedures; treatment of disease, disorder or injury.

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

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.

This provider was previously inspected on 30 April 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 1 September 2016 and 3 September 2016. Our visit on 3

Detailed findings

September was arranged following the inspection on 1 September to gather further information about the weekend urgent care service provided at the practice.

During our visit we:

- Spoke with a range of staff (GP, Practice Manager, administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and 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

The system in place for reporting and recording significant events required improvement.

- 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, however, the reporting form was not being routinely used as there was no evidence available of any incidents reported with the exception of one significant event.
- We were not assured the provider was aware of and complied 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). The practice could not demonstrate a safe track record over time with regards to significant events as significant event reporting was limited; there was one significant event documented in the last two years.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong lessons learned were not always actioned to support improvement. For example, as a result of a significant event relating to a patient experiencing cardiac arrest; staff identified a risk with the upstairs waiting area being unmanned by staff. Although learning from this significant event had been identified; action had not been completed to support improvement and the upstairs waiting area remained unmonitored.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse however some required improvement:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies.

Staff demonstrated they understood their responsibilities in relation to safeguarding and had received on-line safeguarding training. Staff told us the GP was trained to level 3; nurses to level 2 and administrative staff to level 1 although certificates for this training was not available on the day of our inspection for all staff. Following our inspection we were provided with evidence all staff had completed online safeguarding training in 2014 and arrangements had been made for staff to undertake this training again.

- There was no notice in the waiting room or consulting rooms to advise patients that chaperones were available if required. All staff who acted as chaperones had received a Disclosure and Barring Service (DBS) check however some staff we spoke with were unsure of their responsibilities when providing this role despite receiving online training. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not maintain appropriate standards of cleanliness and hygiene. We observed the premises to be unclean and untidy in some areas. It was unclear who the infection control clinical lead was within the practice. Staff had received infection control online training. An infection control audit had been undertaken in 2015 however not all actions to address improvements identified had been completed. Staff told us the practice was cleaned twice per week however we saw no evidence of a cleaning rota or schedule. The curtains provided within the consulting and treatment rooms were not clinical curtains and there was no evidence available to demonstrate when these had last been cleaned.
- The arrangements for managing medicines, including emergency medicines and vaccines, required improvement. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice worked with the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. However, during our inspection we found a number of vaccines within the medicines fridge which were out of date. We discussed this with the provider and these items were removed from the fridge and disposed. Blank

Are services safe?

prescription forms and pads were securely stored and there were systems in place to monitor their use however we found consulting rooms were not locked when they were not in use and therefore any items within these rooms were not secure.

- We reviewed four personnel files, including three long-standing members of staff and one new staff member and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

The management of risks to patients required improvement.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety poster in the administration office which identified local health and safety representatives. Staff told us the practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Staff told us the practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, legionella and asbestos however this was not available on the day of our inspection and was provided subsequently. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice arrangements in place to respond to emergencies and major incidents required improvement.

- The practice had a defibrillator available on the premises however there was no oxygen available. Following our inspection the practice made arrangements to purchase oxygen. A first aid kit and accident book was available.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We were not assured the practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice did not have an effective system in place to keep all clinical staff up to date. The lead GP told us he received updates via email however, we observed some emails were unopened and the GP was unaware of some guidance relating to antibiotics when interviewed and there was no written process for the receipt and dissemination of guidance.
- There was no evidence to demonstrate the practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The most recent published Quality and Outcomes Framework (QOF) results were 70% of the total number of points available. (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/15 showed:

- Performance for diabetes related indicators were below the national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5 mmol/l or less, was 68% which was below the national average of 81%; and the percentage of patients with diabetes, on the register, who received a foot examination, was 53% which was below the national average of 88%.
- Performance for some mental health related indicators were below the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan was 50% and the national average is 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 100% which was above

the national average of 84%. However, the practice exception reporting for this indicator was 22% which was above the CCG average of 12% and the national average of 8%. (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).

Quality improvement through clinical audit was limited. The lead GP told us the practice had completed two 2-cycle audits relating to outpatient referrals for gynaecology and orthopaedics however these were not available on the day of the inspection and we were therefore unable to review these. The lead GP was not aware when interviewed of clinical areas where performance required improvement and the lead GP told us there were no practice plans in place for improvement of any clinical indicators.

Effective staffing

We were not assured staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed staff which included topics as such as infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- The learning needs of administrative staff were identified through a system of appraisals and meetings. Administrative staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Administrative staff had access to and made use of e-learning training modules and in-house training. With exception to the lead GP, there was no evidence to demonstrate clinical staff had access to appropriate training to meet their learning needs and to cover the scope of their work or ongoing support through clinical supervision or mentoring.

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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on where care plans were routinely reviewed and updated for patients with complex needs. Palliative care meetings took place on a monthly basis and the lead GP attended a quarterly paediatric clinic meeting and a multidisciplinary 'Village' meeting which included representatives from six local practices. However, there were no in-house clinical meetings held with the GP and nurses and there were no minutes of practice meetings to demonstrate clinical matters were discussed with relevant staff at these meetings.

Consent to care and treatment

We were not assured staff sought patients' consent to care and treatment in line with legislation and guidance.

- We found the GP did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The GP did not demonstrate an understanding of the key parts of the legislation when questioned and was not able to describe how he implemented it.
- There was no evidence to demonstrate the process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 70%, which was comparable to the CCG average of 74% and below the national average of 82%. There were no proactive recall systems in place for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were below the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 50% to 92% and five year olds from 33% to 44%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains and screens were provided within the treatment and consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, the curtains provided were not clinical curtains and there was no evidence available to demonstrate when these had last been cleaned.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt practice staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with the CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 87% 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 94% and the national average of 95%.
- 86% 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%.
- 86% 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%.

- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with and patient feedback from the comment cards we received indicated patients they felt involved in decision making about their care and treatment they received. They also told us they felt listened to and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice did not provide facilities to help patients be involved in decisions about their care:

- We saw there were no notices in the reception or waiting areas informing patients of a translation service. Administrative staff told us that they had not booked the translation services for any for patients who did not have English as a first language and patients usually were accompanied by a relative or friend to provide this service for them. However there was a contract in place with a translation service.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations such as 'MIND' and 'Age UK.' Telephone contact details for support groups were also available on the practice website.

Are services caring?

The practice was not proactively identifying patients who were also carers. The computer system was not being used to code and maintain a register of patients who had been identified as carers in order to alert GPs and offer patients additional support. There was no written information available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice manager sent a letter of condolence and the GP contacted them and this call was followed by a patient consultation and/or by giving them advice on how to find a support service.

The practice provided an in-house counselling service with a psychologist for patients on Wednesday's each week.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The lead GP told us the practice had worked with the local CCG in setting up 'village' meetings with other local practices and out-reach paediatric quarterly meetings; and working in collaboration with the primary care navigators.

Services were planned and delivered to take into account some of the needs of different patient groups. For example:

- The practice offered appointments on a Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities available however, there was no hearing loop system within the practice and translation services were not advertised or routinely used for patients. The practice website did have a translation function for patients to be able to read all the information about the practice in their preferred language.

Access to the service

The practice was open between 9am-6.30pm on Monday, Wednesday, Thursday and Friday; 9am-7.30pm on Tuesday; and 8am-4pm on Saturday and Sunday. Appointments were from 9.30am-11.30am and 4pm-5.30pm on Monday, Wednesday, Thursday and Friday; 9.30am-11.30am and 4pm-7.30pm on Tuesday; and 8am-4pm on Saturday and Sunday. Weekend appointments were for urgent care and emergencies only and the practice operated a walk-in

service. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 89% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system through posters displayed in the waiting area and a practice leaflet available.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice did not have a specific vision to deliver high quality care and promote good outcomes for patients and there was no strategy in place to deliver this. We were told that the GP was planning to retire within the near future; however, there was no practice succession plan in place for this. Following our inspection the practice confirmed they were drafting a succession plan.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of high quality care and good outcomes for patients.

- The practice staffing structure and staff roles and responsibilities were not clearly defined.
- Practice policies were overdue for a review since 2014 however; the practice manager was in the process of reviewing these.
- The GP could not demonstrate a comprehensive understanding of the performance of the practice. The GP told us the practice manager was responsible for the monitoring the performance of the practice. During our interview, we shared with the GP the practice QOF data for diabetes indicators and he was unaware of these results.
- We were provided with no evidence of a programme of continuous clinical and internal audit used to monitor quality and to make improvements. The GP was unable to demonstrate any improvements that had been made as a result of audit.
- There were limited arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The lead GP did not demonstrate the capability to run the practice and ensure high quality care. The GP did not have an understanding of the day to day management of the practice in the absence of the practice manager.

We were not assured the provider was aware of and complied 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). We saw no evidence the practice had 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 and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

Procedures for reporting, recording, taking appropriate action and sharing learning from significant events were not robust. The practice could not demonstrate a safe track record over time with regards to significant events as there was one significant event documented in the last two years. There was a practice policy in place for significant events however and reception staff told us the practice had a significant event form for documenting incidents.

The practice leadership structure required improvement.

- Staff told us the practice held regular practice team meetings each month. However, there were no formal clinical meetings between the GPs and the practice nurses and we were not assured the nurses and regular locum GPs were provided with any clinical supervision or kept up to date with essential practice information. Practice meetings were not routinely recorded and minuted.
- Administrative 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.
- Administrative staff said they felt respected, valued and supported, particularly by the practice manager but had not been involved in discussions with the GP about how to run and develop the practice.

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

The practice processes for seeking patient feedback and engaging patients in the delivery of the service were in development.

- The practice did not have a patient participation group (PPG) to gather feedback from patients. The practice manager told us the practice were in the process of recruiting a PPG to gain patient feedback.

Are services well-led?

Inadequate 

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

- The 'Friends and Family Test' was available for patients in the waiting area (the Friends and Family Test is a survey which asks people if they would recommend the services they had used to friends and family). There was no evidence available to demonstrate the Friends and Family Test had been analysed or any actions taken to improve the practice in response to this survey had been communicated with patients.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was no evidence of continuous improvement by the practice.