

Dr Mokashi

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?

Requires improvement



Are services caring?

Requires improvement



Are services responsive to people's needs?

Good



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 Mokashi on 19 January 2016. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not consistently in place to keep them safe. For example, there was no clinical accountability in the running of the minor surgery clinics with no quality assurance systems in place.
- There was no clear process for the monitoring and checking of patients' test results.
- The practice had no clear clinical processes or monitoring of high risk medicines.
- The practice had no infection control process, or any record of annual audits having taken place.

- There was no record that staff had received regular mandatory training. We also identified staff who were chaperones that had not received any formal training to carry out this role.
- The practice had a number of policies to govern activity; however there was an inconsistent approach throughout the practice.
- The practice did not hold any records to show whether staff were immunised against infectious diseases for example Hepatitis B.
- Most patients said they found it easy to make an appointment with a named GP and that 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.

The areas where the provider must make improvements are:

Summary of findings

- Introduce quality assurance processes for reporting, recording, acting on and monitoring of medicine management including area of high risk medicines, and infection control.
- Ensure infection control process and procedures are fully implemented.
- Introduce quality assurance processes in acting on and in the monitoring of histology and test results.
- Ensure that staff receive appropriate training and supervision to enable them to carry out the duties they are employed to do, including chaperone training and a record of training undertaken must be maintained.
- Ensure staff have regular appraisals
- Implement processes and update current practice policies to reflect the practice and staff roles accurately.

In addition the provider should:

- Implement a Patient Participation Group (PPG) in order to identify and act on patients' views about the service.

- Immunisation of clinical staff should be in line with current guidelines.

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 so a rating of inadequate remains 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.

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.

- Patients were at risk of harm because systems and processes had weaknesses (for example regarding checking of high risk medicines, infection control and governance). The practice therefore could not demonstrate a consistent safe track record over the long term.
- The practice could not demonstrate quality assurance with regard to minor surgery clinics, for example there was no record of audits having taken place.
- Systems were in place for reporting and recording significant events, and these were discussed in meetings. However the full learning and reviewing cycle was missing from this process.
- The practice had clearly defined systems to safeguard people from abuse

Inadequate



Are services effective?

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

- Staff had the experience to deliver care and treatment; however formal training throughout the practice was not in place.
- Staff had previously worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However there had not been any meetings for a considerable amount of time.
- 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.
- There was evidence of appraisals and personal development plans for most staff. However, the practice manager's appraisal was overdue
- Data from the Quality and Outcomes Framework showed patient outcomes were at or near average for the locality and compared to the national average

Requires improvement



Are services caring?

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

Requires improvement



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. For example 75% said the last GP they saw was good at involving them in decisions about their care .
- Patients said they were treated with compassion, dignity and respect.
- Staff said that five different languages were spoken amongst them.
- Information for patients about the services was available.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Most patients said they were able to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had reviewed the needs of its local population and engaged with North Manchester Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. These included specific standards around prescribing and health improvement.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However there was an issue with confidentiality and privacy due to the property.
- Patients could get information about how to complain in a format they could understand. However, there was no evidence that learning from complaints had been shared with staff.

Are services well-led?

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

Inadequate



- Staff had not received any regular training required to support their development. The practice did not have a clear vision and strategy.
- Staff were not clear about their responsibilities in relation to the vision or strategy.
- The practice had a number of policies to govern activity, but these were not a true reflection of what was happening in practice and staff were unaware of how these policies reflected their daily work.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.

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. This is because the concerns identified in relation to how safe, effective, caring and well led the practice was impacted on all population groups.

- Nationally reported data showed that outcomes for patients were in line with CCG and national averages for conditions commonly found in older people.
- The practice offered care to meet the needs of the older people in its population and had a range of enhanced services.
- Longer appointments and home visits were available for older people when needed.
- All these patients had a named GP, an annual health check.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. This is because the concerns identified in relation to how safe, effective, caring and well led the practice was impacted on all population groups.

- Nursing staff held lead roles in chronic disease management and patients at risk of hospital admission were identified.
- 70.6% of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) compared to the national average of 78%.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. This is because the concerns identified in relation to how safe, effective, caring and well led the practice was impacted on all population groups.

- Each new parent received a home visit by a GP. The visit also included eight week check-up for the baby and an immunisation clinic at the surgery.

Inadequate



Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence of a baby being seen in clinic without an appointment.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were above average for all standard childhood immunisations.

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). This is because the concerns identified in relation to how safe, effective, caring and well led the practice was impacted on all population groups.

- The practice did not have any online services; for example online appointment booking. However there were plans in place to provide this service from April 2016.
- Telephone consultations were available.

There was additional out of working hour's access to meet the needs of working age patients with extended opening hours every Tuesday and Friday open from 7am.

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. This is because the concerns identified in relation to how safe, effective, caring and well led the practice was impacted on all population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- Staff knew how to recognise signs of abuse in vulnerable adults and children, however there was a breakdown in the process for example not all staff had been able to fully demonstrate they understood their responsibilities.

Inadequate



Summary of findings

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). This is because the concerns identified in relation to how safe, effective, caring and well led the practice was impacted on all population groups.

- 58.3% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is below the national average.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Inadequate



Summary of findings

What people who use the service say

What people who use the practice say

What people who use the practice say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 453 surveys were sent out and 113 were completed. This was an 25% completion rate and represented approximately 1.7% of the practice population :

Performance for clinically related indicators was in line with the national average. For example:

- 92% had confidence and trust in the last GP they saw or spoke to compared with a CCG average of 93% and a national average of 95%.
- 79% of respondents said the last GP they saw or spoke to was good at giving them enough time (CCG average 84%, national average 87%).
- 80% of respondents described their experience of making an appointment as good (CCG average 71%, national average 73%).

- 81% of respondents said the last GP they saw or spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 94% had confidence and trust in the last nurse they saw or spoke to (CCG average 96%, national average 75%).
- 85% of respondents said the last GP they saw or spoke to was good at listening to them (CCG average 86%, national average 89%).
- 75% said the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average 79%, national average 81%).

We received 28 comment cards. Most contained positive comments about the practice, and eight mentioned areas where patients were not completely satisfied, for example access via the telephone and appointments. Patients commented that reception staff were caring and helpful, and GPs treated them respectfully and provided good explanations to them.

We spoke with five patients during the inspection. All patients told us that staff were approachable, committed and caring.

Areas for improvement

Action the service MUST take to improve

The areas where the provider must make improvements are:

- Introduce quality assurance processes for reporting, recording, acting on and monitoring of medicine management including area of high risk medicines, and infection control.
- Ensure infection control process and procedures are fully implemented.
- Introduce quality assurance processes in acting on and in the monitoring of histology and test results.
- Ensure that staff receive appropriate training and supervision to enable them to carry out the duties they are employed to do, including chaperone training and a record of training undertaken must be maintained.

- Ensure staff have regular appraisals
- Implement processes and update current practice policies to reflect the practice and staff roles accurately.

Action the service SHOULD take to improve

In addition the provider should:

- Implement a Patient Participation Group (PPG) in order to identify and act on patients' views about the service.
- Immunisation of clinical staff should be in line with current guidelines.

Dr Mokashi

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Mokashi

Dr Mokashi is located close to Manchester city centre. The practice is located on the ground floor of a health centre which is managed by NHS Properties Ltd. The practice is in a highly deprived area which supports a high turnaround of patients who are seeking asylum.

There are two other GP practices located in the same building with a range of community clinics providing services. The practice is fully accessible to those with mobility difficulties. There is a car park behind the practice with disabled parking spaces.

The practice has four male GP partners. There is one practice nurse and one healthcare assistant (HCA). Members of clinical staff are supported by one practice manager and reception staff.

The practice is open 8.30am to 6pm Monday, Wednesday and Thursday with Tuesday and Friday being open 7am to 6pm. The surgery is closed each day for one hour at lunch time.

The practice has a General Medical Service (GMS) contract with NHS England. At the time of our inspection 6,459 patients were registered. The practice is a teaching practice which takes students from the medical school of Manchester university.

Patients requiring a GP outside of normal working hours are advised to call “Go-to- Doc” using the usual surgery number and the call is re-directed to the out-of-hours service. The surgery also is part of a neighbourhood scheme for Sunday appointments between the hours of 10am and 6pm.

Why we carried out this inspection

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

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

How we carried out this inspection

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

- Is it safe?
- Is it effective?
- Is it caring?
- 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

Detailed findings

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. The inspector:

- Reviewed information available to us from other organisations e.g. NHS England.
- Reviewed information from CQC intelligent monitoring systems.
- Carried out an announced inspection visit on 19 January 2016.
- Reviewed patient survey information.
- Reviewed the practice's policies and procedures.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events and we saw evidence of initial events being recorded and discussed in meetings. However no follow up actions or learning outcomes were recorded, which did not assure us that the learning and reviewing of these incidents were effective.

Staff told us they would inform the practice manager of any incidents and there was a recording form available.

- Initial incidents were discussed at practice meetings and documented. We saw evidence of this in the minutes from team meetings.
- The practice did not have a process to follow up or analyse outcomes after the significant events had taken place.

We reviewed safety records, incident reports national patient safety alerts. We were told of a recent alert where a vaccination expiry date had to be updated and changed to reflect manufacturers request. However this was not formally documented.

Overview of safety systems and processes

The building was managed by NHS Property Services Ltd who were the landlords and responsible for the maintenance of the building. The practice maintained appropriate standards of cleanliness and hygiene; we observed the premises to be clean and tidy.

There were areas of concern where we saw multiple attempts by the practice to try and resolve problems with the building. The practice produced emails and letters where the problems listed had been reported to NHS Property Services Ltd. For example:

- Temperatures in treatment rooms were a problem for the practice. We saw evidence of significant events and emails, showing how in the summer months this affected the temperature range of the fridges, breaking the cold chain in three of the treatment rooms, which affected vaccines.

- We could hear conversations taking place in the treatment rooms, therefore confidentiality could be breached. The waiting/ reception area was very open and there were no extra rooms available for private discussion with patients.
- Signage in the building was still showing old “PCT Reception”. The practice used A4 paper to update patients with the new GP name.
- The disabled toilet in the waiting area had a waste drainage problem.

The practice had some systems in place but these were not always a reflection of what happened in practice. We found some areas failed to keep people safe:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There were two members of staff responsible for safeguarding. We found that information sharing and processes were not fully understood by the staff. Not all staff had been able to fully demonstrate they understood their responsibilities, but all had received training relevant to their role. GPs were trained to Safeguarding level three.
- A notice in the waiting room and in each treatment room advised patients that chaperones were available if required. All staff acted as chaperones, but no training had been given for this, with inconsistencies found in their understanding of the role. All staff had received a Disclosure and Barring Service check (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).
- We found no evidence of any infection control audits taking place. There was a policy for infection control however this did not reflect the practice and was not implemented. Staff had not received training on infection control. We identified various processes taking place with regards to the cleaning of medical equipment, with no formal procedure in place for staff to follow. There were designated spillage kits available on site and all staff knew where and how to access these.
- The practice policy did not monitor usage or issuing of high risk medicines. For example, we identified medicines such as Warfarin (a medicine used to stop

Are services safe?

blood from clotting) and Methotrexate (a medicine used in conditions such as rheumatoid arthritis), were on repeat prescription with no specific monitoring checks in place, or recall system for checking of recent attendance of blood tests. The practice was a high prescriber of Hypnotic medicines which can be addictive. There was no process in place to review, monitor and reduce the amount prescribed in the practice. The practice policy for medicines did include checks on stock levels and ordering of vaccines. However this was not reflected in the practice, with no process for the vaccine ordering and quantity checks in place. We did see evidence of expiry date checks and stock rotation taking place.

- Patients test results were not actioned in a consistent way with no clear process to ensure patients safety. For example, there was no specific recall system in place for patients' abnormal results.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. However the practice could not provide documented evidence of indemnity insurance on the day, although documentary evidence was provided post inspection.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place about notifiable safety incidents.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice did not hold any records to show whether staff were immunised against infectious diseases. For Hepatitis B it is recommended that individuals at continuing risk of infection should be offered a single booster dose of vaccine, once only, around five years after primary immunisation and a blood test. It was not clear who in the practice was at continuing risk of infection. We were informed the GPs were up to date but no records were kept in the practice.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

There were procedures in place for monitoring and managing risks to patient and staff safety, this was provided by NHS Property Services LTD.. These services included:

- A health and safety policy, with a poster in the reception office which identified local health and safety representatives.
- Up to date fire risk assessments with records of carried out fire drills.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- A variety of other risk assessments were in place to monitor safety of the premises such as COSHH and general building infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

The practice had 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.
- All staff received annual basic life support training and there were emergency medicines available.
- There was one defibrillator and oxygen available in the building. Checks were in place to ensure the defibrillator and oxygen were ready for use.
- There was a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- Arrangements to deal with emergencies and major incidents were in place.

Are services safe?

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff but not all staff were aware of the plan.

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 manager would disseminate safety alerts or updates to national guidelines. However when speaking to staff, they were unsure of the process and said they were responsible for ensuring their own 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 were 92.5 %of the total number of points available, with 15.2% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators was 84.9%, comparable to the CCG average of 84% and below the national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 90.2%, higher than local CCG of 83% and higher than the national average of 84%.
- The dementia diagnosis rate indicator was 80.8%, below the local CCG of 94% and national average of 95%.

Clinical audits demonstrated quality improvement.

- There had been several clinical audits completed in the last two years. Two of these were completed audits where the improvements made were implemented and monitored. For example we saw in 2014/15 an audit reviewing patients who were suffering with gout and uric acid.
- However the practice was not able to show clinical accountability for the running of the minor surgery clinics and no auditing of the effectiveness of this service had been undertaken. There was also no record

kept of any histology being sent for analysis. Histology is the analysis of removed tissue under a microscope to make a precise diagnosis, and exclude conditions such as cancer.

Effective staffing

Most staff had the skills, knowledge and experience to deliver effective care and treatment but this knowledge was inconsistent, specifically across the clinical staff.

- The learning needs of staff were identified through a system of appraisals; however staff did not have access to appropriate training to meet these learning needs and to cover the scope of their work.
- Other than basic life support training and safeguarding, staff had not received training that included infection control, mental capacity awareness, fire procedures, equality and diversity and information governance awareness.
- There was evidence of appraisals and personal development plans for most staff. However, the practice manager's appraisal was overdue.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system however the processes were not consistent.

- This included a number of care and risk assessments, care plans, medical records and investigation. However the practice could not show evidence that they were effective in managing and monitoring certain patients on high risk medication or that test results were actioned in a consistent way. 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 had previously worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on going care and treatment. We saw evidence that multi-disciplinary team meetings had previously taken place on a monthly basis, however these stopped 18 month previously. When we spoke to the practice, we were given reassurance these meetings were to resume in the near future.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Most staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However no training had been provided to staff.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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

- 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. Appropriate follow-up on the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.
- The practice's uptake for the cervical screening programme was 83.1 %, which was above the CCG above national average of 81.8%.

Childhood immunisation rates for the vaccinations given in 2014/15 were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97.3 % to 100% and five year olds from 90.7% to 100 %.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations. However we could hear conversations taking place in the treatment rooms, therefore confidentiality could be breached. The waiting/ reception area was very open and there were no extra rooms available for private discussion with patients.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed. However found it difficult to speak in private to patients due to lack of space.

All of the 28 patient CQC comment cards we received were mainly positive about the service experienced. Eight cards were completed by patients who were not completely satisfied. For example some mentioned the access to the surgery by phone was not always easy, not always being offered an appointment on the same day. Patients told us they felt the GP was very caring and attending the practice was a positive experience. Patients told us staff were helpful, taking the time to listen and explain.

We spoke with five patients during the inspection. All patients told us that staff were approachable and helpful.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was below or the same as average for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 79% said the GP gave them enough time (CCG average 84%, national average 87%).
- 85% said the GP was good at listening to them (CCG average of 86%, national average of 89%).

- 79% said the GP gave them enough time (CCG average of 84%, national average of 87%).
- 92% said they had confidence and trust in the last GP (CCG average of 93%, national average of 95%).
- 81% said the last GP they spoke to was good at treating them with care and concern (CCG average of 83%, national average of 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average of 89%, national average of 90%).

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 75% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%

Staff told us that translation services were available for patients who did not have English as a first language. In addition the GPs spoke five different languages which was a great benefit when seeing patients. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

The practice offered all new parents a home visit, which was carried out by the GP. The GP offered advice to the parents on breast feeding, contraception and immunisations programme. The practice then proceeded to carry out all babies eight week health checks, with the GP who also provided the immunisations programme.

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.3% of the practice list as carers. However the practice has recently revisited the carers policy and operations to work on improving this 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:

- The practice was also part of a Neighbourhood Hub service in conjunction with other practices to offer extended hours opening times for patients.
- The GPs offered all new parents a home visit to offer guidance and support.
- There were disabled facilities and translation services were available.
- Same day appointments were available for children and those with serious medical conditions.
- The practice did not offer any online services; we were told the new website would be introduced in April 2016.

Access to the service

The practice was open 8.30am to 6pm Monday, Wednesday and Thursday with Tuesday and Friday being open 7am to 6pm. Appointments were from 9am until 6pm. Extended hours were offered on Tuesday and Friday mornings opening at 7am. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them on the day. The practice also is part of a neighbourhood scheme for Sunday appointments between the hours of appointments

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

- 71% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.
- 86% of patients were satisfied with the practice's opening hours (CCG average of 76%, national average of 75%).
- 74% patients said they could get through easily to the surgery by phone (CCG average of 73%, national average of 73%).
- 80% patients described their experience of making an appointment as good (CCG average of 71% and national average of 73%).

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example there were posters displayed in the waiting area and the practice had a summary leaflet available to all patients.
- We found complaints and incidents had been investigated properly and people had received a response. However there was no review or assessments to show whether learning was embedded.

We reviewed the complaints procedure; the staff had a clear understanding of verbal and written complaints. Staff also understood the process to escalate the complaint to the practice manager.

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

There was no clear vision and strategy for the future documented and staff were unaware of the vision and values for the practice. When we spoke to the staff they did all indicate they strive to deliver the best care and service to patients.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively.

- The practice had a number of policies to govern activity. We found policies were not consistently reflected in daily practice. We received inconsistent responses about who held lead roles such as infection control.
- There was no quality assurance process in place to monitor and audit performance, for example the procedures and practices in the minor surgery clinic were not audited.
- We found complaints and incidents investigated appropriately had no review or assessment to show whether learning had changed as a result of any action taken.
- There was a staffing structure in place and staff were aware of their own roles and responsibilities. Clinical staff however did not involve themselves in the formulation and embedding of protocols in order to provide support and input to improve services. For example there was no clear process in place for the management of the vaccination clinic.
- The practice did not always communicate their policies to staff, for example when we asked staff about the practice's business continuity plan they were not aware of this policy.
- We did not see a clear process that identify which staff had undertaken training, for example not all relevant staff had received training on infection control.
- All staff had received an appraisal within the last 12 months; however the practice manager's last appraisal was in 2003.

Leadership, openness and transparency

The practice did not have the systems and processes in place to ensure safety and high quality care. The GPs were visible in the practice and staff told us that they were approachable. However they were out of touch with what was needed to meet the requirements of the Health and Social Care Act. There were a number of issues and concerns identified that threatened the delivery of safe and effective care such as the process for monitoring patients on high risk medicines that the practice had not identified or adequately managed.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for about notifiable safety incidents.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.

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

The practice encouraged feedback from staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the practice manager.

There was no patient participation group (PPG) at the practice; we were told the practice had plans for this to commence in April 2016. The practice had minimal engagement with people who used the service only relying on the national patient survey results.

Continuous improvement

The practice nurse had been working on a population tool, identifying patients at risk of developing diabetes. These patients were identified and had been invited in for an appointment.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Care and treatment was not provided in a safe way for service users because:</p> <ul style="list-style-type: none">• The registered provider did not have suitable arrangements in place for the proper and safe management of medicines• There was no record of minor surgery procedure, including histology and audits.• The registered provider did not have effective systems in place to manage and monitor the prevention and control of infection.• The registered provider had not ensured that persons employed received appropriate, training to enable them to carry out the duties they were employed to do.• Clinical staff did not have their Hepatitis B status recorded. <p>This was in breach of</p> <p>Regulation 12 (1) and (2) (a) (c) (f), (g) (h)</p> <p>of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
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>How the regulation was not being met:</p> <ul style="list-style-type: none">• The registered provider did not have suitable arrangements in place to ensure all systems and processes were fully established and operated effectively.

Requirement notices

- The registered provider did not maintain securely record person employed carrying out regulated activity for example :

1. **There was no Hepatitis B status recorded in the GPs files.**

2. No record of GPs indemnity insurance

- The registered provider did not have suitable arrangements in place to manage risks relating to the health, safety and welfare of service users and others were not appropriately assessed, monitored and mitigated.

This was in breach of

Regulation 17(a) (1) (2) (b) (c) (d)(f)

of the Health and Social Care Act 2008 (Regulated Activities) 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 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- Not all staff were suitably qualified, competent, skilled and experienced.
- Not all staff received appropriate support, training, and appraisal to enable them to carry out the duties they were employed to perform.

This was in breach of

Regulation 18(1) and (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.