

Dr Abubakr Shaikh

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?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Abubakr Shaikh	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Abubakr Shaikh on 31 March 2016. This was to follow up a comprehensive inspection we carried out on 5 November 2014 where we found the practice was not meeting the essential standards of quality and safety in a number of areas and overall was rated as requires improvement. The practice had made improvements in some areas but had not addressed sufficiently concerns identified at our previous inspection and we identified additional concerns at our latest inspection. Overall the practice is rated as inadequate.

Specifically, we found the practice to be inadequate for providing safe and effective services, requires improvement for providing well-led services and good for providing caring and responsive services.

The concerns which led to a rating of inadequate in safe and effective services, apply to all population groups using the practice. Therefore, all population groups have been rated as inadequate.

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

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. There were continuing deficiencies in the systems for infection control, medicines management, emergency and electrical equipment and the assessment and management of risk to ensure the safety of premises and equipment.
- There were continuing shortcomings in the practice's recruitment processes, especially evidence of pre-employment reference checks.
- Data showed some patient outcomes were low compared to the national average.
- There were continuing gaps in staff training, particularly in relation to ongoing clinical update training for nurses in key areas.
- Although several clinical audits had been carried out, none were completed full cycle audits used to drive quality improvements to patient outcomes.

Summary of findings

- There was an effective system in place for reporting and recording significant events. Patients were positive about their interactions with staff and said they were treated with compassion, dignity and respect.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had a number of policies and procedures to govern activity, but some were in need of further review to ensure they were tailored specifically to the practice in all aspects.
- The practice had an informal governance structure led by the GP. Staff we spoke with were aware of their own roles and responsibilities and felt supported by management.
- The provider was not fully aware of the requirements of the duty of candour. However, the GP encouraged a culture of openness and honesty.

The areas where the provider must make improvements are:

- Ensure care and treatment is provided in a safe way, through improvements in the safety of infection control processes, medicines management and storage, emergency and electrical equipment and the assessment and management of risk to ensure the safety of premises and equipment.
- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure gaps in staff training are addressed, particularly in relation to ongoing clinical update training for nurses in key areas and the completion of and recording of the induction process for new staff.
- Ensure there are appropriate arrangements in place to assess and monitor risk and improve the quality and safety of the services provided including:
 - taking and recording action in all cases following referrals and diagnostic tests;
 - securing improved outcomes for patients with long term conditions and those experiencing poor mental health; and

- implementing a programme of quality improvement including the completion of audits and re-audits to ensure improvements have been achieved.

In addition the provider should:

- Arrange for all staff to complete training in safeguarding of vulnerable adults. Update the practice's policy on safeguarding of vulnerable adults to include details of local agencies to contact for further guidance if staff have concerns about a patient's welfare.
- Place a notice in the reception area informing patients a translation service was available.
- Review practice policies and procedures further to ensure that where model policies have been obtained from external sources these are tailored specifically to the practice in all aspects.
- Communicate the practice vision and mission statement to all staff and arrange for these to be on display at the practice for patients and staff.
- Ensure full awareness within the practice of the requirements of the duty of candour.

I am placing this service in special measures. Services 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 service 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 remove this location or cancel the provider's registration.

Special measures will give people who use the service 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. It had not addressed sufficiently concerns identified at our previous inspection and additional concerns were identified at our recent follow up inspection:

Patients were at risk of harm because systems and processes were not implemented in a way to keep them safe.

- There were gaps in staff training in safeguarding of vulnerable adults.
- There were continuing shortcomings in the practice's infection control arrangements.
- Medicines management arrangements were not sufficiently robust, in particular with regard to prescription monitoring and the absence of Patient Group Directions (PGDs) to allow the practice nurses to administer medicines in line with legislation.
- There were continuing deficiencies in recruitment processes, especially evidence of pre-employment reference checks.
- Risks to patients were not sufficiently assessed and managed.
- The action plan for a comprehensive health and safety risk assessment dated January 2015 had not been implemented, including several actions which had been rated for early action.
- Action to address compliance measures identified in an external assessment of the risk of Legionella, completed in September 2015 was outstanding.
- A fire risk assessment, regular fire alarm testing and fire evacuation drills had still not been completed. There had been no servicing of the emergency lighting; and there was only one fire extinguisher, last tested in 2001.
- There had been no recent servicing of the gas boiler and PAT testing still had not been carried out.
- The arrangements for dealing with medical emergencies did not meet national guidance.
- Emergency equipment and medicines were now stored in an accessible cupboard in the reception area but the cupboard was not locked and no risk assessment had been completed for this.
- Chest pads for the defibrillator were not kept in the emergency kit.
- Oxygen was now available but there were no packaged child or adult masks in the oxygen kit.
- The details of essential contacts in the practice's business continuity plan still had not been completed

Inadequate



Summary of findings

Staff resources were marginal in relation to patient demand for services. However, the provider had appointed a part-time female GP and arrangements were in hand to recruit an additional part-time nurse and to replace the recently resigned practice secretary and a receptionist.

Are services effective?

The practice is rated as inadequate for providing effective services and improvements must be made. It had not addressed sufficiently concerns identified at our previous inspection and additional concerns were identified at our recent follow up inspection:

- Data showed a number of patient outcomes were low compared to the national average. For example for indicators related to cancer, diabetes, dementia, depression and osteoporosis.
- There was evidence from our previous inspection that clinical audit had been used to drive quality improvement in patient outcomes. However, none of the audits submitted for our latest inspection were completed second cycle audits to provide evidence of such improvement.
- There had been improvements in staff training since our previous inspection. However, there were still gaps in training, particularly in relation to ongoing clinical update training for nurses in key areas and evidence of the completion of induction for new staff.
- In some patient records we reviewed it was not evident the GP had acted on issues requiring follow up after referrals to other services and diagnostic tests.

Inadequate



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- 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 available was easy to understand and accessible. However, there was limited information in the practice waiting area signposting patients to local support services.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



Summary of findings

- The GP reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, through participation in the local Whole Systems Integrated Care (WSIC) scheme.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- The practice facilities and equipment were deficient in some respects. Some patients we spoke with felt the practice environment could be improved.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

The practice is rated as requires improvement for providing well-led services, as there are areas where improvements should be made.

- The practice had a vision and a mission statement but not all staff were aware of this and they were not on display for patients or staff at the practice.
- The practice had an informal governance structure led by the GP. Staff were aware of their own roles and responsibilities and most staff felt supported by management.
- The practice had a number of policies and procedures to govern activity. Some of these had been reviewed to ensure they were up to date and relevant. However, since our previous inspection there were still many examples where model policies had been obtained from external sources which had not been tailored specifically to the practice in all aspects.
- The provider was not fully aware of the requirements of the duty of candour. However, the GP encouraged a culture of openness and honesty.
- There were continuing deficiencies in the arrangements for identifying, recording and managing risks and issues and implementing mitigating actions, particularly in relation to infection control, health and safety and fire safety.

Requires improvement



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 provider is rated as inadequate for safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed. For example QOF performance was significantly below CCG and national averages for dementia and osteoporosis.
- The practice used a risk stratification tool approved by the CCG to support practices in case managing their high risk patients, for example in relation to unplanned hospital admissions.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were available to patients who needed them.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. The provider is rated as inadequate for safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- Longer appointments and home visits were available when needed.
- Performance for diabetes related QOF indicators was worse than the CCG and national averages. Performance for Coronary heart disease was also below average.
- Flu and pneumococcal vaccinations were offered to patients in at risk groups, including patients with long term conditions.

Inadequate



Families, children and young people

The practice is rated as inadequate for families, children and young people. The provider is rated as inadequate for safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

Inadequate



Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- Family planning was provided at the practice, including contraceptive advice on all forms of contraception, fitting and removal of coils and implants and advice and treatment on sexual health.
- The practice's uptake for the cervical screening programme for 2014/15 was 82%, which was comparable to the national average of 82%.

Working age people (including those recently retired and students)

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

- The practice offered online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours on Monday evening and on Saturday morning, particularly for working people who cannot attend the surgery during normal surgery hours on weekdays
- Health promotion advice was offered, including advice on diet and smoking cessation, although there was limited accessible health promotion material available at the practice.

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 provider is rated as inadequate for safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- The practice had a register of people with learning disabilities but had not set up similar registers for other vulnerable groups.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice carried out annual health checks for people with a learning disability.

Inadequate



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children and the process to follow in the event of any safeguarding concerns. However, only the GP had had completed formal training in safeguarding of vulnerable adults. There were no information in the practice's policy for safeguarding of vulnerable adults about details of local agencies to contact for further guidance if staff had concerns about a patient's welfare. However, staff had access to contact information on the desktop of their computers.

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider is rated as inadequate for safe and effective services. The concerns which led to these ratings apply to everyone using the practice, including this population group. There were, however, examples of good practice.

- All mental health patients were identified on the practice's computer system and were offered a full annual health check.
- The practice's 2014/15 QOF performance showed no patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months. This was significantly below the national average. The GP had recently taken action in seeking to improve performance in this area but to date only three patients had been identified with dementia and had had their care reviewed.
- Performance for QOF mental health related indicators overall was similar to the CCG and national average. However, performance in the related mental health indicator for depression was significantly below CCG and national averages.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Not all staff had received training on how to care for people with mental health needs.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line with, and in some areas, above local and national averages. Three hundred and eighty seven survey forms were distributed and 79 were returned. This represented a response rate of 20% and just over 4% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 84% of patients described the overall experience of this GP practice as good compared to the national average of 85%).
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The majority of the 46 patient Care Quality Commission 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. Three of the cards contained less favourable comments, including queuing and waiting times when attending for appointments, a need for more doctor and nursing staff and improvement needed to the practice environment.

We spoke with seven patients during the inspection. The majority of patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One commented about the difficulty in maintaining confidentiality in the waiting area and that whilst the practice was clean the environment could be improved.

Dr Abubakr Shaikh

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Abubakr Shaikh

Dr Abubakr Shaikh is an individual GP who provides primary medical services through a General Medical Services (GMS) contract at the Peel Precinct Surgery to around 1850 patients in the Kilburn area of Brent in North West London. This is the only location operated by this provider. The practice serves a multi-ethnic mix of population who have varied socio-cultural and religious needs. The majority of patients are from a relatively young population group with above national average numbers in the 0-14, 30-49 years age ranges.

The GP is supported by a team of two part time practice nurses (0.5 whole time equivalent (WTE)), and four part time receptionists (1.2 WTE). In the week following the inspection a part time female GP commenced work at the practice providing two sessions per week. The GP was also making arrangements to recruit a practice secretary and another receptionist to replace staff who had recently left the practice and to recruit an additional part-time nurse.

The provider informed us of local plans for building a new health centre which they would move to although this is not expected to be completed until 2017/18.

The practice is open and appointments are available Monday to Friday 8.30am to 11.00am, Monday 4.00pm to

7.00pm, Tuesday, Thursday and Friday 4.00pm to 6.30 pm and Saturday 9.00am to 11.00am. Extended hours appointments are offered on Monday 6.30pm to 7.00pm and Saturday 9.00 to 11.00am. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that need them.

There are also arrangements to ensure patients receive urgent medical assistance when the practice is closed. Out of hours services are provided by a local provider. Patients are advised of the number to call to receive telephone advice or if necessary a home visit.

The inspection was carried out to follow up a comprehensive inspection we carried on 5 November 2014 when we found the practice was not meeting the fundamental standards of quality and safety for:

- Procedures and equipment for dealing with medical emergencies
- Cleanliness and infection control
- Safety and suitability of premises and equipment
- Staff recruitment
- Staff training and appraisal

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 31 March 2016. During our visit we:

- Spoke with a range of staff (the GP, a part-time practice nurse and two part-time receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the GP of any incidents and there was a recording form available on the practice's computer system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that since our inspection of 5 November 2014 the practice had taken action to ensure the communication of lessons learned was now recorded in practice meeting minutes. Lessons were shared and action was taken to improve safety in the practice. For example, following an incident where an acutely unwell patient arrived at the practice, the GP advised staff that, if for any reason, he was not present in the surgery and such a patient arrived in the surgery they should immediately call an ambulance for them to be taken to the nearest A&E Department.

Overview of safety systems and processes

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policy in relation to children clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Equivalent information was not included in the policy in relation to vulnerable adults but staff had ready access to contact information on the desktop of their computers. The GP was the lead member of staff for

safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities on safeguarding children and vulnerable adults. Apart from one recently recruited receptionist, they had all received training relevant to their role in child protection. The GP was trained to child protection level 3 and the nurses to level 2. However, in response to action we identified the practice should take at our inspection of 5 November 2014 to arrange for all staff to be trained in safeguarding of vulnerable adults, only the GP had received such training.

- The practice had a chaperone policy but had not taken action to communicate this to more clearly to patients, as identified at our inspection of 5 November 2014. All staff who acted as chaperones had received briefing for the role and had received a Disclosure and Barring Service (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). The GP told us recently recruited staff who had not yet been DBS checked would not be asked to act as chaperones until the check had been completed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However, the practice had not taken action we recommended at our previous inspection and there was still no cleaning schedule in place. The GP was the infection control clinical lead and there was an infection control policy in place and staff had received up to date training. The infection control policy had been updated, as recommended at our previous inspection but still contained references which indicated that it was a model policy, and was not tailored sufficiently to the practice. Annual infection control audits were undertaken and we saw evidence that action had been taken to address any improvements identified as a result. However, the latest audit was overdue as there had been no audit in 2015.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice were intended to keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, no record was kept of serial numbers of batch numbers to ensure full monitoring. None of the nurses were qualified as an Independent Prescriber to prescribe medicines for specific clinical conditions. Nurses administered a range of vaccinations to patients. However, Patient Group Directions (PGDs) had not been adopted by the practice to allow this, as required by legislation.

- At our previous inspection we said the practice must take action to ensure recruitment arrangements include all necessary employment checks for all staff. At our latest inspection we reviewed the personnel files of the three most recently recruited staff including two receptionists and GP. We found improvements in the documentation of pre-employment checks. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, the practice had not addressed fully concerns identified previously as no written references had been sought for the two most recently recruited receptionists.

Monitoring risks to patients

Risks to patients were not sufficiently assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. However, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. At our previous inspection we said the practice must take action to make improvements by arranging regular health and safety and fire risk assessments, fire alarm testing and fire evacuation drills to ensure the safety and suitability of the premises.
- At our latest inspection we found an external contractor had carried out a comprehensive health and safety risk assessment. The report was dated January 2015 but the provider had not implemented much of the action plan. This included several actions which had been identified for early action, such as health and safety training; an

asbestos survey; risk assessments required of general work tasks, display screen equipment (DSE), manual handling, hazardous substances (COSHH) and fire; insufficient testing and servicing of fire alarm and emergency lighting system; provision and maintenance of suitable fire-fighting equipment; and portable electrical appliance testing.

- As recommended at our previous inspection, a Legionella assessment had been completed in September 2015. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the practice had not yet implemented the action plan to address compliance issues identified.

Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. We saw there was a rota system in place to ensure that enough staff were on duty. There was also arrangements for members of staff, including nursing and administrative staff, to cover each other's annual and sick leave. Staff resources were marginal in relation to patient demand for services. However, the provider had appointed a part-time female GP and arrangements were in hand to recruit an additional part-time nurse and to replace a recently resigned practice secretary and a receptionist.

Arrangements to deal with emergencies and major incidents

There were deficiencies in the practice's arrangements in place to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and as recommended at our last inspection now had oxygen in place. However the chest pads for the defibrillator were not kept in the emergency kit and there were no sterile packaged adults and children's masks with the oxygen. A first aid kit and accident book were available.
- In response to action identified at our previous inspection, emergency equipment and medicines were now stored in an accessible cupboard in the reception area but the cupboard was not locked and no risk

Are services safe?

assessment had been completed for this. All staff knew of their location and all the medicines we checked were in date and the practice's own checks were now recorded.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. However, the practice had not completed the section of essential contacts as identified at our previous inspection.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice sought to assess needs and deliver 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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through audits and ongoing review of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and 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). However, the most recent published results were 85% of the total number of points available and showed low performance in several areas.

Data from 2014/15 showed:

- Performance for diabetes related indicators was worse than the national average. 63% compared to 89%.
- Performance for mental health related indicators was similar to the national average 89% compared to 93%.
- Performance for four other indicators was significantly below the national average:
 - Cancer: 46% compared to 98%
 - Dementia: 0% compared to 95%
 - Depression: 14% compared to 92%
 - Osteoporosis: 0% compared to 81%.

The GP told us he had taken action in seeking to improve QOF performance. For example, three patients had now been identified with dementia using a range of cognitive impairment assessment tools. The GP had also met with a local dementia care nurse and attended CCG meetings to

review approaches to dementia assessment and diagnosis. The GP was unable to explain the low performance for depression but suggested it may be related to having a higher than average transient young practice population.

The practice participated in local audits, national benchmarking, and peer review. At our previous inspection in November 2014 the practice provided evidence of completed clinical second cycle audits where quality improvements made were implemented and monitored. Before our latest inspection the practice submitted evidence of seven audits undertaken since April 2015. None of these were completed second cycle audits, although the GP told us that the second cycle was pending for three of them. For example, on the reporting of medicines safety incidents; diabetic patients on 'newer' hypoglycaemics (medicine used to lower glucose levels); and on ensuring appropriate prescribing of Proton Pump Inhibitors (used to suppress gastric acid).

Effective staffing

At our inspection in November 2014 we found arrangements were in place to ensure staff were competent to deliver effective care and treatment but there were some gaps in the training undertaken and not all staff had received a recent appraisal. At our latest inspection we saw there had been some improvement since the previous inspection but there were still deficiencies. Appraisals had now been completed but gaps in training were still evident:

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. However, there was no documentary evidence of the completion of induction for the two most recently recruited administrative staff.
- Staff had now received fire safety and basic life support training. However, no staff had received training in health and safety, and only the GP had completed formal training in safeguarding of vulnerable adults. Clinical staff had received up to date infection control training.

There was now some documentary evidence of ongoing clinical training completed by nursing staff, for example in administering vaccines. However, gaps identified at our previous inspection remained and there was still no evidence that the nurses had received recent update training in areas including the treatment of HIV, asthma,

Are services effective?

(for example, treatment is effective)

breast screening and cytology. The GP acknowledged this and told us he had identified a refresher course for experienced nurses and was also looking for relevant training in the clinical areas where gaps had been identified.

Coordinating patient care and information sharing

It was intended that information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and computer system. However, this was not always the case.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs.

In some patient records we reviewed it was not evident the GP had acted on issues requiring follow up. These included the administration of a vaccine following a hospital outpatient appointment and arranging a new referral for patient who had not attended three previous referrals. In 10 randomly sampled patient records we looked at, blood test results were acted upon and letters had been sent promptly, apart from one case where a blood test had been actioned as abnormal but there was no record of any letter to the patient following this up. The GP undertook to look into these issues immediately.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was evident in patient records.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and those in at risk groups including vulnerable children and adults, patients with learning disabilities and mental health problems. Patients were signposted to the relevant service. For example, patients identified as obese were given lifestyle advice and where appropriate referred to a local weight management programme and a community dietitian and in extreme cases to a consultant bariatric surgeon. 80% of those identified as obese had been offered support.

The practice's uptake for the cervical screening programme for 2014/15 was 82%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to and often above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 68% to 88% and five year olds from 44% to 91%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients (completed for 100% of eligible patients) and NHS health

Are services effective?

(for example, treatment is effective)

checks for patients aged 40–74 (completed for 67% of eligible patients). Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- A mobile screen was available for use 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; conversations taking place in these rooms could occasionally 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 majority of the 46 patient Care Quality Commission 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. Three of the cards contained less favourable comments, including queuing and waiting times when attending for appointments, a need for more doctor and nursing staff and improvement needed to the practice environment.

We spoke with six members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. 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 felt they were treated with compassion, dignity and respect. The practice was broadly in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 84% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 80% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language. There was no notice in the reception area informing patients this service was available. However, staff spoke many languages and told us the translation services were rarely needed.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

There was limited patient information leaflets and notices available in the patient waiting area which told patients how to access support groups and organisations. However, information about support groups was available on the practice website, for example bereavement and carers services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 152 patients as carers, eight percent of the patient list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the practice sought to meet the family's support needs and gave them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified, for example through participation in the local Whole Systems Integrated Care (WSIC) scheme. The scheme enabled the practice to provide person centred integrated care to at risk adults with complex health needs.

- The practice offered extended hours on Monday evening and on Saturday morning, particularly for working people who cannot attend the surgery during normal surgery hours on weekdays.
- There were longer appointments available for patients who needed them, including those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- The practice worked in partnership with hospital and community colleagues, district nurses, specialist nurses, social workers and other community workers to deliver a multidisciplinary package of care.
- Family planning was provided at the practice, including contraceptive advice on all forms of contraception, fitting and removal of coils and implants and advice and treatment on sexual health.
- All mental health patients were appropriately coded on the practice's computer system and were offered a full annual health checks. The GP told us mild to moderate cases were seen and treated at the practice; severe cases needing expert advice and treatment were referred to consultant psychiatrists

The practice was open and appointments were available Monday to Friday 8.30am to 11.00am, Monday 4.00pm to 7.00pm, Tuesday, Thursday and Friday 4.00pm to 6.30 pm and Saturday 9.00am to 11.00am. Extended hours appointments were offered on Monday 6.30pm to 7.00pm and Saturday 9.00 to 11.00am. In addition to pre-bookable appointments that could be booked in advance, urgent appointments were also available for people that needed them.

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

- 88% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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. There was a notice in reception about the practice's complaints procedure and an NHS leaflet explaining how complaints are handled in general within the NHS.

We looked at two written complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and demonstrated openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and in response to our previous inspection in November 2014 the communication of learning within the practice was recorded in the minutes of practice meetings. Action was

Access to the service

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

taken to as a result of complaints to improve the services provided. For example, following a complaint about a patient's removal from the register, the practice reviewed the decision and reinstated the patient on the register.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

The practice vision was set out in its statement of purpose.

- The practice had a mission statement which was also set out in its statement of purpose.
- Not all staff we spoke with were aware of the statement of purpose and the mission statement and practice vision were not on display for patients or staff at the practice. However, it was clear that patients were at the heart of the service the staff provided. The practice promoted and valued continuity of care and patient feedback largely confirmed this.

Governance arrangements

The practice had an informal governance structure led by the GP. There was no formal staffing structure but staff we spoke with were aware of their own roles and responsibilities

- In response to shortcomings identified at our previous inspection in November 2014, the practice had reviewed some policies and procedures to ensure they were up to date and relevant. However, at our latest inspection there were still many examples where model policies had been obtained from external sources which had not been tailored specifically to the practice in all aspects. For example, the policies on infection control, business continuity, recruitment and equal opportunities.
- The practice undertook clinical audits which it used to monitor quality. However, the practice had not completed the second cycle of audit to demonstrate improved patient outcomes for any of the seven clinical audits completed within the last year.
- The practice QOF performance was lower than average for a number of indicators but the practice was seeking to make improvements.
- There were deficiencies in the arrangements for identifying, recording and managing risks and issues and implementing mitigating actions. Since our previous inspection the practice had undergone comprehensive health and safety and legionella risk assessments by external contractors. However, the action plans from these assessments had not been implemented. In addition a fire risk assessment had still not been completed in response action we said the provider must take at our previous inspection.

Leadership and culture

Staff we spoke with told us the GP was approachable and took the time to listen to them.

The GP was not fully aware of the requirements of the duty of candour when we initially raised this but undertook to familiarise himself with this immediately following the inspection. The GP nevertheless encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave affected people reasonable support, truthful information and a verbal and written apology and kept records of written correspondence related to this.

There was an informal leadership structure in place and staff felt supported by the GP.

- Staff told us the practice held quarterly team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the GP. For example, the GP was making arrangements to advertise for an additional part-time nurse in response to feedback about a lack of nurse availability.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the GP.

Continuous improvement

Are services well-led?

Requires improvement



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

The practice was part of local pilot schemes to improve outcomes for patients in the area. For example, it participated in the local Whole Systems Integrated Care (WSIC) scheme to support at risk adults with complex health needs.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance How the regulation was not being met: The provider did not have appropriate arrangements in place to assess, monitor and improve the quality and safety of the services provided. There were limited formal governance arrangements and audits were not completed through the full audit cycle to ensure improvements to patient outcomes. Some quality outcomes for patients with long term conditions and those experiencing poor mental health were low compared to the national average. There were gaps in patient records showing action taken following hospital referrals and diagnostic tests.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: People who use services were not fully protected against the risks associated with the recruitment of staff, in particular in ensuring all appropriate pre-employment reference checks are carried out and recorded prior to a staff member taking up post. Regulation 19 (1)(a), (2)(a), (3)(a)

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not have adequate arrangements in place to ensure care and treatment to patients was provided in a safe way. There were shortcomings in staff training, infection control processes, medicines management, emergency and electrical equipment and the assessment and management of risk to ensure the safety of premises and equipment.</p> <p>Regulation 12 (1)</p>