

Dr Subrata Basu

Quality Report

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Date of inspection visit: 8 April 2016
Date of publication: 23/06/2016

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?	Inadequate	
Are services responsive to people's needs?	Inadequate	
Are services well-led?	Inadequate	

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	5
The six population groups and what we found	9
What people who use the service say	13
Areas for improvement	13

Detailed findings from this inspection

Our inspection team	15
Background to Dr Subrata Basu	15
Why we carried out this inspection	15
How we carried out this inspection	15
Detailed findings	18

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an unannounced comprehensive inspection at Dr Subrata Basu on 8 April 2016. Overall the practice is rated as inadequate.

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

- Appropriate access to health care was not available for patients. A surgery was not available on the afternoon of our inspection and we observed evidence that surgeries were not available on the two afternoons prior to this, on Thursday afternoons and on numerous other occasions.
- Clinical decisions were taken at the practice by unqualified staff which allowed patients to continue to request and receive medication without the review of a clinician.
- Patients were unable to access appointments to meet their needs as they could not book appointments in advance. Appointments and clinics were often cancelled, irrespective of patient need.
- Patients could not access a nurse in the afternoon.
- Appointment slots to see the lead GP were regularly left unfilled despite patients requiring these. When locum GPs supported the practice more patients were seen.
- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment and clinical tasks were not reviewed by a GP.
- Staff at the practice had acted as chaperones for patients without a Disclosure and Barring Service check (DBS) or 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).
- Staff said that complaints and incidents were not always recorded there was no evidence of learning and communication with staff. We were not assured that significant events were acted upon or that all events were recorded.

Summary of findings

- Patient outcomes were hard to identify as no reference was made to clinical audits or quality improvement and there was no evidence that the practice was comparing its performance to others either locally or nationally.
- Feedback from patients regarding the practice was below Clinical Commissioning Group (CCG) and national averages. The practice did not have a patient participation group (PPG).
- The practice had limited formal governance arrangements.

The Care Quality Commission issued an urgent notice to suspend the registration of this practice for a period of four weeks from 15 April 2016 to 13 May 2016. We directed the practice to demonstrate to us that they would be able to provide a safe and accessible general practice service for their patients after that time.

The Commission was not assured that an action plan submitted to us by the provider Dr Subrata Basu could demonstrate that the practice would provide a safe and accessible service. As a result the Commission instigated enforcement action to cancel the registration of this provider. Since 18 April 2016 a new provider at Whetley Medical Centre has accepted a contract with the Bradford City Clinical Commissioning Group to provide services to the patients of this practice from the practice address at Whetley Medical Centre, 2 Saplin Court, Bradford.

The practice however, has been placed in special measures due to the shortfalls identified in this inspection. During inspection we found that the following issues had to be addressed:

- Ensure that patients have access to healthcare and that appointments are offered at times to meet the needs of the practice population.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. For example regular staff and multidisciplinary team meetings.
- Introduce effective processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

- Provide staff with appropriate training, policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure they are able to respond appropriately to emergency situations and manage the risks associated with this. For example, they must review the provision of a defibrillator, emergency medication and oxygen in the practice.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Review the clinical and non-clinical leadership structure of the practice and ensure there is the leadership capacity and capability to deliver all improvements.
- Review the system for the prescribing and reviewing of medication and ensure that this is reflective of best practice.
- Ensure that safe and appropriate systems and processes are in place to manage the administrative tasks, referrals, recalls and demands associated with a GP surgery.
- Implement formal systems and processes including systems for assessing and monitoring risks to keep people safe. For example the audit of emergency medications, oxygen, vaccines and the provision of a health and safety risk assessment. The provider must ensure that provision is in place for the removal of sanitary waste.
- Implement a system for the correct storage and audit of prescription pads in line with NHS Protect Guidance 2013.

We also found the following issues should be addressed:

- The provider should respond to outcomes from audits. For example, Infection Prevention and Control (IPC) and Fire.
- The practice needs to ensure that it positively engages with patients and improve its services as measured by patient satisfaction scores. The practice should review if it has the right amount of staff with the appropriate skills to meet patient needs.
- The practice should explore ways of involving patients in the governance arrangements of the practice for example through the involvement of a patient participation group (PPG).

Summary of findings

Being placed in special measures will enable the practice a period of time to address the issues we have identified. We will inspect this practice again within a six month period in order to determine if improvements have occurred and if these have been sustained.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Inadequate



- Appropriate access to health care was not available for patients due to a lack of GP cover.
- Staff told us that they would report concerns to the practice manager but that complaints were not always documented, there was no evidence that outcomes from significant events were acted upon and we were not assured that all events were recorded. Patients did not receive reasonable support or an apology.
- Patients were at risk of harm because systems and processes were not in place in a way to keep them safe.
- We found evidence that clinical tasks dating back to May 2015 had not been actioned. For example repeat blood testing procedures were requested but never undertaken.
- Medication reviews were overdue and some dated back to 2011. We saw that some of these reviews had been marked as complete by the practice manager, without a clinical review, which allowed the prescribing of medication to continue. Our GP advisor found one patient had continued to take a medication that presented a significant risk to this patient's health and wellbeing
- Staff had acted as chaperones when they were not trained for the role and had not undergone a Disclosure and Barring Service (DBS) check.
- Recruitment checks for Locum GPs were not completed prior to employment.
- Patients were unable to access the surgery in a way which met their needs.
- Prescription pads were not stored correctly and there was no record maintained of prescription numbers to ensure prescriptions could not be misappropriated or misused.
- The oxygen cylinder was three years out of date and we did not see any evidence of checks or audits. The practice held less than half of the recommended emergency medications, and there were no needles or syringes present in the emergency drugs box which meant that some of the medications present could not be used.
- Audit records for emergency medications checks were falsified on the insistence of the practice manager.

Summary of findings

- Administration staff had completed on line Safeguarding training during the week of our visit. The practice manager did not know to what safeguarding level the lead GP was trained and could not evidence a certificate.

Are services effective?

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

- Data showed that care and treatment was not delivered in line with recognised professional standards and guidelines. For example some medication reviews and clinical tasks were not undertaken by a qualified practitioner but marked as complete by the practice manager.
- Patient outcomes were hard to identify as no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.
- There was minimal engagement with other providers of health and social care.
- There was no recognition of the benefit of an appraisal process for staff and no support for any additional training that may be required.
- Basic care and treatment requirements were not met. A random sample of patient records showed that medication reviews were not undertaken and requests for patients to undergo further assessments or tests were not actioned.

Inadequate



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice lower than Clinical Commissioning Group (CCG) and national averages for all aspects of care. Only 48% of patients at this surgery felt that they were treated with care and concern (national average 85%) and only 41% of patients said that the GP was good at involving them in decisions about their care, (national average 82%).
- There was insufficient information available to help patients understand the services available to them. There were no information leaflets available in other languages despite there being a large number of Asian patients on the practice list.
- Clinics, appointments and requests for prescriptions were cancelled irrespective of patient needs.

Inadequate



Summary of findings

Are services responsive to people's needs?

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

- Patients reported considerable difficulty in accessing a GP of their choice.
- Appointment systems were not working well, patients could not book appointments in advance or on line.
- We were told that the practice would arrange to see most children. However a GP clinic was not always available for children or those patients with medical problems that require same day consultation to be seen. A member of staff told us that when parents rang with concerns regarding children under six months old they would be told to see the health visitor or pharmacist. Children would not have been seen on the afternoon of our visit or the two afternoons prior to this as surgeries were not held.
- We were told that patients could wait 2-3 months for a referral to secondary care. Evidence from concerns raised by whistle-blowers confirmed this.
- The practice did not offer clinics on a Thursday afternoon. We did not see any evidence that patients could contact a GP at this time.
- The practice was not well equipped to treat patients, it could not respond to medical emergencies safely.
- Information about how to complain was available for patients but we were told and observed that this was out of date. The procedure did not detail that patients could complain to the ombudsman and staff did not fully understand how to progress concerns and complaints from patients.
- The national GP patient survey shows that 73% of patients said they waited too long in the waiting area to be seen by a GP, (CCG average 48% and national average 34%).

Inadequate



Are services well-led?

The practice is rated as inadequate for services for being well-led and improvements must be made.

- The practice did not have a vision or strategy.
- The registered provider and lead GP had not been present in the practice for eleven weeks on the day of our visit due to ill health. No interim clinical leadership structure had been put in place to support the management of the practice and cover was being provided on an adhoc basis by locum GPs.

Inadequate



Summary of findings

- There was no clear leadership structure with the absence of the lead GP and staff did not feel supported by the practice manager. We were told by several staff of a blame culture where staff would be “shouted and screamed” at.
- The practice had some policies and procedures to govern activity but we saw evidence that some of these were not followed, for example the repeat prescribing policy.
- The practice did not hold regular governance meetings.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.
- Staff told us they had not received support or performance reviews and did not have clear objectives.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for services which are safe, effective, caring, responsive and well led which impacts on the care of older people.

- There were limited attempts at meeting the needs of this patient population group.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were comparable to CCG and national averages. However in some cases exception reporting (the removal of patients from calculations when patients are unable to attend a review meeting) was very high. The number of patients with atrial fibrillation who were treated with the recommended therapy was 100% with 33% exception reporting. (CCG average 15% national average 11%. It was not clear why this practice had higher exception reporting than other local practices.
- We saw evidence which showed that basic care and treatment requirements were not met, patients could not access healthcare in a way which met their needs for example a GP was not available on a Thursday afternoon.
- The care of older people was not managed in a holistic way. We saw evidence of only two home visits by a GP in 2016. Little attempt had been made to respond to older people's needs and we were told that home visits would be conducted by the community matron.
- The leadership of the practice demonstrated little understanding of the needs of older people and they were not attempting to improve the service for them.

Inadequate



People with long term conditions

The practice is rated as inadequate for services which are safe, effective, caring, responsive and well led which impacts on the care of people with long-term conditions.

- Our GP specialist advisor did not see any evidence of care planning with patients.
- Nursing staff told us they had to insist that diabetic patients were pre-booked into dedicated clinics to enable reviews to be completed.
- Nursing staff were responsible for the review of patients with long term conditions. However we were told that they could not see who was due for review and this was only indicated by a

Inadequate



Summary of findings

Quality and Outcomes Framework alert (QOF) on the system which appeared when reviews were due. (QOF is a system intended to improve the quality of general practice and reward good practice).

- Management of long term conditions was not pro-active. Nursing staff were not allocated any support or administration time.
- We saw evidence of 20 long term condition reviews and recalls (including smear tests) dating back to January and February that had not been undertaken.
- Recommendations from nursing clinics would often need to be discussed personally with the GP due to the low level of confidence that tasks would be completed if they were sent through the computer system.
- Nursing staff were not aware of any disease registers.

Families, children and young people

The practice is rated as inadequate for services which are safe, effective, caring, responsive and well led which impacts on the care of families, children and young people.

- We did not see any evidence that there were systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk.
- Immunisation rates were comparable for a number of the standard childhood immunisations. For example 93% of children aged 12 months old had received all three recommended vaccinations compared to a CCG average of 94%. We were told by staff that QOF was the priority of the practice.
- The practice manager told us that children under five were seen by a GP the same day. However we were told by reception staff that when parents rang with concerns regarding children under six months old they would be told to see the health visitor or pharmacist.
- Eight weeks baby checks were not held at the practice and parents were directed to another clinic.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for services which are safe, effective, caring, responsive and well led which impacts on the care of working-age people (including those recently retired and students).

Inadequate



Summary of findings

- The age profile of patients at the practice is mainly those of working age, students and young children but the services available did not reflect the needs of this group.
- Patients could not book appointments or order repeat prescriptions online.
- Patients could not pre-book appointments.
- Appointments could only be booked by telephone. The practice was contracted for an extended hours surgery on a Tuesday. We saw evidence of one surgery in January and found that patients were not booked into the slots,
- The practice does not have a website.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for services which are safe, effective, caring, responsive and well led which impacts on the care of people whose circumstances may make them vulnerable.

- The practice identified 0.5% of the population as having a diagnosed learning disability and stated that they offered annual health checks to this population.
- The practice did not inform vulnerable patients how to access various support groups and voluntary organisations and leaflets were not available in the waiting area.
- The practice had not worked with multi-disciplinary teams in the case management of vulnerable people.
- Some staff knew how to recognise basic signs of abuse in vulnerable adults and children and had recently completed basic on line training.
- The GP specialist advisor did not see any evidence of care planning during our visit.
- Patients told us that they were not offered self-management care plans.

Inadequate



People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for services which are safe, effective, caring, responsive and well led which impacts on the care of people experiencing poor mental health (including people with dementia).

- The practice had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The practice reported a very small number of patients with mental health issues. For three out of four indicators relating to

Inadequate



Summary of findings

mental health the practice reported 100% of patients had undergone the recommended checks which was better than CCG or national averages. The practice also reported 48% exception reporting (national average is 11%).

- We did not see any evidence that the practice carried out advance care planning for patients with dementia.
- The practice had not told patients experiencing poor mental health about support groups or voluntary organisations.
- The practice did not have a system in place to follow up patients who had attended accident and emergency (A&E) when they may have been experiencing poor mental health.
- Staff had not received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing significantly below local and national averages. A total of 384 survey forms were distributed and 57 were returned, this was a response rate of 15% which represented 4% of the practice's patient list.

- 47% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 47% 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%.
- 48% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 37% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 60% and national average of 79%). This was the lowest result in the Bradford City CCG.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards. The comments made were very mixed. Some patients thought that the standard of care had improved and 8 patient comments were very positive about the standard of care received. Some patients said it was difficult to make an appointment and that access to a GP was difficult.

We spoke with five patients during the inspection. All five patients said they were treated with dignity, compassion and respect. Four patients said that they did not get to see a GP of their choice and that appointments did not run on time. Two patients, to whom it was relevant, said they were not offered a care plan.

Areas for improvement

Action the service MUST take to improve

- Ensure that patients have access to healthcare and that appointments are offered at times to meet the needs of the practice population.
- Implement formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision. For example regular staff and multidisciplinary team meetings.
- Introduce effective processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Provide staff with appropriate training, policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure they are able to respond appropriately to emergency situations and manage the risks associated with this. For example, they must review the provision of a defibrillator, emergency medication and oxygen in the practice.
- Carry out clinical audits including re-audits to ensure improvements have been achieved.
- Review the clinical and non-clinical leadership structure of the practice and ensure there is the leadership capacity and capability to deliver all improvements.
- Review the system for the prescribing and reviewing of medication and ensure that this is reflective of best practice.
- Ensure that safe and appropriate systems and processes are in place to manage the administrative tasks, referrals, recalls and demands associated with a GP surgery.
- Implement formal systems and processes including systems for assessing and monitoring risks to keep

Summary of findings

people safe. For example the audit of emergency medications, oxygen, vaccines and the provision of a health and safety risk assessment. The provider must ensure that provision is in place for the removal of sanitary waste.

- Implement a system for the correct storage and audit of prescription pads in line with NHS Protect Guidance 2013.

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- The provider should respond to outcomes from audits. For example Infection Prevention and Control (IPC) and Fire.
- The practice needs to ensure that it positively engages with patients and improves patient satisfaction scores. The practice should review if it has the right amount of staff with the appropriate skills to meet patient needs.
- The practice should explore ways of involving patients in the governance arrangements of the practice for example through the promotion of a patient participation group (PPG).

Dr Subrata Basu

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, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Subrata Basu

Dr Subrata Basu provides services for 1607 patients. The surgery is situated within the Bradford City Clinical Commissioning group and is registered with CQC to provide primary medical services under the terms of a personal medical services (PMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

Dr Subrata Basu is registered to provide diagnostic and screening procedures, treatment of disease, disorder or injury and family planning services. They are contracted to provide a range of enhanced services such as childhood immunisations, extended hours access, facilitating timely diagnosis and support for people with dementia and risk profiling and case management.

There is a higher than average number of patients under the age of 39, in common with the characteristics of the Bradford City area. There are fewer patients aged over 40 than the national average. The National General Practice Profile states that 67% of the practice population is from an Asian background with a further 8% of the population originating from black, mixed or non-white ethnic groups.

The provider and full time GP at the practice is Dr Subrata Basu. The practice employs locum cover to support clinics. On the day of our visit the locum GP covering the morning session was female. Dr Subrata Basu was unavailable due to illness.

The practice has a service level agreement with a local NHS Trust for them to provide nursing cover to the surgery. The nurse clinics are three Wednesday mornings per month and a nursing clinic each Friday morning. There are no nursing appointments offered in the afternoons.

The clinical team is supported by a practice manager and a team of administrative staff. The staff team is reflective of the population it serves and are able to converse in several languages including those widely used by the patients, Urdu, Punjabi and English.

The practice catchment area is classed as being within one of the most deprived areas in England. People living in more deprived areas tend to have a greater need for health services.

Dr Subrata Basu is situated within a purpose built health centre which it shares with two other GP practices. It has disabled access and facilities.

The practice leaflet and the NHS choices website advise the following: The reception is open at 8.30am each day and closes at 6.30pm Monday, Wednesday, Thursday and Friday with appointments available between 9am and 11am and 4pm and 6pm. On a Tuesday the reception is open between 8.30am and 6pm and 6.30pm and 7.30pm when the practice is contracted to provide an extended hour's clinic, this is between 6.30pm and 7.30pm.

However we saw that on some occasions appointments were offered after 11am and one extended hours clinic was offered on a Wednesday.

Detailed findings

The practice is not open for clinics on a Thursday afternoon.

When the surgery is closed patients are advised to access the walk in centre at Hillside Bridge Health centre. Patients are also advised of the NHS 111 service.

Why we carried out this inspection

We carried out an unannounced comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was inspected in response to a number of concerns and was carried out to check whether the provider was 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.

Dr Subrata Basu was inspected by the Care Quality Commission on 25th October 2013 under the previous inspection regime and did not meet the following standards

- Respecting and involving people who use services
- Safeguarding people who use services from abuse
- Cleanliness and infection control

The CQC then undertook an announced inspection on 27 August 2014 and the practice was found to have complied with the areas identified as non-compliant in October 2013.

Dr Subrata Basu was absent, due to illness from the practice since January 2016, GPs from neighbouring surgeries supported the patients registered with this provider until March 2016.

On 5 February 2016 the practice was requested to formally inform CQC of the disruption to services caused by the absence of Dr Basu. Practices (providers) are legally required to inform us when there is a disruption to the service which may temporarily prevent them from delivering the regulated activity (services). CQC did not receive this notification.

In March 2016 verbal concerns regarding the safety and failure of this practice to follow good medical and clinical standards were raised with the CQC. On 4 April 2016, the CQC received these same concerns in writing.

Bradford City Clinical Commissioning Group also received a copy of the same whistleblowing concerns and on 5 April 2016 undertook a risk based profile of the service. The CCG assessed 26 specific risks and found 21 of these to be medium, high or very high risk.

On 7 April 2016 the CQC was contacted regarding similar concerns by a further whistle-blower.

On 7 April 2016 the decision was taken to carry out an unannounced comprehensive inspection of Dr Subrata Basu on 8 April 2016.

The commission had planned to inspect this service on 14 April 2016 when the initial whistleblowing concerns were highlighted to us.

Since the inspection of this service the CQC has taken urgent action against this provider.

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 liaised with the CCG and NHS England and they discussed their concerns with us regarding this practice.

We reviewed two recent whistleblowing concerns that had been raised with CQC.

We carried out an unannounced visit on 8 April. During our visit we:

- Spoke with a range of staff including the practice manager, administration staff and a nurse.
- We spoke with patients who used the service.
- Spoke with one locum GP, as the provider was not available.
- Reviewed an anonymised sample of the personal care and treatment records of patients.
- Reviewed patient access and the provision of clinics at the practice.
- 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:

Detailed findings

- 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 process for reporting and recording significant events was not satisfactory.

- We did not see evidence that the practice was aware of, or followed the duty of candour, which is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- We saw evidence of two issues that were recorded as significant events. One of these was a record of a consultation and not a significant event. Our GP advisor could not find any evidence that outcomes recorded from the second event had been undertaken i.e. an audit or that the patient was informed of the incident, received any support, information, a written apology or was told about actions to stop the same happening again. Two issues were noted in the staff meeting notes of 22 July 2015 as significant events relating to cancer patients; however we were not shown copies of these.
- We did not see any evidence that learning occurred from the discussion of significant events or that action was taken to improve safety in the practice.

Overview of safety systems and processes

- The practice did not have reliable systems and processes in place to keep patients safe and safeguarded from abuse
- The safeguarding policy did not clearly outline who to contact for further guidance if staff had concerns about a patient's welfare. We did not see any evidence that GPs attended safeguarding meetings or provided reports where necessary for other agencies. Staff demonstrated they understood their basic responsibilities and some had completed on line safeguarding training four days before our visit. The GP provider was not present on the day of our inspection and the practice manager could not evidence to what level the GP was trained or when this had occurred. In the absence of the provider an interim safeguarding lead was not in place.
- A notice in the waiting room advised patients that chaperones were available if required. A chaperone is a person who serves as a safeguard for both parties during a medical examination or procedure. Staff confirmed they had acted as chaperones when they

were not trained for the role and had not received a Disclosure and Barring Service check (DBS check). This is a risk to patients' health and wellbeing as we could not be assured that staff were appropriately qualified for their roles or had been checked for previous criminal convictions

- The practice maintained basic standards of cleanliness and hygiene. We observed some areas of the premises to be clean and tidy. The communal baby changing area was dusty, numerous cobwebs were observed and the flooring was coming away from the wall. We observed a broken drawer in a consulting room, inside of which was a dirty plate.
- An infection prevention and control (IPC) audit had been carried out the day before our visit by the local council. We contacted the officer who carried out the audit. The officer who undertook this, stated the practice was satisfactory with regards to infection prevention and control. However he noted the policy was not strong and there was a lack of understanding in the practice regarding IPC. The practice could not evidence any outcomes or changes made from previous infection prevention and control audits.
- We did not see evidence that anyone at the practice was leading on infection control at the time of our visit.
- We observed that the sanitary waste bin in the practice was dusty and full. We discussed this with the practice manager who did not know who would empty the bin or if the practice had a contract for the same.
- Audit records for emergency medications checks were falsified on the insistence of the practice manager. We were told by the practice manager that audits on emergency medications were done by a specific member of staff. When we spoke with the staff member, it was revealed that they had been asked, just before the inspection, to back date the audit, which in this case was a date before the staff member concerned had commenced employment at the practice.
- The practice could not evidence the calibration of medical equipment, any audit, stock control or checking of vaccines or a health and safety risk assessment. The plug for the vaccine fridge was not hard wired as per Public Health England guidelines and could have been turned off by accident effectively meaning the vaccines contained in the fridge would have none or reduced effectiveness.
- There was no record maintained of prescription numbers to ensure prescriptions could not be

Are services safe?

misappropriated or misused, systems were not in place to monitor their use. Prescription pads were kept in a cardboard box and were visible through a window. It was discussed with the practice manager that prescriptions should be kept in a locked cupboard and she replied that a cupboard was not available.

- We reviewed four personnel files of administration staff and found appropriate recruitment checks had not been undertaken prior to employment. For example, proof of identification, references, and the appropriate checks through the Disclosure and Barring Service were not undertaken.
- We did not see any evidence that locum GPs had provided proof of indemnity insurance, DBS checks or GMC numbers. We were told that references had not been undertaken prior to employment or verification of identification.
- Bradford City CCG undertook a risk based profile of the service on 5 April 2016. They assessed 26 specific risks and found 21 of these to be medium, high or very high risk.

Monitoring risks to patients

Risks to patients were not assessed or well managed.

- Procedures were not in place for monitoring and managing risks to patient and staff safety. The health and safety poster was not displayed but was behind a pipe in a sluice room. We asked to view the health and safety risk assessment but the practice could not evidence one.
- The practice showed us a fire risk assessment but this was not dated. We were told that the alarms were tested each week but the practice did not keep records of this. Actions from the fire risk assessment, for example, the need for the practice to carry out monthly risk assessments had not been undertaken.
- Electrical equipment was checked to ensure the equipment was safe to use, but the practice could not evidence the calibration of medical and clinical equipment to ensure it was working properly. We saw that one set of new scales and a blood testing machine were calibrated.

- Arrangements were not in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We were told that the practice manager would cancel GP and nursing clinics and that empty consultation slots were often not offered to patients.

Arrangements to deal with emergencies and major incidents

The practice did not have adequate arrangements in place to respond to emergencies and major incidents.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- We saw evidence that two members of staff had received basic life support training.
- The practice did not have a defibrillator or a risk assessment for this. The practice manager said there was one nearby but did not know in which neighbouring practice the defibrillator was held.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not keep patients safe. We reviewed the provision of emergency medication and oxygen. The oxygen cylinder was 3 years out of date and the practice had not undertaken checks or audits of this; a child mask was not available. The practice held less than half of the recommended emergency medications, administrative staff told us they had checked the medications when our visit was announced and found them all to be approximately one year out of date. Our GP specialist advisor reviewed these medications and found that some were effectively useless as they required needles and syringes to administer them, none of which were readily available. The six medications we saw were in date. Staff told inspectors that they had been told to check the cost of medications before they were ordered and consequently those medications were missing.
- The practice had a comprehensive business continuity plan which it had recently completed with support from the CCG. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice did not consistently carry out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- We did not see any evidence that the practice monitored that these guidelines were followed through risk assessments, audits or random sample checks of patient records or that this information was used to deliver care and treatment that met patients' needs.
- The absence of the provider and the lack of consistent and stable clinical support made this process difficult to assess.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF is a system intended to improve the quality of general practice and reward good practice). We were told that QOF was a priority for the practice. The most recent published results were 88% of the total number of points available. Overall exception reporting was 4.5% (the removal of patients from calculations when patients are unable to attend a review meeting). The practice scored lower than the CCG and national average.

Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was mixed. The percentage of people with diabetes in whom the last blood pressure reading was within normal limits was 69% compared to the national average of 78%. However the number of patients with diabetes who had a record of a foot examination was 93% compared with the national average of 88%.
- Performance for mental health related indicators was better than the national average for all four indicators for example 100% of patients were stated to have an agreed care plan, national average 88%.
- The practice was an outlier for the prescribing of antibiotic therapies and patients were prescribed more antibiotics than the national average.

There was no evidence of quality improvement or clinical audits being undertaken.

In October 2015 NHS England (NHSE) asked the GP to undertake a record keeping course and review his own records through a self-audit. At the date of our visit this had not been completed.

The GP provider was not present in the practice on the day of our visits. We asked the practice manager to evidence any clinical audits that had been completed by doctors or pharmacists.

The practice could not evidence any clinical audits completed in the last two years other than an audit concerning Infection Prevention and Control (IPC). We were shown a blank vaccine storage audit tool.

Effective staffing

At the time of our inspection the practice were not delivering effective care and treatment to all their patients.

- The practice did not have an induction programme for all newly appointed staff. Staff who were newly recruited to the practice had not been offered any training, support or review of their progress.
- The practice could not demonstrate how they ensured role-specific training and updating for relevant staff.
- Nursing staff were employed through a service level agreement with the practice. They administered vaccines and took samples for the cervical screening programme and assured us they had received specific training which had included an assessment of competence. Staff who administered vaccines could discuss how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at meetings. The practice could not evidence this on their behalf.
- The learning needs of staff were not identified and staff had not received appraisals. Some staff had attended one staff meeting within six months. Staff had recently been given access to appropriate training to meet their training needs but described a "sink or swim" environment with regards to learning their role.
- Four days before our visit staff had begun to complete on line training that included: safeguarding, fire safety awareness, basic life support and information governance.

Coordinating patient care and information sharing

- The information needed to plan and deliver care and treatment was available to relevant staff in an accessible

Are services effective?

(for example, treatment is effective)

way through the practice's patient record system. This would not always happen in a timely manner due to delays in referrals for patients and the reported back log of tasks that required actioning.

- The practice did not share relevant information with other services in a timely way; we were told that patients could wait two to three months for referrals to other services.
- Inspectors were told by two separate sources that prior to our inspection there were over 200 hundred tasks waiting to be actioned by a GP; these included letters from hospitals, pathology results and referrals. This backlog had been mostly cleared by a group of GPs who had supported the practice. However, we found evidence that clinical tasks dating back to May 2015 had not been actioned. For example repeat blood testing procedures were requested but never undertaken.
- We saw little evidence that staff worked together 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. We saw evidence of one multidisciplinary meeting with community nursing staff from December 2015.

Consent to care and treatment

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

- Nursing staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- The process for seeking consent was not monitored through patient records audits.

Supporting patients to live healthier lives

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

- The practice had identified patients receiving end of life care, carers, and those at risk of developing some long-term conditions such as diabetes
- Patients told us that they were not given self-management care plans.
- We saw that there was limited access to a dietician.

We did not see any posters or leaflets in any language other than English despite 67% of the practice population coming from an Asian background with a further 8% of the population originating from black, mixed or non-white ethnic groups.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. Cervical screening was undertaken by the nurse. There was a policy to contact patients by letter to encourage them to attend for screening and then contact patients by telephone after the third letter. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

We saw evidence of failures in the tasking system. (This is a useful aspect of the GP computer system which enables clinicians to send messages to administrative staff for actioning). For example we saw that a task had been sent on 26 January 2016 by a locum GP to admin requesting a repeat blood test. This was not actioned and the task had been marked as 'completed' on 17 February 2016 by the practice manager. The patient eventually had the repeat blood test on 23 March 2016 when seen opportunistically by another clinician. We could not be assured that there were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme or that the practice followed up women who were referred as a result of abnormal results.

Patients told us that when they were referred to other services they were not given a choice as to where to attend for their appointments.

Childhood immunisation rates for the vaccinations given were comparable to or better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 97% and five year olds from 97% to 100%.

The practice told us that 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. However we saw that failures in the tasking system at the practice meant that follow-ups for the outcomes of health assessments and checks, where abnormalities or risk factors were identified were not always done.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed some members of staff tried to be courteous and helpful to patients and treat them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However, in one consulting room a blind was missing and consultations could be seen taking place from the road.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- We observed that when patients were talking to staff at the reception desk, private conversations could be overheard.
- We observed a patient waiting outside a consultation room with a sample as they had not been directed as to where this should be taken.
- We observed a patient in the reception area arguing with members of reception staff. We saw that staff were unable to appropriately assist the patient as staff were confused as to the times when locums would be attending to run clinics. The patient was upset as they stated they had been given the wrong information.

The 14 comments we received were very mixed regarding the standard of care. Some patients thought that the standard of care had improved and eight patient comments were very positive about the standard of care received. Patients said they were often kept waiting for unacceptable amounts of time. On the day of our visit we saw patients waiting in excess of 30 minutes to see the GP.

The practice did not have a patient participation group (PPG).

Results from the national GP patient survey showed patients did not feel they were treated with compassion, dignity or respect. The practice was significantly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 46% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.

- 58% of patients said the GP gave them enough time compared to the CCG average of 77% and the national average of 87%.
- 79% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 48% 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%.
- 78% 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%.
- 53% of patients said they found the receptionists at the practice helpful compared to the CCG average of 75% and the national average of 87%.

The practice did not share with us any plans about how they intended to address these issues.

Care planning and involvement in decisions about care and treatment

Our GP specialist advisor did not see any evidence of care planning with patients. Patients told us on the day that they did not have self-management care plans.

Results from the national GP patient survey showed patients responded negatively to questions about their involvement in planning and making decisions about their care and treatment. Results for GP consultations were significantly lower than local and national averages. For example:

- 43% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 76% and the national average of 86%.
- 41% 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%.
- 73% 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:

- Staff told us that they were able to translate for patients who did not have English as a first language. We did not

Are services caring?

see any notices in the reception areas informing patients that translation services were available. When we asked staff if they offered the use of interpreters to patients they did not appear to understand.

- There was a lack of health information leaflets and guides in the waiting area.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area, however these were very limited. Information was not available to help patients access support groups and organisations. The practice did not have a website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16% of the practice list as carers. We did not see any examples of how they used this register to improve care for carers.

Only two home visits were recorded in 2016.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Bradford City Clinical Commissioning Group (CCG).

- Patients reported considerable difficulty in accessing a GP of their choice.
- Appointment systems were not working well, patients could not book appointments in advance or on line. We were told by staff that requests for appointments were reviewed by the practice manager and cancelled if felt to be inappropriate, without the clinical assessment of patient needs.
- We were told that the practice would arrange to see most children. However a GP clinic was not always available for children or those patients with medical problems that need to be seen on the same day. A member of staff told us that when parents rang with concerns regarding children under six months old they would be told to see the health visitor or pharmacist. Children and vulnerable patients would not have been seen on the afternoon of our visit or the two afternoons prior to this as surgeries were not held
- We were told that patients could wait two to three months for a referral to secondary care. Evidence from concerns raised by whistle-blowers confirmed this.
- The practice did not offer clinics on a Thursday afternoon. The practice could not assure us that patients could contact a GP at this time. The practice would tell patients to see the pharmacist or go to accident and emergency.
- The practice was not well equipped to treat patients, it could not respond to medical emergencies safely.
- The national GP patient survey shows that 73% of patients said they waited too long to be seen (CCG average 48% and national average 34%).
- We saw evidence of only two home visits conducted by GPs in 2016. We were told the community matrons would do these.
- Patients were able to receive travel vaccinations available on the NHS.
- There was level access and disabled toilet facilities available

- There was a computerised booking in screen at the practice and a television displaying patient information, neither of which were working on the day of our visit. Patients told us that they never worked.

Access to the service

The NHS choices and practice leaflet detailed the following.

The reception was open at 8.30am each day and closed at 6.30pm Monday, Wednesday, and Friday with appointments available between 9am and 11am and 4pm and 6pm. On a Tuesday the reception opened between 8.30am and 6pm and 6.30pm and 7.30pm when the practice was contracted to provide an extended hour's clinic, this was between 6.30pm and 7.30pm.

The practice was not open for clinics on a Thursday afternoon and offered appointments in the morning between 9am and 11am. We saw that on some occasions appointments were offered after 11am.

The practice was contracted to offer an extended hour's clinic. We were told this was on a Tuesday evening; however we were not assured that this was available every week. We saw evidence of an extended hour's clinic on the computer system which was held on a Wednesday. Five out of six appointment slots were empty with only one patient seen at the beginning of the session.

The practice operated a one problem, one appointment rule and notices in reception alerted patients to this. Patients told us they were frustrated by this and it did not meet their needs.

Patients could not pre-book appointments and were asked to ring on the day. Patients were unable to access the surgery in a way which met their needs. On the day of our inspection we saw that five patients rang for appointments and these were not offered. Patient details were written on a list with no clear indication of when they would be offered an appointment. Patients could not book appointments on line.

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

- 51% of patients were satisfied with the practice's opening hours compared to the national average of 78%.

Are services responsive to people's needs?

(for example, to feedback?)

- 47% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

We spoke to three patients on the day of the inspection one said it was easy to get an appointment when they needed one, one patient said it was very difficult and one patient said it varied.

Listening and learning from concerns and complaints

The practice did not have an effective system in place for handling complaints and concerns. Information about how to complain was available for patients but we were told and observed that this was out of date. The procedure did not detail that patients could complain to the ombudsman if they were unhappy with the response of the practice. Staff did not fully understand how to progress concerns and complaints from patients.

- Its complaints policy and procedures were not in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

Prior to our inspection we were sent details of three complaints received in the last 12 months and were told on two occasions the practice wrote back to the patient. One patient was not offered an apology and one complaint from January had not been responded to. On the day of inspection the practice manager specialist advisor struggled to find more than one response to a complaint and found the system to be chaotic and not in line with recognised guidance. Lessons were not learnt from individual concerns and complaints.

Are services well-led?

Inadequate 

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

Our findings

The practice is not well led. Inspectors found numerous issues with the management and clinical leadership of the practice during their inspection.

- There was insufficient clinical cover to meet the needs of the patients. On the day of inspection the practice had not arranged an afternoon clinic and nor had afternoon clinics been available Wednesday 6 or Thursday 7 April. We saw evidence that GP cover was not available on numerous occasions and this had been ongoing for a number of months.
- Nursing cover was not available on any afternoon.
- We were told and saw evidence that the practice manager would regularly cancel GP and nursing clinics irrespective of patient demand. We were also told that the practice manager would review the request for appointments and allow them to be offered to patients where she felt there was a clinical need. Similarly, we were told that if the practice manager did not feel the request for a prescription was appropriate it would not be issued.
- On the day of our inspection we saw that several patients rang for appointments and these were not offered. Patient details were written on a list with no clear indication of when they would be offered an appointment.
- We found evidence of clinical tasks dating back to May 2015 that had not been actioned. We were told by nursing staff that they had little confidence in the clinical systems and task management at the practice and that patients could wait 2-3 months for a referral to secondary care.
- We reviewed the medical records of 9 patients and found that in 7 cases medication reviews were overdue and some dated back to 2011. We saw that some of these reviews had been marked as complete by the practice manager without a clinical review which allowed the prescribing of medication to continue.

Vision and strategy

We did not see any evidence that the practice had the capability or vision to deliver high quality care or attempt to promote good outcomes for patients or their staff.

- We did not see a practice mission statement.

- We did not see evidence that the practice had a strategy or business plans or that these were regularly monitored.

Governance arrangements

The practice could not demonstrate that they had an overarching governance framework which supported the delivery of good quality care.

- We were told of bullying at the practice and a blame culture. Staff told us they were subject to shouting and screaming by the practice manager. Two staff members told us separately that they followed instructions as they were frightened of losing their jobs.
- Staff described a “sink or swim” approach to training, roles and responsibilities.
- Practice specific policies were implemented and were available to all staff, not all these policies were followed.
- Staff discussed that QOF points were a priority for the practice but we did not see a comprehensive understanding of the performance of the practice was maintained.
- We did not see a programme of clinical and internal audit.
- The arrangements for identifying, recording and managing risks did not keep people safe.
- We saw documents relating to emergency medications which were falsified for the benefit of the inspection team.

Leadership and culture

The provider did not demonstrate to inspectors that they had the experience, capacity or capability to run the practice and ensure high quality care.

The registered provider was not available on the day of our visit; and we were unable to see an awareness of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This would include support training for all staff on communicating with patients about notifiable safety incidents. The practice did not encourage a culture of openness or honesty.

- The inspection team was not assured that the practice had systems in place to ensure that when things went wrong with care and treatment people were given support, truthful information or a verbal or written apology

Are services well-led?

Inadequate



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

- The practice did not keep written records of verbal interactions as well as written correspondence.

There was limited leadership in place and staff and sessional nursing staff did not feel supported by management.

- For example, the member of the nursing team we spoke to described having to insist with the practice manager that vaccines and dressings were ordered; despite this, items were sometimes not available during clinics.
- The practice did not hold regular team meetings.
- The registered provider who was also the sole permanent GP at the practice had not been available for over two months on the day of our visit. The practice was supported by a number of locum GPs and clinical leadership was not in place.

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

We saw a box in reception asking for patient feedback but were not shown any evidence of how this was used. We found the box to mainly contain repeat prescription requests that had been there for some time.

- The practice did not have a patient participation group (PPG).

- The practice had not gathered feedback from staff. Staff who had worked at the practice from October 2015 onwards told us that they had attended one staff meeting.
- Staff told us they did not feel involved or engaged with how the practice was run. One staff had suggested that individual team members were given specific responsibilities but this suggestion had been dismissed.

Continuous improvement

We did not see any evidence of a culture of learning or improvement within the practice.

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Treatment of disease, disorder or injury	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>11 April 2016</p> <p>A Letter outlining our concerns was sent to the practice informing them of possible urgent enforcement action by way of potential use of Section 30 or Section 31 of the Health and Social Care Act 2008 and asking the practice to respond with an action plan to the identified concerns.</p> <p>14 April 2016</p> <p>The commission was not assured by the action plan submitted by the practice, on 14 April 2016.</p> <p>The commission issued an urgent notice to suspend the registration of Dr Subrata Basu in respect of the noted regulated activities below, which was served under Section 31 of the Health and Social Care Act 2008. Activity from the location was suspended for four weeks from 15 April 2016 6.30pm until 13 May 2016.</p> <p>The commission found that the practice was in breach of the following regulations:</p> <p>Regulation 10(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>How the regulation was not being met:</p> <p>The registered person did not treat service users with dignity and respect, or support the autonomy or involvement of the patient. The registered provider did not respect the needs of the patient, seek or act upon their views.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p>

This section is primarily information for the provider

Enforcement actions

Treatment of disease, disorder or injury

The registered provider did not ensure that care and treatment was provided in a safe way for service users.

This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.

The registered provider failed to ensure that they could respond safely to emergencies in the practice.

The registered provider failed to provide accessible health care for patients.

The registered provider failed to ensure that referrals and clinical tasks were undertaken in a timely manner.

Regulated activity

Diagnostic and screening procedures

Family planning services

Treatment of disease, disorder or injury

Regulation

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

The registered person failed to give regard to the needs of the service user to receive care and treatment.

This was in breach of regulation 13(1)(2)(4) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

The registered person failed to identify the risks associated with the lack of GP and nursing appointments in the afternoon, the cancellation of clinics, not offering patients empty appointments and the review of patients medication needs.

Complaints and incidents were not always recorded, responded to appropriately and there was no evidence of learning and communication with staff.

Regulated activity

Regulation

This section is primarily information for the provider

Enforcement actions

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

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

The registered provider failed to ensure the safety and suitability of premises and equipment.

This was in breach of regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

How the regulation was not being met:

The registered provider could not evidence the calibration of medical equipment, any audit, stock control or checking of vaccines or a health and safety risk assessment.

The registered provider could not evidence a contract for sanitary waste.

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered provider could not evidence systems and processes to assess, monitor and improve the quality and safety of the services provided.

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

How the regulation was not being met:

The registered provider did not seek and act on feedback from relevant persons for example staff and service users.

The registered provider could not evidence systems and processes to assess, monitor and improve the quality and safety of the services provided.

The practice was not well led.

Regulated activity

Diagnostic and screening procedures
Family planning services

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Enforcement actions

Treatment of disease, disorder or injury

The registered provider did not ensure that sufficient and suitably qualified, competent, skilled and experienced persons were deployed to meet this requirement.

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

How the regulation was not being met:

The registered provider did not ensure that staff in the practice received the appropriate support, training, supervision or appraisal of their skills.

The registered provider did not ensure that staff who carried out duties such as chaperoning were suitably qualified and trained for the role.

The registered person failed to identify the risks associated with not ensuring staff were appropriately qualified and recruited.