Dr Shabir Bhatti

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?	Inadequate
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 Shabir Bhatti on 15 October 2015. Overall the practice is rated as inadequate.

We previously inspected Dr Shabir Bhatti in February 2014 and it was found to be non-compliant with safeguarding people from abuse, care and welfare of people using the service, cleanliness and infection control and management of medicines. We found it to be compliant in all areas at a subsequent inspection in September 2014. They had practice managers in post at both of these inspections.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. Appropriate recruitment checks on staff had not been undertaken prior to their employment, there were insufficient arrangements to safeguard people from abuse and medicines management arrangements needed improvement
- Staff were not clear about reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example, the practice did not engage in regular clinical and multi-disciplinary meetings to discuss and make decisions about the care of their patients with complex needs. The practice did not routinely monitor their quality performance and make plans to improve.
- Whilst some patients were positive about their interactions with staff, some patients did raise concerns about a lack of care and concern and rude attitude shown by reception staff and clinical staff at times.
- Patients said that they sometimes had to wait a long time for non-urgent appointments and that it was very difficult to get through the practice when phoning to make an appointment. Patients also told us they experienced long delays waiting for their booked appointments

Summary of findings

- The practice had insufficient leadership capacity and lacked formal governance arrangements.

The areas where the provider must make improvements are:

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses.
- Take action to address identified concerns with infection prevention and control practice.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure staff have appropriate policies and guidance to carry out their roles in a safe and effective manner which are reflective of the requirements of the practice.
- Ensure staff have appropriate training and appraisals for their roles
- Ensure complaints are dealt with in line with the practice policy

The areas where the provider should make improvement are:

- Improve processes for making appointments.
- Actively seek to involve patients in developing and improving the service through the development of a patient participation group
- Ensure online services are available for patients in line with their service contract obligations
- Ensure there is a system for the management of prescription pads so they are properly accounted for
- Develop systems to provide information and support to patients who are also carers.

I am placing this practice in special measures. Practices placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. The practice will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to vary the provider's registration to remove this location or cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made. Staff were not clear about the processes to follow for reporting incidents, near misses and concerns. The practice did not carry out investigations when things went wrong, so lessons learned were not communicated and safety not improved.

Patients were at risk of harm because systems and processes were not in place to keep them safe. These included arrangements for safeguarding people from abuse, recruitment arrangements, infection control, medicines management, anticipating events, management of unforeseen circumstances, and dealing with emergencies. There was insufficient information to enable us to understand and be assured about safety, because records of health and safety checks were not maintained.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services, as there are areas where improvements should be made. Quality and Outcomes framework (QOF) data showed the practice was performing in line with or above the local area and national averages. However the practice had high clinical exception reporting rates over the last two years.

While there was evidence of one completed clinical audit cycle, this was only for one specific area of the practice and evidence did not demonstrate improvements identified were acted upon.

Staff knowledge of, and reference to, national guidelines was inconsistent. Basic patient care and treatment requirements were not met.

There was minimal engagement with other providers of health and social care so multidisciplinary working was inconsistent. There was limited record keeping in relation to multi-disciplinary team meetings.

There was limited recognition of the benefit of an appraisal process for staff and little support for any additional training that may be required.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Data showed that patients rated the practice lower than others for

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some aspects of care. The majority of patients said they were treated with compassion, dignity and respect. However, not all felt cared for, supported and listened to. Information for patients about the services was available but not everybody would be able to understand or access it. While carers were identified, there were no support systems in place to ensure their needs were met.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services and improvements must be made. Patients reported considerable difficulty in accessing appointments and poor continuity of care. The appointments system was not working well so patients did not receive timely care when they needed it. The practice was not well equipped to treat patients. There was no on line services for booking appointments or registering with the practice.

There was no designated person responsible for handling complaints and staff did not fully understand how to progress concerns and complaints from patients. However, information about how to complain was available for patients.

The practice did not have a patient participation group, and did not seek and respond to feedback from patients.

Are services well-led?

Inadequate

The practice is rated as inadequate for being well-led. It did not have a clear vision and strategy. Staff we spoke with were not clear about their responsibilities in relation to the vision or strategy. Staff did not feel supported by management. The practice did not have the necessary policies and procedures in place to govern activity. The policies and procedures that were available were not easily accessible to staff. The practice did not hold regular meetings with the staff team. The practice had not proactively sought feedback from staff or patients and did not have a patient participation group (PPG). Staff told us they had not received regular 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

Inadequate

The practice is rated as inadequate for the care of older people. We found the practice to be inadequate for providing safe, effective, responsive and well led services and that these findings affect people in this population group.

Nationally reported data showed that the practice achieved high scores in relation to their interventions for conditions commonly found in older people. For example 86% of their cancer patients diagnosed within the preceding 15 months, had a patient review recorded as occurring within 6 months of the date of diagnosis. Of patients with rheumatoid arthritis on the register, 90% had had a face-to-face annual review in the preceding 12 months. For the management of osteoporosis in respect of patients aged 50 and over, all their patients within this register were currently being treated with an appropriate bone-sparing agent.

Patients in the recommended groups, including older people, are invited for annual seasonal flu vaccinations. The percentage of people aged 65 or over who received a seasonal flu vaccination was 69%, which was lower than the national average of 73%.

Prescription requests can be made online via the practice website. However appointments could not be made online and patients did not have online access to any parts of their medical records.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long term conditions. We found the practice to be inadequate for providing safe, effective, responsive and well led services and that these findings affect people in this population group.

Nursing staff had lead roles in chronic disease management. However the practice could not demonstrate how they ensured role-specific training and updates for these staff, for example on topics relating to the review of patients with long-term conditions, administering vaccinations, and taking on lead roles such as for infection prevention and control.

Nationally reported data showed that the practice achieved high scores for its performance for many indicators relating to the care of people with various long term conditions. For example, all of the patients on their chronic kidney disease register with hypertension and proteinuria were being treated according to the recommended protocols of Angiotensin-converting enzyme inhibitors (ACE-1) and Angiotensin receptor blockers (ARB). Of their patients with chronic

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obstructive pulmonary disease (COPD), 88% had the diagnosis confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register. All of the patients on their heart failure register with a current diagnosis of heart failure due to left ventricular systolic dysfunction, were being currently treated with an ACE-I or ARB, as well as being additionally currently treated with a beta-blocker licensed for heart failure.

Structured annual reviews were undertaken to check that their health and medicines needs were being met. For example, 78% of their patients with asthma had had an asthma review in the preceding 12 months that included an assessment of asthma control. Also, 71% of their patients with a new diagnosis of depression in the preceding year had been reviewed within recommended timeframes.

However for those people with the most complex needs, the GPs did not routinely work 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. We found the practice to be inadequate for providing safe, effective, responsive and well led services and that these findings affect people in this population group.

Immunisation rates were relatively high for all standard childhood immunisations.

The practice carried out six week post-natal checks for mothers and new baby health checks. The practice hosted baby clinics run by the community health visitors.

Access to a GP was available through telephone consultations, urgent and pre-booked appointments, although patient feedback we received was that they had difficulties getting appointments when they needed them. Appointments were available outside of school hours and the premises were suitable for children and babies.

At the time of our inspection, the principal GP in the practice carried out male circumcision procedures under private treatment. However there were no peer reviews of these procedures being carried out. We also found that there were no arrangements for the principal GP to carry out follow ups of the patients who had had circumcisions at the practice.

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Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students). We found the practice to be inadequate for providing safe, effective, responsive and well led services and that these findings affect people in this population group.

The age profile of patients at the practice is mainly those of working age, students and very young children, but the services available did not fully reflect the needs of this group. Although the practice offered extended opening hours for early morning appointments from 7.00am to 8.00am Mondays and Wednesdays, and late evening appointments from 6.30pm to 7:30pm on Tuesdays, patients could not book appointments online. Appointments could only be booked by telephone or in person at the practice.

Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

The practice's uptake for both health checks and health screening was similar to other practices in the local area.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice did not hold a register of patients living in vulnerable circumstances. It was unable to identify the percentage of patients who had received annual health checks.

The practice had not worked with multi-disciplinary teams in the case management of vulnerable people. Some staff knew how to recognise signs of abuse in vulnerable adults and children, but they were not aware of their responsibilities regarding information sharing, and documenting of safeguarding concerns.

The practice told us they maintained a carers' register and that their patient records system highlighted carers who had been identified. However the practice was not able to provide us with figures for their total numbers of carers, and there was no system in place for offering carers additional support.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). We found the practice to be inadequate for providing safe, effective, responsive and well led services and that these findings affect people in this population group.

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In the preceding 12 months, 82% of people experiencing poor mental health had a documented care plan recorded in their records. The practice also carried out checks relating to the physical health of these patients. For example, 77% had had a record of their blood pressure, and 82% had had a record of their alcohol consumption, in the preceding 12 months.

However the practice did not work with multi-disciplinary teams in the case management of people experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 02 July 2015. The results showed the practice was performing in line with local and national averages in some aspects of care, but was performing below these averages in others. Four hundred and sixty-two survey forms were distributed and 117 were returned. This showed a response rate of 25.3%.

- 84% found the receptionists at this surgery helpful (CCG average 85%, national average 87%)
- 57% usually waited 15 minutes or less after their appointment time to be seen (CCG average 55%, national average 65%)
- 68% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%
- 74% said the last appointment they got was convenient (CCG average 87%, national average 92%)
- 68% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%)
- 50% described their experience of making an appointment as good (CCG average 67%, national average 73%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. From the 13 CQC comment cards we received, seven mentioned that the staff team and doctors were helpful and kind. However six comments cards also include negative comments about the difficulties they had in booking appointments.

Feedback from the 20 patients we spoke with during the inspection was mixed. Patients told us the GPs were kind and caring but it was difficult to get appointments. All patients we spoke with told us they experienced long waiting times for their scheduled appointments. Patients told us that there was a lack of availability of scheduled appointments with waits of up to six weeks, which meant they had to rely on emergency appointments. Patients told us they also had difficulties getting through to the practice on the phone to make emergency appointments.

Dr Shabir Bhatti

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

Background to Dr Shabir Bhatti

The practice operates from a single location in Bermondsey, South east London. It is one of 49 GP practices in the Southwark Clinical Commissioning Group (CCG) area. There are approximately 8512 patients registered at the practice. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, surgical procedures, maternity and midwifery services, family planning services and diagnostic and screening procedures.

The practice has a personal medical services (PMS) contract with the NHS and is signed up to a number of enhanced services. Enhanced services require an increased level of service provision above what is normally required under the core GP contract. These enhanced services include childhood vaccination and immunisation, flu and pneumococcal immunisations, extended hours and minor surgery.

The practice has a larger than average population of patients aged between 20 and 40 years, and a higher than national and CCG average representation of income deprived children and older people.

The practice clinical team is made up of a male principal GP, two male and two female salaried GPs, a female practice nurse (PN), a female health care assistant (HCA), a phlebotomist, osteopath and counsellor.

The clinical team is supported by ten reception/ administrative staff members and a medical secretary. At the time of our inspection, the practice did not have a practice manager but they told us one was due to begin employment in November 2015. The practice is a teaching practice, and has medical students attached to the practice for short periods.

The practice is open between 8.00am and 6.30pm Monday to Friday. It offers extended hours from 7.00am to 8.00am Monday and Wednesday and from 6.30pm to 7.30pm on Tuesday for patients who are not able to access appointments at the practice during normal opening hours. Routine and urgent appointments are available throughout the day. The practice is closed at weekends and on bank holidays.

The practice has opted out of providing out-of-hours (OOH) services and directs their patients to a contracted out-of-hours service.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 October 2015. During our visit we:

- Spoke with a range of staff (GPs, nursing staff and administrative staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients 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 are provided for specific groups of people and what good care looks 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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents. The practice provided us with summaries of the five incidents they had discussed in significant events meetings held on the 16th and 30th September 2015. Lessons learnt from these events were recorded in the meeting minutes.

Other than these, we did not see any evidence that significant events were routinely recorded, investigated and lessons learnt from them. At the time of our inspection there was no practice manager in post at the practice, which the principal GP attributed to the limited evidence in relation to significant events management.

Overview of safety systems and processes

The practice needed to make improvements in systems, processes and practices in place to keep people safe:

- The principal GP told us they were the lead member of staff for safeguarding, but some staff we spoke with were not aware of this. Staff did not fully understand their responsibilities in relation to the safeguarding of children and adults from abuse. There were no safeguarding escalation processes in place. Staff told us they had received training in safeguarding children and adults from abuse, but they were not able to provide us with records in support of this in relation to clinical and non-clinical staff.
- A notice was displayed in the waiting room, advising patients that they could have their appointment chaperoned if they required. Nursing and administrative staff acted as chaperones. Staff who acted as chaperones confirmed to us that they had received training for their chaperoning duties, but these were sometimes from other staff who were acting as chaperones, rather than formal training. Staff acting as chaperones had not received a disclosure and barring service (DBS) check and the practice had not carried out a risk assessment for this activity. (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. The responsibilities for the maintenance of the premises were with the landlords. For example, they arranged for weekly tests to be carried out on the fire alarm system. We also saw records indicating the water system had been last tested in November 2013. However other maintenance records, such as checks of electrical equipment (portable appliance testing, PAT) were not available.
- Equipment calibration documentation was not available in the practice. One of the senior GPs told us they were not aware that equipment used in the practice required annual calibration. The practice was therefore not checking that their clinical equipment was safe to use and working properly.
- Cleanliness and hygiene arrangements were inadequate. Although we observed the premises to be generally clean and tidy and there were handwashing facilities in the clinical areas and toilet facilities, there were no general or equipment specific cleaning schedules in place. The practice nurse was the infection prevention and control (IPC) clinical lead but she had not received IPC training for over six years. IPC training was not included in the induction training for all new staff. Staff were unclear how to respond to IPC incidents. During our inspection, a child vomited in the waiting area and staff took several hours to clean up the area. There were no spill packs available in the practice for staff to use to help clear the area, and staff were unclear who was responsible for such cleaning.
- The practice had received a recent IPC audit, on 07 October 2015, arranged by the local CCG and areas of improvement identified. The practice nurse was coordinating work to address the issues raised.
- Some aspects of the arrangements for managing medicines were in need of improvement. We carried out checks on the practice's stock of vaccines, and found some meningococcal vaccine which had expired in September 2015.
- Prescription pads were securely stored and but there were no systems in place to monitor their use.
- Recruitment checks were not completed thoroughly in the practice. We reviewed five staff files and found that appropriate recruitment checks had not been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and appropriate

DBS checks were not undertaken for all the staff concerned. We spoke with the principal GPs about this, and they told us that some of the evidence would have been sought verbally, such as references, and other information was sought from previous employment such as DBS checks for clinical staff.

- 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 that enough staff were on duty.

Arrangements to deal with 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. All staff received annual basic life support training and there were emergency medicines available on the premises, although some needed to be replaced as they had expired. The practice did not hold stock of all medicines recommended for dealing with medical emergencies, and had not risk assessed not having these medicines. A medicine held for dealing with medical emergencies was out of date: the GTN spray expired in June 2015.

The practice did not have a defibrillator on site, but had oxygen as well as face masks and mouth pieces for children and adults.

There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the practice.

The practice did not have a business continuity plan in place for major incidents such as power failure or building damage.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They told us they made reference to their local clinical commissioning group (CCG) website for the current guidance and best practice standards. We saw evidence of referrals being made in line with clinical guidelines.

The practice's principal GP also told us they discussed guidelines at their monthly practice meetings, but they were unable to provide us with any minutes of these meetings.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. The most recent published results were 98.2% of the total number of points available, with 12.7% clinical exception reporting rate. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 / 2015 showed:

- Performance for diabetes related indicators was 95% overall, which was better than the CCG and national averages. However their clinical exception reporting rates for the individual diabetes indicators was higher than the local and national averages, and ranged from 9.5% to 29.5%
- The percentage of patients with hypertension whose blood pressure was controlled to 150/90 mmHg or less was 82%, which was similar to the local area and national averages. However the clinical exception reporting rate for this indicator was 5% which was 2% above the local area average and 1% above the national average
- The practice achieved an overall score of 100% for indicators relating to the care of people with asthma; with 80% of the patients on their asthma register having a review that included an assessment of asthma control, and 100% of their patients aged 14 to19 had a record made of their smoking status in the preceding 12 months. The practice's clinical exception reporting rate for asthma indicators ranged from 0% to 5.7%.

We found that there was no evidence of quality improvement activity in the practice. There was a lack of peer reviews, and completed clinical audit cycles including those required to fulfil the CCG requirements.

The practice was able to provide us with one completed two-cycle audit. They provided us with a male circumcision audit where the first cycle reviewed circumcisions carried out between September 2012 and September 2013, and the second cycle was for the period September 2013 and September 2015.

However the audit failed to highlight lessons learnt and changes made following the first audit cycle, and improvements in patient outcomes as a result of the audit exercise.

We found that peer reviews of the male circumcision procedures were not being carried out. We also found that there were no arrangements for the principal GP to carry out follow ups of the patients circumcised at the practice.

The principal GP, who conducted the circumcision audit, told us he now provided patients with more after care information as a result of the audit, and also wrote to their GP informing them the patient had had the procedure and of any complications that may arise as a result.

Effective staffing

The practice had not ensured that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The induction arrangements for new staff were informal, and there were no records of inductions programmes completed for newly appointed staff.
- 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, administering vaccinations, performing cervical screening programme and taking on lead roles such as for infection prevention and control.

Inadequate

Are services effective?

(for example, treatment is effective)

- Nursing staff were carrying out vaccinations and treatments without the necessary authorised patient group directions (PGDs), and patient specific directions (PSDs) being in place
- There was no effective system to review the learning needs of staff. Staff did not receive developmental meetings, appraisals, and clinical supervision. No staff member had had an appraisal within the last 12 months.
- Staff training courses included safeguarding children and adults from abuse, basic life support and information governance awareness, but these had not all been attended by all staff. Staff told us they did not always have access to appropriate training to meet their learning needs and to cover the scope of their work. For example, staff had not received chaperone training, and some staff had not received information governance training.
- There were vacancies for a GP and a practice manager. Staff told us there was a need for additional nursing cover. The practice had recruited a practice manager who was due to join the practice in November 2015.

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:

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- We saw evidence from a sample of patient records reviews that the practice shared relevant information with other services in a timely way, for example when referring people to other services. However we also received patient feedback and complaints which indicated timely referral were not always happening.

However, we saw only limited evidence of multi-disciplinary team meetings taking place in support of the care of people with complex needs who required input from various services.

Consent to care and treatment

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

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

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 74%, which was below the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were similar to or slightly better than the local area averages. For example, childhood immunisation rates for the vaccinations recommended at 12 and 24 months of age ranged from 6% to 100%, and for vaccinations recommended at five year of age, ranged from 83% to 97%. Flu vaccination rates for the over 65s were 69%, and at risk groups 47%. These were slightly below the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice was set the target to complete 153 health checks in the year ending 31 March 2015 by their local CCG, and completed 119 health checks in that period.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed during our inspection that the waiting room was busy and chaotic, with long queues of patients waiting to check in for their appointments or speak with reception staff. Most patients we spoke with told us that the reception staff were helpful, although some told us they were sometimes rude to them. Most people we spoke with told us they would still recommend the practice, and that they felt listened to and cared for by the staff, and that they liked the doctors that worked there.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. We observed that reception staff were generally courteous and discreet in their interactions with patients, although we saw some occasions when they were asking patients about the nature of their ailments when they were booking appointments.

The patient feedback we received from CQC comment cards and patient interviews during our inspection was that the staff team were kind, caring and helpful.

Results from the national GP patient survey showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was similar to the local area averages, but slightly below the national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 71% said the GP gave them enough time compared to the CCG average of 82% and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 74% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 90%.
- 84% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room gave patients health promotion information. However we saw no information about access to carer support groups or bereavement support services.

Patients identified themselves as carers and the practice updated their records accordingly so that the practice's computer system alerted GPs if a patient was also a carer. There were no additional services being offered specifically

Requires improvement

Are services caring?

for carers in the practice. We also did not see written information being made available for carers to ensure they understood the various avenues of support available to them in the local community.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

There were some arrangements to take into account the needs of different patient groups. For example:

- The practice offered extended hours appointments from 7.00am to 8.00am Monday and Wednesday and from 6.30pm to 7.30pm on Tuesday for patients who are not able to access appointments at the practice during normal opening hours.
- There were longer appointments available for people who had the need, such as patients with a learning disability
- Home visits were available for patients who would benefit from them
- Urgent access appointments were available for children and those with urgent medical needs
- There were disabled toilet facilities and the practice was wheelchair accessible
- Staff told us that translation services were available, although details of this was not displayed for the patients
- The practice's online services via their website comprised of information about the practice and its services, and submitting requests for repeat prescriptions. There was no online appointment booking service, registration applications, or access to medical records.

Access to the service

The practice is open between 8.00am and 6.30pm Monday to Friday. It offers extended hours from 7.00am to 8.00am Monday and Wednesday and from 6.30pm to 7.30pm on Tuesday for patients who are not able to access appointments at the practice during normal opening hours. Routine and urgent appointments are available throughout the day. The practice is closed at weekends and on bank holidays. In addition to pre-bookable appointments that could be booked up to six 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 mostly comparable to local and national averages. For example:

- 70% of patients were satisfied with the practice's opening hours compared to the CCG and national averages of 75%
- 68% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 57% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 55% and national average of 65%.
- However only 50% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.

People we spoke with on the day also told us they had difficulties making appointments when they needed them, and had long waits for scheduled appointments. During our inspection, we observed patients waiting for up to 90 minutes for scheduled appointments, without any updates being provided to them by the reception team. Patients who went up to the reception team to enquire about updates to their scheduled appointments received an apology, but patients told us they felt somewhat ignored by the reception team. Some patients were attending the practice to make appointments as they had not been able to get through by phone.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. At the time of our inspection, the designated responsible person who handled all complaints in the practice was one of the GP partners, as there was no practice manager in post. In the past the complaints lead had been the practice manager.

We saw that information was available to help patients understand the complaints system in the form of a notice in the reception area, complaints and comments box where patients could submit any complaints, a complaints leaflet and summary information on the practice website. Some patients we spoke with were not aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found there was insufficient evidence that they were satisfactorily handled, dealt with in a timely way, or that there was openness and transparency with dealing with the complaints. For one complaint we saw no evidence that it

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

had been responded to, and although the matter was a potential safeguarding matter, we did not see evidence that it had been fully investigated. For the second complaint we reviewed in detail, we found that the provider's response to the complaint did not fully address the concerns raised, and that the matter was not investigated as a significant event.

We saw one patient's full medical records had been printed out and placed in the complaints folder, even though they were unrelated to their complaint, which was an inappropriate way to store confidential personal information.

There was no evidence of lessons being learnt from concerns and complaints and action being taken to improve the quality of care.

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 principal GP told us that their immediate aims were to recruit to have their full complement of staff, ensure named lead physicians were assigned to different aspects of the service and to streamline their care provision.

Governance arrangements

The practice did not have a governance framework which supported the delivery of good quality care:

- There was no shared drive to allow all staff to access key information, such as practice policies and procedures
- The staff team were not clear about their own roles and responsibilities, or that of their colleagues and senior members of the practice team
- Practice specific policies were not available or implemented by all staff
- There was no comprehensive understanding of the performance of the practice
- The practice did not have a programme of continuous clinical and internal audit to monitor quality and to make improvements
- There were poor arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership, openness and transparency

The partners were not communicating effectively with the staff team. Staff told us that all staff meetings did not happen.

Staff did not have regular team meetings, and major decisions and changes were not well communicated. For example, staffing changes were not communicated to the staff team.

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

The practice did not encourage and value feedback from its patients. The practice was not proactively gaining patients' feedback and engaging patients in the delivery of the service. The practice did not act on the feedback they received from patients' surveys, such as the national GP patient survey and the friends and family test (FFT). Half of the responses the practice had received through the FFT were negative responses relating to staff attitudes, long waits for appointments, and prescription errors. They had made no efforts to make changes to practice in response to this feedback.

The practice did not have a patient participation group (PPG). The principal GP told us they had had a PPG some years ago, but participation had declined partly due to their changes in practice managers. The practice website showed that the last PPG meeting was held in September 2013.

The practice did not gather feedback from staff through any staff surveys, staff meetings, appraisals or discussion. Administrative staff told us they had informal meetings on a periodic basis. The principal GP told us they held clinical meetings, but these were not minuted and they were unable to provide us with a clear indication of their frequency.

Staff told us they did not have opportunities to get involved and engaged in providing feedback, and contributing to decisions about practice improvements.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **The registered person did not ensure care and treatment was provided in a safe way for service users by making suitable arrangements for assessing and mitigating risks to the health and safety of service users, emergency equipment, and infection prevention and control.** **Regulation 12 (1)(2)(a)(b)(g)(h)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment **The registered person did not ensure that systems and processes were established and operated effectively to prevent and investigate abuse or allegations of abuse of service users.** **Regulation 13 (2)(3)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment **The provider did not ensure that equipment used was properly maintained** **Regulation 15(1)(e)**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	The provider did not ensure there was an accessible system for recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. Regulation 16 (2)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not ensure systems and processes were in place to assess, monitor and improve the quality and safety of the services provided, and to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity. Regulation 17(1)(2)(b)(e)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The provider did not ensure that persons employed received such appropriate support, training, supervision and appraisal as is necessary to enable them to carry out the duties Regulation 18(2)(a)

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed The provider did not ensure recruitment procedures were operated effectively to ensure suitable persons were employed. Regulation 19 (2). This was because the provider did not ensure recruitment arrangements included all necessary employment checks for all staff.