

Dr Mohua Chowdhury

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 Mohua Chowdhury (also known as The Chowdhury Practice) on 19 November 2015. Overall the practice is rated as inadequate.

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

- Staff did not always understand their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations of incidents did not always show lessons had been learned.
- Clinical risks to patients were usually assessed and well managed. However other risks, such as those relating to recruitment checks, were not.
- Data showed patient outcomes were low for the locality.
- Although some audits had been carried out, we saw no evidence that audits were driving improvement in performance to improve patient outcomes.

- The majority of patients said they were treated with compassion, dignity and respect.
- Information about services was available but not everybody would be able to understand or access it. Information about services was available but not everybody would be able to understand or access it. For example written information was not available in a language most patients could understand, and the practice told us most patients were illiterate in their spoken language.
- Urgent appointments were usually available on the day they were requested. There could be a long wait for routine pre-bookable appointments.
- The practice held a number of policies and procedures, but some were not practice specific or dated.

The areas where the provider must make improvements are:

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate, for example when staff perform chaperone duties.
- Ensure clinical audits and re-audits to improve patient outcomes.
- Ensure there are adequate arrangements in place for safeguarding adults and children. This must include appropriate staff training and ensuring safeguarding referrals are made in a timely manner.
- Ensure policies in place are specific to the practice, dated, and include a review date.
- Ensure safety checks, such as on emergency medicines boxes, are accurately carried out.
- Ensure the complaints policy contains all the required information, complaints are responded to giving the required information, and that patients are not discouraged from making complaints.

In addition the provider should:

- Monitor staff training to make sure mandatory and other training is up to date.

- Provide training to all appropriate staff on consent, including consent for patients under the age of 16 and for patients with learning disabilities.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- Staff were not always clear about reporting significant events. Although the practice carried out investigations when there were significant events these were not followed up to ensure they were not repeated.
- Patients were at risk of harm because systems and processes were not in place or not being followed. For example, staff performed chaperone duties without a Disclosure and Barring Service (DBS) check being in place, adequate recruitment procedures were not in place, and although we saw a record that an emergency adrenalin box was regularly checked, out of date equipment was found inside it.
- There was insufficient attention to safeguarding, particularly safeguarding adults. There was no practice specific policy, not all staff were trained and we saw there had been a delay of five working days following a decision being made to make a safeguarding referral.

Inadequate



Are services effective?

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

- Data showed patient outcomes were low for the locality. Quality and Outcome Framework (QOF) data showed the practice scored lower than average for indicators relating to diabetes, mental health and hypertension.
- Knowledge of and reference to national guidelines were inconsistent.
- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- Training was not monitored and not all staff had completed their mandatory or updated training.

Inadequate



Are services caring?

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

- The most recent national patient survey results showed patients rated the practice lower than others for several aspects of care. This had not been acknowledged by the practice.

Requires improvement



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services was available. However, a high percentage of patients did not speak English as a first language and were illiterate in their own language. The majority of GPs and most reception staff were able to speak the same language as patients and therefore could verbally explain information.
- We saw that staff treated patients with kindness and respect, and maintained confidentiality.

Are services responsive to people's needs?

The practice is rated as inadequate for providing responsive services.

- GPs and reception staff were able to speak the same language as the majority of the practice's patients.
- Feedback from patients reported that access to a GP was not always available quickly, although urgent appointments, especially for children were usually available the same day.
- The practice was equipped to treat patients and meet their needs.
- Patients could not get information about how to complain in a format they could understand. Staff were discouraged from providing patients with a complaints form and information was not available to patients about the Parliamentary and Health Service Ombudsman (PHSO) when the complainant remained dissatisfied with the practice's response to the complaint.

Inadequate



Are services well-led?

The practice is rated as inadequate for being well-led.

- The practice had a mission statement but not all staff were aware of this and their responsibilities in relation to it. There were several managers but some of their roles were not clearly defined.
- The practice had a number of policies and procedures, but not all of these were practice specific. Some were sparse in content and therefore did not give good guidance and most were undated.
- The practice had a small patient participation group (PPG), but no meeting had been held since February 2014. They were trying to form an active group but said there were difficulties.

Inadequate



Summary of findings

- Staff attended regular practice meetings. Most had annual performance reviews although these did not have much input from their line manager.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for the care of older people. The practice was rated as inadequate for safe, effective, responsive and well-led care, and as requires improvement for the caring domain. The concerns which led to these ratings apply to everyone using this practice, including this population group. There were however some examples of good practice.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below average. For example performance for dementia related indicators was below the clinical commissioning group (CCG) and national average. The practice achieved 76.9%, the CCG average was 90.4% and the national average was 94.5%.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was comparable to the CCG and national averages.
- Longer appointments and home visits were available for older people when needed.
- Patients over the age of 75 were offered a health check.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long term conditions. The practice was rated as inadequate for safe, effective, responsive and well-led care, and as requires improvement for the caring domain. The concerns which led to these ratings apply to everyone using this practice, including this population group. There were however some examples of good practice.

- The practice nurse had the lead role in chronic disease management. However, they worked 20 hours a week and had informed their line manager they felt patients were being rushed due to a lack of time. Following the inspection the practice informed us the nursing hours were increasing.
- Longer appointments and home visits were available when needed.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were below average. For example performance for diabetes related indicators was below the clinical commissioning group (CCG) and national average. The practice achieved 58.1%, the CCG average was 81.8% and the national average was 89.2%.

Inadequate



Summary of findings

Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. The practice was rated as inadequate for safe, effective, responsive and well-led care, and as requires improvement for the caring domain. The concerns which led to these ratings apply to everyone using this practice, including this population group.

- Immunisation rates for the standard childhood immunisations were slightly below the clinical commissioning group (CCG) average.
- Staff told us that children and young people were treated in an age-appropriate way. However, not all relevant staff were aware of the Gillick Competencies.
- Appointments were available outside of school hours.
- Not all staff had up to date training in safeguarding children.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The practice was rated as inadequate for safe, effective, responsive and well-led care, and as requires improvement for the caring domain. The concerns which led to these ratings apply to everyone using this practice, including this population group. There were however some examples of good practice.

- The practice offered extended opening for appointments until 8.30pm twice a week.
- Health promotion advice was offered and health checks were available for 40-74 year olds.
- Appointments could be made on-line.

Inadequate



People whose circumstances may make them vulnerable

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice was rated as inadequate for safe, effective, responsive and well-led care, and as requires improvement for the caring domain. The concerns which led to these ratings apply to everyone using this practice, including this population group. There were however some examples of good practice.

- The practice held a register of patients with a learning disability.
- The practice had monthly multi-disciplinary team meetings where the specific care of patients with complex needs was discussed.

Inadequate



Summary of findings

- Not all staff had received training in safeguarding vulnerable adults, and there was no practice specific safeguarding adults' policy.
- When a decision had been made to make a safeguarding referral, action was not taken for five working days.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice was rated as inadequate for safe, effective, responsive and well-led care, and as requires improvement for the caring domain. The concerns which led to these ratings apply to everyone using this practice, including this population group.

- Nationally reported data showed that outcomes for patients with mental health conditions. For example Quality Outcome Framework (QOF) performance for mental health related indicators was below the clinical commissioning group (CCG) and national average. The practice achieved 76.9%, the CCG average was 91.7% and the national average was 92.8%.
- The practice worked with multi-disciplinary teams in the case management of people with complex needs.
- It had a system in place to follow up patients who had attended accident and emergency including they may have been experiencing poor mental health.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2015. The results showed the practice was performing below local and national averages. 461 survey forms were distributed and 75 were returned. This represented 1.1% of the patient population.

- 21% found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 70% and a national average of 73%.
- 67% found the receptionists at this surgery helpful (CCG average 87%, national average 87%).
- 48% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 69% said the last appointment they got was convenient (CCG average 91%, national average 92%).

- 41% described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 27% usually waited 15 minutes or less after their appointment time to be seen (CCG average 71%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 completed CQC comment cards which were mainly positive about the standard of care received. However, six patients commented about having difficulty accessing appointments and two patients stated it was difficult to get through to the practice on the telephone.

We spoke with three patients during the inspection. They said that they were happy with the care they received and thought that staff were approachable, committed and caring. Two mentioned it could be difficult to access appointments but they were usually offered an appointment in an emergency.

Areas for improvement

Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate, for example when staff perform chaperone duties.
- Ensure quality improvement activity is in place to improve clinical outcomes.
- Ensure there are adequate arrangements in place for safeguarding adults and children. This must include appropriate staff training and ensuring safeguarding referrals are made in a timely manner.
- Ensure policies in place are specific to the practice, dated, and include a review date.

- Ensure safety checks, such as on emergency medicines boxes, are accurately carried out.
- Ensure the complaints policy contains all the required information, complaints are responded to giving the required information, and that patients are not discouraged from making complaints.

Action the service **SHOULD** take to improve

- Monitor staff training to make sure mandatory and other training is up to date.
- Provide training to all appropriate staff on consent, including consent for patients under the age of 16 and for patients with learning disabilities.

Dr Mohua Chowdhury

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Mohua Chowdhury

Dr Mohua Chowdhury (also known as The Chowdhury Practice) is located on the first floor of a health centre in Oldham Town Centre. There are other GP practices located in the same building. The practice is fully accessible to those with mobility difficulties. There is a car park next to the building.

There is one female GP and a team of locum GPs working at the practice. There are six regular locum GPs, all male, and agency locums are very rarely used. There is a practice nurse, a healthcare assistant and two healthcare support workers. There is also a practice manager, a business manager, and an assistant practice manager supported by several administrative and reception staff.

The practice and the telephone lines are open:

Monday and Tuesday 8am – 7.30pm

Wednesday to Friday 8am – 6.30pm.

GP appointments are available throughout the day:

Monday and Tuesday 9am – 8.30pm

Wednesday to Friday 9am – 6.30pm.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection 6617 patients were registered.

The practice has a high level of patients who do not speak English as a first language; 88% of patients are Bangladeshi. The GP and all except one of the locum GPs speak second languages, mostly Bengali, and most reception staff also speak second languages. The practice is in an area of high deprivation. They have a young practice population and they have a high number of larger young families.

The practice has opted out of providing out-of-hours services to their patients. This service is provided by a registered out of hours provider, Go to Doc.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 November 2015. During our visit we:

- Spoke with a range of staff including the GP, a locum GP, a healthcare support worker, the practice manager and reception staff. The practice nurse was not available on the day of our inspection.
- Spoke with three patients.
- Observed patients at the reception desk.
- Reviewed CQC comment cards where patients and members of the public shared their views and experiences of the service.'

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?

- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services 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.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events, but this was not always effective.

- Some staff told us they would complete a form and give it to the practice manager if an incident needed to be reported. Other more senior staff were unaware of the process, stating they had not yet been involved in any significant events.
- The practice looked at individual significant events and made changes to practice if they thought it was needed. These were not analysed at a later date to ensure they had not been repeated. For example, following an incident where a fridge had been unplugged a decision was made to put a notice next to each fridge stating they must not be unplugged. We saw this was not in place for all medicine fridges in the practice.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. These were shared with staff.

Overview of safety systems and processes

The practice did not have defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. For example:

- There were inadequate arrangements for safeguarding children and vulnerable adults. The practice had a safeguarding children and young people document, but this was not dated. It contained general safeguarding information and stated all staff must have a Criminal Records Bureau (CRB) check. The CRB became the Disclosure and Barring Service (DBS) in December 2012. It stated all staff would have a face to face interview, two references would be followed up, and any gaps in employment would be reviewed. It also stated all staff would have training and this would be repeated at least every three years. The practice had a safeguarding adults' policy relating to Oldham Adult Safeguarding Board but this was not practice specific. The training records we saw showed that not all staff had been trained in safeguarding children or adults, and the safeguarding children training for some staff took place over three years ago. The recruitment requirements stated in the policy had not taken place when new staff

had been recruited. We saw a decision had been made to refer a safeguarding case but the referral did not take place until five working days following the decision being made. The provider was unable to explain why there was a delay in making the referral.

- The practice had a chaperone policy for patients and staff. This was not dated. The policy stated it was good practice for staff to be trained, and also stated patients could use family members as chaperones. A notice in the waiting room and consultation rooms advised patients that they could request a chaperone. We saw that some staff had completed on-line training in chaperoning. The practice manager told us that reception staff did not chaperone as they had not had a DBS check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, reception staff stated they did perform chaperone duties, and DBS checks had not been carried out. Some DBS checks had been requested but had not been returned.
- Cleaning of the practice was arranged by the building managers and we saw appropriate standards of hygiene and cleanliness were maintained. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. We saw no evidence that they had received any training in the prevention and control of infection. The practice had a policy for minor operating procedures but there was no practice specific infection control policy. All staff received hand washing training, carried out by the practice nurse, and some staff had completed on-line infection control training. An infection control audit had been carried out in November 2015. A score of 91% had been given to the practice, and 85% for minor surgery. An action plan was being put in place to address the areas where improvements could be made.
- There were arrangements for managing medicines, including emergency drugs and vaccinations, in the practice to keep patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local clinical commissioning group

Are services safe?

(CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- We saw that fridge temperatures were checked daily and a record was kept of these. A notice on the front of the fridge gave instructions to follow if the temperature went outside the safe range. We saw that some medicines prescribed to patients were kept in the vaccine fridge. These had been dispensed by the pharmacy in September 2015. There was an injection device for the treatment of hypoglycaemia in insulin dependent diabetics, and this had expired in August 2015. Placebo inhalers used as demonstrators for patients were also past their expiry date, one by over five years.
- The practice had a recruitment policy that was undated. This stated references should be followed up before a recruitment decision was made, and if these were by telephone the conversation should be noted. The policy did not mention the need to confirm an applicant's work history, identity, or the need for DBS checks. We reviewed the personnel files of eight staff members and six locum GPs. In the eight staff files we saw, including two staff members recruited during 2015, evidence of identity was held in the form of their NHS computer access card. The two most recently recruited staff members had provided a CV but these did not include a full work history. Other staff files contained CVs but it was unclear when these had been completed as their employment with Dr Mohua Chowdhury was included. We saw no evidence of references being sought. Other than in the file for the practice manager no staff member had a DBS check. These included the files for the practice nurse, healthcare assistant and the healthcare support workers. The practice manager told us they had been requested recently but not yet returned. They said they were sure there was a DBS check for the practice nurse but they did not know where this was. We saw meeting minutes from April 2015 stating that the practice manager was obtaining a price to have criminal records checks for the health care assistant and two healthcare support workers.
- The files for the locum GPs did not contain evidence they were registered with the appropriate body or evidence of current medical defence insurance. Most did

not contain evidence of identity and references had not been taken up for any of the locum GPs. There was no personnel file for the business manager who had worked at the practice for several years.

Monitoring risks to patients

Risks to patients were usually assessed and managed.

- There was a health and safety policy available with a poster in the reception office. The building management company had up to date fire risk assessments and carried out regular fire drills. Not all staff had been trained in fire safety. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- There was a rota system in place for the administrative and reception staff to ensure that enough staff were on duty. The GP employed regular locum GPs to manage the number of appointments that were required. However, some patients told us appointments were difficult to access. We saw that although acute appointments were managed appointments to manage long term conditions were difficult to access. It had been acknowledged that more nursing hours were required (the nurse worked 20 hours a week) and this was due to increase to 30 hours a week soon after our inspection.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received basic life support training. The usual trainer was not available to provide the updated training that was due, so the practice manager was sourcing another trainer.
- Emergency medicines were available in the GP's room, and notices in other consultation rooms indicated where they were kept. Emergency medicines were appropriate but there was no water included in the kit; this was required to make Penicillin from a powder form into an injectable liquid. We saw the emergency adrenalin kit in the practice nurse's room. This contained some needles that had been removed from

Are services safe?

their packaging, and some that were past their expiry date. A syringe also had an expiry date of October 2010. The emergency box had been noted as being checked on 16 November 2015.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. These were kept behind the reception desk and were available for all practices working on the same floor of the building. They were checked weekly to ensure they were available and ready for use.

The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The building management company were usually responsible for putting plans in place in the case of an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. The GP met each day with the locums working that day for an informal discussion to update staff. A file of NICE guidance was kept that staff could refer to. They were not formally disseminated to other staff including the practice nurse. The GP stated the practice nurse went on courses to receive updates.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results (for 2014-15) were 81.4% of the total number of points available. This was below the clinical commissioning group (CCG) average of 92.6% and the national average of 93.5%. There was 4% exception reporting. Exception reporting ensures that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

The practice was an outlier for a diabetic QOF indicator. They stated this was due to the diet and poor compliance of patients when managing their condition. They also stated that some diabetic guidance was only available in English, and many of their patients did not speak English as a first language. In addition, they stated a high percentage of their patients were illiterate in their own language. The practice had not found a solution for this and had not approached other agencies in the area who may have been able to offer support. The practice was also an outlier for Coronary Heart Disease (CHD) prevalence, and they stated they were performing NHS health checks as a way to identify patients who may have CHD.

Data from 2014-15 showed;

- Performance for diabetes related indicators was worse than the CCG and national average. The practice achieved 58.1%, the CCG average was 81.8% and the national average was 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was worse than the CCG and national average. The practice achieved 73.8%, the CCG average was 79.2% and the national average was 80.4%.
- Performance for mental health related indicators was worse than the CCG and national average. The practice achieved 76.9%, the CCG average was 91.7% and the national average was 92.8%.
- Performance for dementia related indicators was below the CCG and national average. The practice achieved 76.9%, the CCG average was 90.4% and the national average was 94.5%.

Clinical audits were not used to demonstrate quality improvement. The practice carried out checks where data had been considered but these had not been repeated to check improvements had been made. The CCG carried out medicine and prescribing audits.

Effective staffing

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

- The GP and practice manager told us staff received induction training but we did not see evidence of this in their personnel files. Most staff had worked at the practice for several years. Training information was kept in individual staff personnel files and the majority of this was e-learning. The practice manager did not keep an overall record of staff training. A locum pack was available to give guidance to the locum GPs at the practice. Most information in the pack was relevant but the prescribing policy was from 2008 and some of that information was out of date.
- The practice encouraged staff to access training but this was not monitored. The practice nurse had received some updated clinical training, such as for immunisations and the healthcare support workers had been trained in venipuncture. The healthcare assistant had been trained in obtaining blood samples in 2009, and in non-clinical immunisations in 2008, but there

Are services effective?

(for example, treatment is effective)

had been no updated training. Their contract stated that although they had been employed as a receptionist since 2007 their healthcare assistant duties did not start until 2014. The practice nurse ran a travel health clinic but we saw no evidence they had received training in travel health.

- Most staff had an annual appraisal with the practice manager. The majority of each appraisal record was a self-assessment and comments by the staff member. The practice manager had had an appraisal but it was not noted who carried this out and had very little input from the appraiser. The staff we spoke with told us they were well supported at work and were able to request any additional training they required.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff and accessible through the practice's patient record system and their intranet 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.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range of people's needs and to assess and plan ongoing care and treatment. This included monthly multi-disciplinary team meetings held at the practice. District and community nurses, learning disability nurses, asthma nurses and palliative care specialists were among those who attended these meetings. Minutes were kept of these meetings and the on-going care of patients with complex needs was discussed.

Consent to care and treatment

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

- The GPs we spoke with 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, GPs carried out assessments of capacity to consent in line with relevant guidance. The healthcare support worker we spoke with was unaware of the Gillick Competency but stated their role did not involve seeing patients under the age of 16. The 'Gillick Test' helps clinicians to identify children aged under 16 who have the legal capacity to consent to medical examination and treatment.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The healthcare support worker we spoke with did not have an awareness of mental capacity and stated they would refer patients with a learning disability to the GP.
- Practice meeting minutes of 26 May 2015 stated that if GPs needed interpreters patients must bring a relative or make a further appointment when an interpreter had been arranged. They stated reception staff were not to interpret. However, consideration had not been given to whether it was always appropriate for family members to interpret with regard to being assured patients had given their consent to care or treatment.

Health promotion and prevention

The practice identified some patients who may be in need of extra support. These included patients in the last 12 months of their lives and those with a learning disability. They did not formally identify patients with caring responsibilities.

- A weight management and smoking cessation service was available in the same building as the practice.
- The practice nurse held a travel health clinic. We did not see evidence that the nurse had received travel health training.
- Patients who required counselling were referred to another service in the area.

The practice's uptake for the cervical screening programme was 75%, which was slightly below the CCG and national average of 81.8%. We were unable to speak with the practice nurse regarding reminders for patients who did not attend appointments but the practice manager told us they would liaise with the practice nurse following our inspection to ensure patients were appropriately recalled.

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were slightly below the CCG average. Childhood immunisation rates for the vaccinations given to under two year olds ranged from 67.2% to 70.1% and five year olds from 55.2% to 73.9%. Flu vaccination rates for the over 65s and at risk groups were comparable to the CCG 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. Patients over the age of 75 were also invited for a health check. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity 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.

The 29 CQC comment cards we received were mainly positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and listened to them.

The most recent national GP patient survey results, published in July 2015, showed the practice was below average for its satisfaction scores on consultations with doctors and nurses. For this survey 461 surveys were sent out, with 75 being returned. The completion rate was therefore 16% and this represented 1.1% of patients registered with the practice. The practice told us they were not aware of the scores and therefore no plans were in place to address them.

The results were:

- 72% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and national average of 89%.
- 68% said the GP gave them enough time (CCG average 86%, national average 87%).
- 86% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 67% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).

- 72% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 67% said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

The Friends and Family Test results showed most patients were 'extremely likely' or 'likely' to recommend the practice.

Care planning and involvement in decisions about care and treatment

Patients told us that 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 showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment. The practice was not aware of this and therefore had no improvement plans in place. Results were below 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 85% and national average of 86%.
- 67% said the last GP they saw was good at involving them in decisions about their care (CCG average 81%, national average 81%)

GPs, healthcare support workers and reception staff were able to speak several languages. Although a high number of patients did not speak English as their first language the GP was usually able to speak with them in the language they understood. Translation services were available for the small number of patients who spoke the languages staff could not speak. Notices and leaflets were only available in English. However, the GP stated that the majority of patients who did not speak English as a first language were also illiterate in their own language.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Leaflets in the patient waiting room and displayed on corridors told patients how to access a number of support groups and organisations.

The practice did not formally identify or record if a patient had caring responsibilities. The GP told us they were informally aware of patients' family circumstances.

The practice manager gave vulnerable patients their direct telephone number so if they had particular issues they

could contact them. They had found that due to language difficulties some patients found it difficult to access other services and at times help from the practice was instrumental in other aspects of a patients' healthcare. The practice manager told us their patient population often made appointments to seek reassurance and not because they were ill.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Although the practice reviewed the needs of its local population it did not make changes that would be helpful when certain needs were identified.

- The practice was open for GP appointments until 8.30pm twice a week to make it easier for working patients who could not attend during normal opening hours.
- The majority of patients did not speak English as a first language. However most of the GPs spoke a language patients understood, and most reception staff were also bi-lingual.
- Written information was not available in the language the majority of patients spoke.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients when required.
- Same day appointments were available for children and those with serious medical conditions.
- It was practice policy to telephone parents and remind them of baby clinic appointments the day before each appointment. The importance of checks and vaccinations was explained to them.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8am and 7.30pm on Monday and Tuesday, and between 8am and 6.30pm on Wednesday to Friday. GP appointments were available throughout the day between 9am and 8.30pm Monday and Tuesday, and between 9am and 6.30pm Wednesday to Friday. In addition to pre-bookable appointments urgent appointments were also available for people that needed them. Appointments could be accessed via an on-line system.

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

- 63% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% and national average of 75%.

- 21% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 41% patients described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 27% patients said they usually waited 15 minutes or less after their appointment time (CCG average 71%, national average 65%).

The patients we spoke with told us that urgent appointments were usually available. CQC comments cards completed by patients showed some patients had difficulty accessing appointments. We checked the availability of appointments at 2.45pm on the day of our inspection. At that time emergency appointments were available for that afternoon, and the next available pre-bookable appointment was 4 December 2015, which was in 11 working days' time.

We saw that although acute appointments were managed appointments to manage long term conditions were difficult to access. It had been acknowledged that more nursing hours were required (the nurse worked 20 hours a week) and this was due to increase to 30 hours a week soon after our inspection.

Listening and learning from concerns and complaints

The practice did not have an effective system in place for handling complaints and concerns.

- The practice had a complaints policy for patients. This was undated and was a guide for patients regarding how to make a complaint. The document did not give information about patients being able to contact the Parliamentary and Health Service Ombudsman (PHSO) if they were unhappy with the way their complaint had been dealt with. The information was only available in English although a high percentage of patients spoke Bengali.
- There was a designated responsible person who handled all complaints in the practice.
- Patients were able to request a complaints form from the reception desk. However, we saw minutes from the practice meeting held on 26 May 2015. This stated that when a patient wanted to make a complaint staff must make every effort to diffuse the situation rather than

Are services responsive to people's needs? (for example, to feedback?)

give a complaints form. The practice informed us the minutes did not represent the actual conversation, and staff had been encouraged to listen to patients' concerns and not just hand out a complaints form.

We looked at the one complaint that had been made in the previous 12 months. A response in writing was made to the complaint but no information about the PHSO was provided in case the complainant was not satisfied with the response.

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 had a mission statement which was available on the website. However, not all the staff we spoke with were aware of this.
- The practice had policies in place. Some of these were not practice specific, for example the safeguarding adults' policy was for the Oldham area. Most of the policies we saw were not dated, with no indication of a review date. The practice manager told us policies were updated by overwriting them on the computer and a record of past policies was not kept.

Governance arrangements

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

- The practice had an individual GP who was supported by locum GPs. There were several managers and support staff and their roles were not always clear. For example, there was no personnel file or job description for the business manager, who was off sick at the time of our inspection. The assistant practice manager told us they did not assist the manager but had been given the task of managing the holiday rota.
- Policies were not always practice specific and were often undated, so it was difficult to know if information and guidance was up to date.
- Not all staff had an understanding of the performance of the practice. Managers were not aware of the national GP patient survey results and were not aware they could respond to comments on NHS Choices.
- There was no programme of continuous clinical and internal audit used to monitor quality and to make improvements.

Leadership, openness and transparency

The GP attended the practice daily Monday to Friday and feedback from staff about them was positive.

The provider complied with the requirements of the Duty of Candour. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. They did not keep written records of verbal interactions as well as written correspondence.

There was a leadership structure in place and staff felt supported by management. However, the role of some managers was unclear.

- Staff told us that the practice held regular team meetings, and we saw minutes to support this.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings.
- Staff said they felt respected, valued and supported at work.

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

The practice had previously encouraged feedback from some patients. It did not currently proactively seek patients' feedback and engage patients in the delivery of the service.

- The practice had previously tried to start a patient participation group (PPG). We saw that a meeting had been held in February 2013 where five patients attended and in February 2014 where three patients attended. The practice told us that patients were asked what the practice could do better, but patients tended to focus on their personal medical concerns. The practice said they were trying to start the group up again but found patients did not want to attend meetings due to communication problems, family circumstances or the job they did.
- The practice was pleased with their Friends and Family Survey results. They stated that negative comments had been in relation to the telephone system which they were unable to change due to their contract in the building. They had more staff available at busier times.
- The provider was unaware of the national GP patient survey results and there was no action plan in place.
- The practice told us that 88% of their patients were Bangladeshi, many of these did not speak English as a first language and many were illiterate in their own language. There was no system in place to seek

Are services well-led?

Inadequate 

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

feedback from these patients, who made up a high proportion of the practice population. There was no system to engage these patients in the delivery of the service.

- Patients were not encouraged to raise complaints and staff had been told to diffuse situations rather than give a patient a complaint form.

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	<p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>We found that the registered person did not have a practice specific safeguarding vulnerable adults' policy in place. Not all staff had received training in safeguarding children or vulnerable adults. When a safeguarding concern was identified the provider did not take action in a timely manner.</p> <p>This was in breach of Regulation 13(1)(2)(3) of the Health and Social Care Act 2008 (RA) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints</p> <p>We found that the registered person did not include full information in their complaints policy. Information about how to complain was not available in a format easily understood by most of the practice population. Responses to complaints did not contain the required information. Patients were discouraged from making formal complaints.</p> <p>This was in breach of Regulation 16(1)(2) of the Health and Social Care Act 2008 (RA) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the registered person did not have all the required practice specific policies and procedures, and those held were not always dated. The practice did not</p>

This section is primarily information for the provider

Requirement notices

complete clinical audit cycles as a way to improve patient care and implement change. Accurate safety checks were not carried out on emergency medicines kept in the practice.

This was in breach of Regulation 17(1)(2)(a)(b) of the Health and Social Care Act 2008 (RA) Regulations 2014

Regulated activity

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

Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

We found that the registered person did not operate a robust recruitment system. The information required in Schedule 3 was not held for all staff and Disclosure and Barring Service (DBS) checks had not been carried out for all appropriate staff. The current registration status of locum GPs had not been checked.

This was in breach of Regulation 19(1)(a)(2)(4) of the Health and Social Care Act 2008 (RA) Regulations 2014