Dr Sankar Bhattacharjee

Quality Report

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

Ratings

Overall rating for this 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 Sankar Bhattacharjee (also known as Westborough Road Health Centre) on 30 September 2015. Overall the practice is rated as inadequate.

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. For example appropriate recruitment checks on staff had not been undertaken prior to their employment.
- Staff were not clear about identifying and reporting incidents, near misses and concerns and there was no evidence of learning and communication with staff.
- Staff had not received appropriate training in basic life support, or in safeguarding children and vulnerable adults.
- Medicines had not been managed appropriately with records showing that vaccines had been stored in excess of the recommended temperatures potentially affecting their effectiveness.
- There was insufficient assurance to demonstrate people received effective care and treatment. For example patient safety alert information had not been effectively actioned and patients continued to be prescribed medicine contrary to national guidance. The practice did not prepare or share patient care plans with out of hours providers to coordinate care. Patient clinical records were inaccurately summarised failing to identify conditions and clinical risks.
- The practice did not have an induction programme for new non-clinical staff or a system or appraisals, meetings or reviews of staff performance.
- The practice had recognised the diverse community they served but had not considered how best to deliver services to them to meet their needs.

Summary of findings

- Patients were unable to book appointments or order prescriptions online. However, urgent appointments were usually available on the day they were requested.
- The practice had improved, since our last inspection in November 2014 their recording, investigation and response to complaints. However, risks to patient safety were not always identified and lessons learnt were not shared to improve practice.
- There was insufficient leadership and an absence of strategy for the practice. The practice engaged with patients and listened to partner agencies developing action plans but failed to have the capacity to fulfil actions within acceptable timeframes and sustain improvements.

The areas where the provider must make improvements are:

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure the safe management of medicines.
- Ensure staff receive appropriate support, training, professional development, supervision and appraisal as necessary to carry out their duties.
- Ensure all recruitment checks are conducted and evidenced appropriately.
- Ensure the complaints policy is reflective of practice, affording patients access to advocacy services and right of appeal against decisions.

The areas where the provider should make improvements are:

- Conduct an accessibility assessment
- Develop a business strategy for the practice

On the basis of the ratings given to this service at this inspection, I am placing the provider into special measures. This will be for a period of six months. We will inspect the provider again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

I have also served a notice on the provider placing conditions on their registration, which they must comply with. The conditions relate to the prohibition of surgical activities and registration of new patients and checks for recruiting staff and ensuring they have appropriate training.

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 reporting incidents, near misses and concerns. Although the practice carried out investigations when things went wrong, clinical risks were not consistently identified, addressed and lessons learned were not communicated and so safety was not improved.

Patients were at risk of harm because systems and processes had weaknesses. Policies were in place but lacked sufficient detail such as what the practice expected from staff. Staff had not received appropriate training in safeguarding children and adults. We found the practice failed to have effective systems in place to ensure the safe storage of medicines. Records suggested some medicines, including vaccines, had been stored in excess of their recommended temperatures and staff had failed to recognise this.

There was insufficient information to enable us to understand and be assured about safety because risk assessments had not been carried out or were not reflective of practice. The practice had not conducted essential recruitment checks to ensure staff were safe and qualified to practise. The practice did not have written employment agreements with their staff detailing their roles and responsibilities and the hours they were required to work.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made. The practice had access to national guidelines and utilised clinical templates in patient assessments. Patient safety alert information had not been effectively actioned and patients continued to be prescribed medicines contrary to national guidance. Patient outcomes were only assessed against the practice's Quality and Outcomes Framework performance. The practice had conducted few clinical audits, and they had not been used to inform practice and make improvements. The practice did not prepare or share patient care plans with out of hours providers to coordinate care. Patient clinical records were inaccurately summarised failing to identify conditions and clinical risks. There was no induction programme for new non-clinical staff or a system of appraisals, meetings or reviews of staff performance. The practice had limited engagement with other providers of health and social care services. Patient consent for child

Summary of findings

immunisations was not recorded to show the appropriate permission had been obtained prior to administering the medicine. Health assessments and checks were available but not effectively promoted to patients.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services and improvements must be made. Data showed that patients rated the practice similar to the local and national averages. Patients said they were treated with compassion, dignity and respect. However, carers were not consistently identified by the practice and appropriately coded on their patient record system so consideration could be shown to them. There were no specific services provided for carers such as inviting them for flu vaccinations. Information for patients about the services was available.

Are services responsive to people's needs?

Inadequate

The practice is rated as inadequate for providing responsive services and improvements must be made. The practice was aware of the diverse needs of their patient group but had not considered how to align services to increase the accessibility of care for them. Patients reported receiving good access to appointments but were unable to book appointments or order prescriptions on line.

Information about how to complain was available for patients but the practice policy did not include complainant's rights to access advocacy services or appeal a decision if dissatisfied with the outcome. There was a designated person responsible for handling complaints and complaints were investigated but risks to patient care were not always identified, addressed and learnt from to mitigate the potential risks of a reoccurrence.

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 felt supported by the practice management, but we found they were not clear about their responsibilities or were insufficiently trained to undertake their roles proficiently. The practice told us they were experiencing difficulties in meeting the increasingly complex demands of operating within the primary medical service sector. They had changed practices, invested funds and introduced new policies and procedures in response to previous inspection findings. However, staff were not appropriately trained and the new practices were not embedded resulting in risks remaining unaddressed. Practice meetings had been introduced but were in their infancy and were not minuted to

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show discussions held and decisions made. The practice listened to feedback from staff and patients and openly discussed their challenges with both. However, areas for improvement remained unresolved despite action plan and discussions.	

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The safety of care for older people was not a priority and there were limited attempts at measuring safe practice. We saw the practice had identified a low response rate to attendance for health checks for patients over 75 years but had not introduced additional health promotional measures to encourage attendance. Seasonal flu vaccination rates for patients over 65 years were also below the national average at 57.57% compared to 73.24%. The care of older people was not managed in a holistic way, care plans were not in place and there was no liaison with the out of hours service to coordinate care. The GP conducted weekly visits to care homes. No records were maintained of vulnerable adults or those with poor mobility to inform the delivery of their care. The staff had not received training and had no understanding of the Mental Capacity Act 2005 or Deprivation of liberty safeguards. Services for older people were reactive not forecasting and planning for patient care needs.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. Longer appointments and home visits were available when patients needed them. The performance of the practice was variable regarding the management of long term conditions. The practice had met 70.7% of their target influenza immunisations for patients with chronic obstructive pulmonary disease but had high exception reporting at 29.3%. The practice told us patients did not have personalised care plans and there was no liaison with the out of hours service to coordinate care.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. Not all staff had undertaken child safeguarding training and some were not aware of how to report concerns. There were no systems to identify and follow up patients in this group who were living in disadvantaged circumstances and who were at risk. Consent was not appropriately recorded for childhood immunisations. The premises were not easily accessible for children with no assisted entry. Medication had been prescribed to a child contrary to national guidance.

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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).The services available did not reflect the needs of this group. Appointments could only be booked by telephone or in person. There was no online appointment or prescription ordering facility. The practice operated extended opening hours for working people but the appointments were pre bookable providing no on the day capacity unless an urgent appointment was requested.

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 vulnerable circumstances. It was unable to identify the percentage of patients such as those with a learning disability who had received an annual health check.

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. None of the staff working at the practice had undertaken vulnerable adult training and not all were aware of their responsibilities regarding information sharing and documentation of safeguarding concerns.

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). The staff had not received training and did not have an understanding of the Mental Capacity Act 2005 or Deprivation of Liberty safeguards. The practice liaised with partner agencies directly as opposed to attending multidisciplinary meetings. They told us they did not conduct care planning for their patients. The practice did not have a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The practice had high reported exception reporting levels for patients with depression, namely, 36.4% for patients receiving an assessment on the day of diagnosis and 63.3% for receiving timely clinical reviews. They achieved only 24.25% of their QOF target for diagnosing and managing patient depression.

Summary of findings

What people who use the service say

The National GP Patient Survey, July 2015 results showed the practice was performing in line with local and national averages. There were 106 responses which represents a 24% response rate.

- 81% of patients who responded found it easy to get through to this surgery by phone compared with a CCG average of 73% and a national average of 73%.
- 78% of patients who responded found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 83% of patients who responded with a preferred GP usually got to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 80% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 91% of patients who responded said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 72% of patients who responded describe their experience of making an appointment as good compared with a CCG average of 71% and a national average of 73%.
- 65% of patients who responded usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 63% of patients who responded felt they didn't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

We reviewed the 17 comment cards completed by patients. These were overwhelmingly positive about the service they received from both the clinical and administrative team.

Areas for improvement

Action the service MUST take to improve

- Ensure there are formal governance arrangements in place including systems for assessing and monitoring risks and the quality of the service provision.
- Ensure the safe management of medicines.
- Ensure staff receive appropriate support, training, professional development, supervision and appraisal as necessary to carry out their duties.
- Ensure all recruitment checks are conducted and evidenced appropriately.
- Ensure the complaints policy is reflective of practice, affording patients access to advocacy services and right of appeal against decisions.

Action the service SHOULD take to improve

- Conduct an accessibility assessment
- Develop a business strategy for the practice

Dr Sankar Bhattacharjee

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Sankar Bhattacharjee

The practice is located in a residential street in Westcliff-On-Sea, near Southend, Essex. The practice serves a wide patient population with a high percentage of young people and those of working age. There is a high proportion of temporary social housing resulting in a transient population which translates into a high patient turnover for the practice. The practice also provides care to a growing aging population and conducts weekly visits to three local care homes for patients with limited mobility and high dependency needs. The practice patient population on the day of our inspection was 3723 patients.

The practice has one full time GP and two additional GPs, one male and one female, providing an additional 1.5 sessions a week. The practice has a part time practice nurse who works two days a week.

The practice was open between 8am and 11.30am and 4pm and 6.30pm on Monday, Wednesday, and operated extended hours on Tuesday evenings until 7.30pm. On Thursday the practice closed half day offering only morning appointments from 8am to 11am. On Friday the practice was open 8am to 11.30am and 5.30pm to 7.30pm. The practice closed all day on the first Tuesday of the month for staff training.

The practice holds a general medical services contract and has opted out of providing out-of-hours services to their patients. The practice told us the CCG arranges their out of hours provision and they advise patients to call the 111 service or attend the walk in centre.

The practice was last inspected on 18 November 2014. The practice attracted an overall rating of requires improvement and was assessed as inadequate in safe, required improvement in effective, responsive and well led. It was rated as good for caring. Amongst the areas highlighted for improvement were the practices arrangements for identifying, recording and managing risks, their management of complaints, significant incidents and staff recruitment. The practice was also required to assess and monitor the quality of services and ensure effective systems were in place to assess the risk of and prevent, detect and control the spread of health care associated infections.

Why we carried out this inspection

We inspected this service to follow up on areas for non-compliance we identified in the Commissions earlier comprehensive inspection conducted on 18 November 2014.

How we carried out this inspection

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?

Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice. We carried out an announced visit on 30 September 2015. During our visit we spoke with a range of staff (the lead GP, practice manager, practice nurse and receptionist team). We reviewed documentation including the personal care or treatment records of patients.

Inadequate

Are services safe?

Our findings

Safe track record and learning

The practice told us there was an open approach and a recently established system in place for reporting and recording significant events. We reviewed the significant incident policy dated May 2015 and found it lacked practical guidance about recognising incidents and how they required their staff to report, record and investigate such events. We spoke with members of the practice team, including the practice manager, practice nurse and reception staff. We found staff were unable to differentiate between complaints and significant events. This was also evident within the practice documentation. We reviewed the significant incident log maintained since June 2015. Four significant incidents had been recorded relating to injuries/accidents and inappropriate behaviour towards staff by patients. We found the log did not include all incidents which had occurred and which may be deemed significant clinical incidents. For example, we were provided with a summary investigation of a complaint alleging inappropriate prescribing of medication. This incident had not been reported or investigated under the significant event procedure. The allegation had been recorded, investigated and responded to as a general complaint but the practice had not addressed the potential adverse clinical risks to the patient or identified and shared learning. Staff told us where medication errors were found they informed the GP but did not record concerns raised.

Overview of safety systems and processes

The practice had introduced new processes and practices to keep people safe. We found not all staff were aware or had received appropriate training to ensure they were consistently followed.

- The practice had a safeguarding children policy and procedure. The document identified potential signs of neglect and stated staff would be trained. It did not state who the practice safeguarding lead was, how often staff would be trained or the procedure to follow should they have concerns. Staff told us they had attended a meeting relating to safeguarding but did not recall any specific training and were unable to provide examples of types of abuse. Staff were not aware of whistleblowing principles and processes. They explained how they would report concerns to the GPs and a list of contact details for external safeguarding agencies was available within reception. The practice did not maintain a list of potentially vulnerable patients or have care plans in place to mitigate the risks to them. We found two of the three GP's had attended a safeguarding for children awareness forum and the practice nurse had attended safeguarding children training. The practice and clinicians were unaware of the level of training they had undertaken and whether it was sufficient for their role.
- The practice did not have a safeguarding vulnerable adults policy or procedure. Staff had not undertaken any training to assist staff to recognise vulnerabilities and potential signs of abuse for vulnerable adults. The practice manager told us not all staff had received the necessary training.
- There was no information available or displayed, advising patients that staff could act as chaperones, if required. Both clinical and non clinical staff acted as chaperones and had received general familiarisation training from the lead GP. This was not evidenced within their personnel files. Staff who undertook these additional responsibilities had not been risk assessed and had not undertaken a disclosure and barring check (DBS). (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 some procedures in place for monitoring and managing risks to patients and staff safety but they lacked sufficient detail. For example, the practice had produced a risk table which identified risks such as fire safety but these had not been sufficiently explored or failed to have appropriate supporting assessments and action plans in place. The practice had not undertaken a legionella risk assessment but had written a policy statement declaring it was not appropriate, as the practice did not have stored water tank or air conditioning facilities. This contradicted their own documentation requiring an assessment to be conducted and revised to identify potential changes in circumstances.
- We reviewed the practice infection prevention control (IPC) audit dated 20 April 2015. It had been conducted by the practice manager independently of the IPC lead for the practice; the GP. We found it was not representative of the practice. The practice nurse and health care assistant assisted the GP when conducting

minor surgery and were responsible for cleaning the treatment/surgical room and preparing the equipment. We found no cleaning schedule in place or records maintained to demonstrate this had been done, how and by whom. We saw general cleaning schedules in place but these were generic and were dated and signed to show tasks had been completed. We asked the practice nurse who led on infection prevention control and were told all staff did a bit. The staff told us they believed the cleaner was the infection prevention control lead.

- We checked staff training files and found that 10 out of 13 staff had undertaken infection prevention control training in April 2014. However, the new cleaner appointed in August 2015 had not undergone infection prevention control training.
- Staff were invited and encouraged by the practice to have the Hepatitis B immunisations. We found a member of staff involved in clinical interventions such as taking blood and surgery had declined the immunisation. No record had been made of their reasons and that they understood the risks of contracting blood borne infections.
- We found insufficient arrangements for managing medicines, including emergency drugs and vaccines, in the practice in order to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescription pads had not been logged into the practice and there was no system in place to monitor their use.
- We reviewed the fridge temperature records for both vaccination fridges and found the temperatures had exceeded the safe and recommended standards for medicine storage. For example, the fridge temperatures should not exceed 8 degrees and had been recorded as reaching 16 degrees. We spoke with staff who were responsible for recording the temperatures. The staff had not received medicine management training and were not familiar with the equipment for example, how to reset the fridge temperature after taking a reading. They did not understand the risks of the medicine exceeding 8 degrees for a sustained period of time.
- Emergency medicines were easily accessible to staff. However, the medicines (including diazepam a high risk medicine) were also accessible to the public and stored insecurely in an area out of sight of staff. All the medicines we checked were in date and fit for use. However, the medicine check list did not accurately reflect the expiry dates of the medicines and two of those listed namely glucose and diclofenac (a pain killer) were not present.
- We checked all staff files. We found the cleaner did not have a personnel file, written agreement (contract of employment) nor had they undergone any of the required recruitment checks prior to commencing their employment. We found clinical staff files, did not included details of their professional registration and checks had not been conducted to confirm they were safe to practise. We also found the identities of staff had not been confirmed, disclosure and barring checks had not been conducted, no references were obtained and an absence of qualifications and training evidence within the personnel files.
- 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. However we found staff did not have written agreements such as a contract of employment defining there terms and conditions of work.

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. We reviewed the practice training records for basic life support (adult and paediatric) for their staff. We found four staff had recently undertaken basic life support training in 2014. This did not include the practice nurse who last had basic life support training in 2012 and the health care assistant had no record of receiving any training.

Emergency medicines were available in the practice treatment room but these did not include glucose for treating patients presenting with hypoglycaemia. The practice had a defibrillator available, but there was no record of regular battery checks. We found adult pads were available but out of date, expired in December 2013. There was oxygen with adult and children's masks but the packaging of the children's mask was open and therefore the practice could not be confident that it was clean and suitable for use. The oxygen had been checked on 28 September 2015 and found to be safe. There was a first aid kit and accident book available.

Inadequate

Are services safe?

The practice had a business continuity plan in place for major incidents such as bomb threat or clinical system failure. It was a single page document with reference to reporting concerns to the GP or calling external service providers such as those responsible for the maintenance of their fire alarm system. The plan lacked details such as actions to take, staff contact details and alternative premises and arrangements should the practice be inaccessible. It also was contrary to the guidance provided to staff during their September 2015 meeting where the staff were advised of an emergency buddy system in the lead GP's absence.

We found the practice had made significant improvements, since our last inspection, to their fire safety arrangements such as the introduction of fire doors, secure and appropriate storage of paper records. The fire equipment had been checked in August 2015. Portable appliance testing had been conducted in June 2015 to ensure electrical items were safe to use. However, no fire risk assessment was in place. Staff had received a fire awareness session by the practice during their team meeting held on 2 December 2014 but the content of the training was not recorded.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and showed an awareness of guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had a system in place to ensure clinical staff received up to date information. All information was received by the lead GP and shared with staff as deemed appropriate; no records were kept of this.

The practice had access to guidelines to inform their consultations and utilised templates in clinical assessments to provide consistency in care. We checked patient records and found these were being used.

We conducted a search on patient records to check that patients on a specific medicine had been reviewed and changed medicine where appropriate in response to a Medicines and Health products Regulatory Agency (MHRA) alert. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. We found the practice had inappropriately continued to prescribe the medicine for three patients in 2015.

We checked patient records and found a child had been prescribed a medicine which, as detailed in the British National Formulary (information on the selection and clinical use of medicines) was not generally recommended for children. There were no recommended dosages for the age of the patient.

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 2013/2014 results were 83.5% of the total number of points available, with the same as the national average for exception reporting at 7.9%, this was higher than the CCG average by 1.1%. This practice was an outlier for some QOF (or other national) clinical targets. Data from 2013/2014 showed;

- Overall the practice's performance for diabetes related indicators was similar to the national average. However it was significantly below the national average in respect of blood sugar monitoring test of the patients' blood sugars at 59.43% as opposed to the national average of 77.72%.
- The percentage of patients with hypertension having regular blood pressure tests was

  below the national average of 83.11% at 70.14%. The practice had recognised this and responded by identifying those patients with high blood pressure who had not achieved the target range and referred them to the local hospital for 24 hour monitoring. Following the outcome of the data from the hospital the GP then reviewed their medication.
- Performance for mental health related indicators was similar to the national average with the percentage of patients with agreed care plans being 93.33% which was greater than the national average at 86.04%. The practice were also above the national average for recording the consumption of alcohol in patients with psychosis at 94.74% as opposed to the national average at 88.61%
- The dementia diagnosis rate was above the national average with 88.89% having their care reviewed face to face in the preceding 12 months as opposed to 83.82% of patients nationally.

The practice emergency cancer admissions per 100 patients on the disease register were higher than the national average at 17.65 as opposed to 7.4. The practice told us they did not monitor their emergency admissions.

We found non-clinical staff were summarising patient records. They had not received clinical training and these were not supervised by the clinical team to ensure the accuracy of patient records. We checked seven patient records and found that there was an absence of evidence in three patient records to support the consent coding. We found one patient's records had been inappropriately coded categorising them with cancer, as a historical condition despite this occurring in 2015 and coded as resolved because they had undergone treatment. It remained a current unresolved problem and therefore their medical conditions were not accurate.

Inadequate

Are services effective?

(for example, treatment is effective)

We looked at 12 patient records where cancer care reviews had not been conducted. In two of the cases we found the patient records had been inappropriately coded as them having tonsillar carcincoma (tonsil cancer) where they had actually had tonsillitis.

The incorrect coding of patient records was also evident in relation to patients with long term and high risk conditions. We found a patient with infectious disease had not had their patient record appropriately coded. Their conditions were not appropriately highlighted for the attention of staff to ensure appropriate measures were taken to safeguard the patients and clinicians.

We also found that where medicines had been prescribed these were not consistently and appropriately linked to the correct indication for the medication. This potentially may cause difficulties when conducting searches under both medicines and conditions to inform safe and effective treatment. We found regular medication audits were not carried out and the practice were unable to provide us with reports from the CCG medicine management teams regarding their prescribing patterns.

We reviewed a single cycle clinical audit of minor surgical interventions dated May 2015. 32 patients had attended the practice for minor surgery during the designated period. The practice found none of the patients had incurred any post-surgical infections. They concluded that this could be the result of good post-surgical care. There was no evidence to support this conclusion such as feedback from patients. There was no audit of other clinical issues such as recording of consent, providing of post-surgical care information to patients or audit of biopsy results. The audit made no recommendations and identified no lessons learnt.

We were also presented with a single clinical cycle audit of blood pressure readings in patients with depression conducted in September 2015. The rationale for the audit was that patients with psychiatric conditions have shorter life expectancy with cardiovascular disease being a major contributor. The audit identified ten patients who had received a diagnosis of depression and did not have readings of blood pressure. None met their risk criteria of being over 40 years of age. Therefore the practice concluded their practice was effective at meeting patient needs. No recommendations were made or action plan developed.

Information about some patients' outcomes was used to make improvements. The practice had been monitoring their QOF performance and were identifying patients and inviting them into the practice to address their unmet needs.

Effective staffing

The practice was unable to demonstrate that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice did not have an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. We checked the files of two reception staff who had been employed within the last eight months (February 2015 and May 2015). Neither personnel file contained evidence of familiarisation information being given.
- The learning needs of staff were not identified through a system of appraisals, meetings and reviews of practice development needs. Staff did not have access to appropriate training to meet these learning needs and to cover the scope of their work. Staff had not received an appraisal within the last 12 months and no protected time had been scheduled in with staff to discuss concerns and their development. The practice told us they had intended to start this in October 2015.
- Non-clinical staff reported an absence of formal training. We found staff had not received training in child or adult safeguarding, basic life support and only some reception staff had undertaken information governance awareness training.

Coordinating patient care and information sharing

We found no evidence of the practice having informed patients of their named GP. The lead GP demonstrated good patient knowledge but this was not always fully evidenced within the patient records. Therefore, the information needed to plan and deliver care and treatment was not always available to relevant staff in a timely and accessible way through the practice's patient record system.

The practice had signed up for the admission avoidance enhanced service. This required them to complete care plans to reduce unplanned hospital admissions. This was required to be completed by 30 September 2015. We asked

Inadequate

Are services effective?

(for example, treatment is effective)

the GP about his patient care plans. The GP told us he was unfamiliar with the term. We asked the GP to explain how he planned and delivered care to reduce patient vulnerabilities. The GP told us that they did not share clinical data specifically with the out of hours provisions but provided the GP's personal contact details should they require any information. We saw the GP had signed the enhanced services contract declaring care plans had been conducted for the practice patients.

The practice told us they spoke informally with partner agencies and did not attend multidisciplinary team meetings. They said they did speak regularly with the district nursing team but did not attend the local palliative care meetings. The practice tasked and transferred information to health and social care services where possible via their patient record system.

Consent to care and treatment

Patients' consent to care and treatment was not always sought in line with legislation and guidance for immunisations and surgical interventions. Staff lacked understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We checked staff files for clinical and non-clinical team members and found no staff had received training in the Mental Capacity Act, this was confirmed with staff. We asked the lead GP about the Deprivation of Liberty safeguards and how it related to his work with care homes and vulnerable persons. The GP was unaware of the Deprivation of Liberty safeguards and how it related to his work.

We checked immunisation records for three children. We found that there was no record of who had accompanied the child and what authority they had given e.g. as the parent or guardian of the child. There was no evidence of consent being given but it was coded as though it had been. The record narrative just referred to the administration of the medicine and advice being given.

Health promotion and prevention

The practice participated in the national cervical screening programme. The practice's uptake for the cervical screening was 78.77%, which was comparable to the national average of 81.88%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86.5% to 100% and five year olds from 85.2% to 93.4%. However, influenza vaccination rates for the over 65s were 57.57%, and at risk groups 44.89%. The practice flu vaccination rates were well below the CCG and 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 75+ years. However, the practice had recognised their poor performance in providing these and conducted an audit on senior health checks undertaken from May 2015 to September 2015. The practice had 67 patients which were eligible for the health checks. The practice had conducted only 13 of the possible 67 reviews. The audit failed to identify why there had been poor attendance / performance by the practice but concluded that the practice required support from public health service to send invitation letters and staff required training to follow up on non-attendance. No date was set for staff training or immediate action to address potential unmet care needs of the patient. A re audit date was set for September 2016.

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. 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. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 17 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was below the CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 75% respondents said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 78% respondents said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 92% respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 76% respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 89% respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 78% respondents said they found the receptionists at the practice helpful compared to the CCG average of 84% 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 but the results were below the local and national averages. For example:

- 74% 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%.
- 69% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% 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 told patients how to access a number of support groups and organisations.

The practice's computer system had the capacity to alerted GPs if a patient was also a carer. However, this was not consistently recorded and the practice did not maintain a register of all people who were carers. The practice offered services to patients but did not coordinate the delivery of care for carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Services were not planned and delivered to take into account the needs of different patient groups. However, we found the practice was responsive to disclosed needs and help ensure flexibility, choice and continuity of care. We found;

- The practice recognised they provided services to a wide patient group including those from the homeless community and sex workers. However, they had not considered their individual needs and how best the practice may meet them.
- The practice offered an open flu clinic to encourage patients to attend for immunisations without requiring an appointment
- The practice operated extended hours until 7.30pm on Tuesday and Friday evenings for patients who are unable to attend during the normal working day.
- There were longer appointments available for people with a learning disability, who were allocated 20 minute appointments.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were translation services available.
- The practice had lowered the reception desk to enable them to speak with patients in wheelchairs.
- Weekly visits were conducted to some care homes to meet the needs of the vulnerable patients unable to attend the practice.

However, we found patients were unable to book online appointments or order prescriptions online. There was also no assisted entry for patients. We tested the external intercom system and bell and there was no response. The staff told us neither system worked nor there was there any other means of alerting the reception staff to the need for help. Both entry doors were manual and opening onto one another presenting difficulties manoeuvring between the areas. Staff had not received any awareness training on equality and diversity issues.

We spoke to partner services at care homes supported by the practice and they told us the practice were responsive to their requests for home visits.

Access to the service

The practice was open between 8am and 11.30am and 4pm and 6.30pm on Monday, Wednesday, and operated extended hours on Tuesday evenings until 7.30pm. On Thursday the practice closed half day offering only morning appointments from 8am to 11am. On Friday the practice was open 8am to 11.30am and 5.30pm to 7.30pm. The practice closed all day on the first Tuesday of the month for staff training.

The practice was proposing to close the surgery reception and clinical services on a Thursday afternoon from 1pm and refer patients to the out of hour's service starting October 2015. This they were proposing to discuss with the local CCG.

Patients could pre-book GP and nurse appointments up to two months in advance. The practice also reserved two urgent appointments a day. Whilst we found the practice operated extended hours we found that out of the eight appointments available four were allocated as pre bookable and four protected for emergency appointments on the day.

Results from the National GP Patient Survey, July 2015 showed that patients satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 77% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 81% of patients who responded said they could get through easily to the surgery by phone compared to the CCG average of 73% and national average of 73%.
- 72% of patients who responded described their experience of making an appointment as good compared to the CCG average of 71% and national average of 73%.
- 65% of patients who responded said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

The practice had reviewed non-attendance by their patients and identified approximately 845 minutes of lost appointment time in June 2015. They told us they displayed the information to educate and encourage the patients to notify them if they are unable to attend. The practice also monitored the patient wait time. Their data

Inadequate

Are services responsive to people's needs?

(for example, to feedback?)

showed in September 2015, 705 out of 945 total appointments were delayed with an average wait time 13 minutes. The practice told us they monitored the information but had not used it to inform or change practice.

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 not in line with recognised guidance and contractual obligations for GPs in England. The policy did not detail complainants' rights to advocacy services or how they may appeal the practice decision if dissatisfied with the outcome.

We found there was a designated responsible person who handled all complaints in the practice. We saw that information was available to help patients understand the complaints system, a leaflet was displayed within the patient waiting area.

We looked at the practice complaints log, where they had recorded five complaints. We tracked three complaints received within the last 12 months. We found the practice did not accept verbal complaints but invited patients to formally raise their concerns in writing. This was contrary to the practice policy dated 14 March 2015 stating they would accept verbal or written complaints. All the complaints had been acknowledged, investigated and responded to. However, the practice failed to consistently recognise the wider potential clinical risks to patients and how they may learn from incidents and mitigate against them occurring again. For example, the practice had inappropriately prescribed a patient a medicine they were allergic to.

The practice maintained a log of their written complaints. They had not documented trends or themes in the reported incidents. The practice told us they had identified issues, and addressed individual and organisational failings. However, when we tracked through the complaints we found no records of discussions held with staff or training plans in place to support learning. However, we also found the practice were open with their patients about complaints and comments received. We reviewed the Patient Participation Group meeting minutes notes from August 2015 and found the practice discussed patient feedback and explored measures for improving patient experience of the service.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice did not have a clear or documented vision or strategy to inform the future of the service. The GP stated that they may wish to retire within the next eight months and had tried to attract a partner to the practice, but been unsuccessful. The GP commented that the increasing regulation of primary care had placed pressures on the team especially with the increased inspection of the service.

Governance arrangements

The practice did not have a governance framework to oversee the business and support the delivery of good quality care. The practice had started to respond to issues raised during earlier Care Quality Commission inspections. We found:

- There was a staffing structure. However, where staff had been appointed additional responsibilities such as infection prevention control lead these duties were not understood by the staff member or colleagues. For example, the practice manager undertook the infection control audit as opposed to the Infection Prevention Control lead. They had not received the training and had no understanding of clinical risks.
- The practice had revised and introduced policies to assist their staff. We found staff had not read them or were unable to show an understanding of their importance or application. For example, the practice had a children's safeguarding policy but not all staff had read it or received appropriate training. They were not confident in identifying and escalating risks appropriately.
- The practice had started to audit aspects of their practice and use it to improve practice For example in September 2015 the practice audited their missing prescription records and found nine were unaccounted for out of 7000. They introduced a collection prescription register book to ensure greater accountability and hopefully stop prescriptions being unaccounted for.
- Risk tables had been developed but not progressed beyond the initial identification of issues to ensure appropriate documentation was in place. For example, fire safety risks had been identified and some mitigating measures put in place but no fire risk assessment had been conducted.
- There were some arrangements for identifying and recording risks, but staff had not been trained and were unable to identify potentially significant risks to patient safety and the practice. For example, their failure to report that temperature of medicines fridges was above the manufacturer's guidelines and a lack of awareness r that this may reduce the effectiveness of the medicine. In the absence of effective identification and understanding risks mitigation measures were failed to address the wider issues and were ineffective. For example, coding of patient records was not reviewed following the wrong prescribing of a medicine a patient was allergic to as this was not highlighted within their clinical record.
- The practice had action plans in place to address regulatory breaches and other areas of their business they intended to improve. However, the time scales given for tasks to be actioned and resolved were lengthy and progress against them was not reviewed to ensure risks were resolved.

Leadership, openness and transparency

The lead GP was highly committed to the patients, visible and approachable to staff but did not have sufficient capacity to run the practice and ensure high quality care. The GP told us the increased regulation of primary care had placed a strain on the practice as they continued to juggle clinical and managerial responsibilities. The practice told us they had always welcomed feedback from staff and external partners but found the evolving clinical and financial demands difficult to continually manage. The practice had attempted to recruit a partner to the practice to share some of the responsibilities but this had been unsuccessful.

The lead GP encouraged a culture of openness and honesty and staff felt supported to speak with the clinical and managerial team regarding any concerns. More regular staff meetings had been introduced and these presented staff with a further opportunity to raise any issues.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and

Are services well-led?

Inadequate

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

engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through complaints received. There was an active PPG which met on a regular basis and fully supported the practice. We reviewed the minutes of the patient participation group held on 30 April 2015 and August 2015. The minutes were detailed and explored the performance of the practice, introduction of new service and how the PPG could best support the service. The practice minutes showed the practice were open about the challenges they faced and were receptive to the view of the patients.

The practice did not have a formal means of gathering feedback from staff. The staff told us they valued the support they received from the practice manager and told us of how the lead GP was responsive to concerns they raised. For example commissioning the lowering of the reception desk so patients in wheelchairs could speak with reception staff.

Staff told us how they felt involved with the practice through team meetings and valued the support they received from the practice manager. They enjoyed ownership for specific tasks such as following up on QOF. The practice had intended to start staff appraisals in October 2015 and had not afforded for staff protective time for one to one discussions.

We reviewed the last staff discussion topics from 08 September 2015. We found staff were to be acknowledged for their achievements such as reducing the number of lost prescriptions and advised about changes to practice policies and procedures. However, there were no meeting minutes to confirm the meeting had be held, which staff were in attendance and the outcome of any discussions held. We saw staff meeting attendance records had been completed for meetings held on 04 November 2014 and 02 December 2014 but no minutes were available for either date.

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
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance We found there were insufficient formal governance arrangements in place including systems for assessing and monitoring risks and the quality of service provision. 17(2)(a)

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment We found in sufficient systems in place to ensure the safe management of medicines 12(2)(g).

Regulated activity	Regulation
Transport services, triage and medical advice provided remotely	Regulation 18 HSCA (RA) Regulations 2014 Staffing We found staff did not receive appropriate training, support, professional development, supervision and appraisal to carry out their duties 18(2)(a).

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed We found recruitment checks had not been consistently conducted for staff 19(3)(a).

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

Patients did not have access to advocacy services. Patients were not informed of their right to appeal the outcome of any investigation by the practice should they disagree 16(2).