Dr George Kamil

Quality Report

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

Ratings

Overall rating for this service	Inadequate
Are services safe?	**Inadequate**
Are services effective?	**Inadequate**
Are services caring?	**Requires improvement**
Are services responsive to people's needs?	**Requires improvement**
Are services well-led?	**Inadequate**

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Upper Halliford Medical Centre on 5 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 and poor outcomes because systems and processes were not in place to keep them safe and ensure they received the care they needed.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, there was little evidence that these were investigated and learning shared with staff.
- Risks to patients were not consistently assessed and well managed. The practice was unable to demonstrate they carried out health and safety or fire or legionella or equipment risk assessments or infection control audits or reviewed cleaning logs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Not all staff were up to date with attending mandatory training courses such as safeguarding, fire safety, Mental Capacity Act 2005 and infection control. Staff had not received regular appraisals or had personal development plans.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Vaccines and prescriptions were not stored in line with national guidance.
- Staff told us they worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs but minutes to meetings were not recorded.
- Information about services and how to complain was available and easy to understand however there was not a robust system for recording evidence of investigations undertaken or shared learning.
- Patients said they found it easy to make an appointment with a named GP and that there was

Summary of findings

continuity of care, with urgent appointments available the same day. Data from the National GP Patient Survey showed mixed results from patients when rating aspects of care.

- Appropriate recruitment checks and risk assessments had not been undertaken prior to the employment of practice staff.
- The practice did not have a patient participation group or conduct patient surveys and was not gathering feedback from patients.
- The practice was unable to offer choice to patients in relation to a female clinician.
- Some childhood immunisation rates were below the Clinical Commissioning Group (CCG) average. Cervical cancer and bowel cancer screening was below the CCG average.
- Robust systems were not in place to deal with verbal complaints or show how they had been investigated, actioned or learnt from.
- Governance arrangements were not robust, monitoring of performance was not actively supported, to improve patient outcomes or service quality. Leadership structures and roles were unclear. The practice did not have a vision and strategy.
- Policies and procedures had not always been tailored to the practice or reviewed

The areas where the provider must make improvements are:

- Ensure risk assessments are completed including health and safety, infection control, legionella and fire risks.
- Ensure the practice has risk assessed whether it is able to respond to medical emergencies in line with national guidance.
- Revise governance processes and ensure that all documents used to govern activity are practice specific and are up to date. This includes the use of patient specific directives and patient group directives when authorising clinical staff to administer vaccines and immunisations.
- Ensure all staff are up to date with attending mandatory training courses, including safeguarding and the Mental Capacity Act 2005, and have regular appraisals.
- Revise medicines management to help ensure Department of Health guidance is followed when storing vaccines.
- Maintain records of multidisciplinary meetings, significant events, investigations and learning of complaints to evidence the on-going care and treatment of patients.
- Revise recruitment processes to ensure appropriate checks and risk assessments are undertaken prior to the employment of all staff and that the required information is recorded in recruitment files.
- Ensure all staff are either risk assessed or have received a disclosure and barring (DBS) check escepically for staff who act as chaperones.
- Revise clinical audit activity to ensure improvements to patient care are driven by the completion of clinical audit cycles.
- Revise how the practice gathers patient feedback to ensure that patients are involved with how the practice is run.
- Revise processes to ensure that blank prescriptions are tracked throughout the practice at all times.
- Improve patient access to female clinicians to allow for patient choice.
- Review nursing provision in the practice to ensure there is sufficient capacity to meet the needs of the patient list.
- Ensure clinical equipment is calibrated annually and portable appliances are safe to use.

The areas where the provider should make improvement are:

- Review the frequency of multi-disciplinary team discussions and record discussions had.
- Review management positions to ensure there is sufficient capacity to meet the needs of the practice.
- Review exception reporting figures in QOF.
- Ensure the building is compliant with the Disability Discrimination Act (DDA) including access to the surgery and if an auditory loop is required.
- Review the practice information available to patients both within the practice and on the website to ensure it is up to date.
- Review the business continuity plan in place for major incidents.
- Review patient privacy at the reception desk.

I am placing this practice in special measures. Practices placed in special measures will be inspected again after six months. If insufficient improvements have been made

Summary of findings

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 varying the terms of their registration within six months if they do not improve.

The practice will be kept under review and if 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?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was a system for reporting, recording and monitoring incidents, accidents and significant events. However, there was no evidence of action taken or that lessons were shared to ensure improvement of safety within the practice.
- The practice did not have reliable systems, processes and practices to keep patients safe and safeguard them from abuse.
- Not all staff were up to date with the practices' mandatory training such as safeguarding, infection control and fire safety.
- Risks to patients were not consistently assessed and well managed. For example, the practice had not carried out risk assessments for fire or legionella and had not completed an infection control audit or reviewed cleaning logs.
- Vaccines were not stored in accordance with Department of Health guidance.
- Appropriate recruitment checks and risk assessments had not been undertaken prior to the employment of practice staff.
- The practice did not have access to an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) and had not risk assessed if this was necessary.
- The practice was not using Patient Group Directions to allow nurses to administer medicines or Patient Specific Directions to enable Health Care Assistants to administer vaccines in line with the required legislation.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

- Data showed patient outcomes were at or below average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice was unable to demonstrate that improvements to patient care were driven by the completion of clinical audit cycles.
- Staff had not received regular appraisals or personal development plans. Not all staff had completed the practice's mandatory training. The GP had not been trained in the Mental Capacity Act 2005.

Summary of findings

- Staff told us they worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs. However, there were no records to confirm this.
- Some childhood immunisation rates were below the clinical commissioning group (CCG) averages. This was the same for tests for cervical cancer and bowel cancer screening.

Are services caring?

Requires improvement

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

- Data from the National GP Patient Survey showed mixed results from patients that were in line or below averages when rating aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- There were arrangements in place to support patient privacy and dignity when receiving care, although this could be improved at the reception desk.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

The service is rated as requires improvement for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs. However, the practice may not be as easily accessible to patients who used wheelchairs due to the width of corridors.
- Information about how to complain was available and easy to understand and the practice told us they responded quickly to issues raised. However, robust systems were not in place to record verbal complaints or show how the practice had investigated, actioned or learnt from complaints including sharing this with staff.
- The practice had not reviewed patient choice in relation to being able to have access to a female GP, or made suitable alternative arrangements to refer patients to another practice.

Are services well-led?

Inadequate

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

Summary of findings

- The practice did not have a formal documented vision and strategy for the future of the practice but spoke about some of the challenges and how these might be addressed.
- The practice had not proactively sought feedback from staff or patients and did not have a patient participation group.
- Governance arrangements were not robust and did not actively support the monitoring of performance in order to improve outcomes to patients or the quality of service patients received. For example, by not completing clinical audit cycles or risk assessments.
- The practice had a number of policies and procedures to govern activity, however some of these lacked practice specific information or had not been reviewed to ensure information was still in date.
- Staff were unsure of the leadership structure for the business manager and the locum practice manager, and the role each had.
- Staff told us the GP encouraged a culture of openness and honesty.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate for safe, effective, and well led, and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Nationally reported data showed that some outcomes for patients with conditions commonly found in older people were poor. For example, outcomes for patients with conditions such as chronic heart disease and chronic obstructive pulmonary disease were lower than Clinical Commissioning Group (CCG) and national averages.
- Multi-disciplinary meetings held to discuss packages of care for patients with complex or palliative care needs were held informally and not minuted.
- The practice provided weekly visits to two local nursing homes. We spoke with one of the nursing homes who informed us they were happy with the quality of care received by the practice.
- Home visits were available for those who were too ill to attend the practice.

People with long term conditions

Inadequate

The provider was rated as inadequate for safe, effective, and well led, and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Longer appointments and home visits were available when needed.
- Nationally reported data showed most patient outcomes were similar or slightly below local and national averages. For example, diabetic care, asthma and chronic obstructive pulmonary disease were all lower than local and national averages.
- The GP had taken on the role of reviewing patients with long term conditions in the absence of a practice nurse.

Families, children and young people

Inadequate

The provider was rated as inadequate for safe, effective, and well led, and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

- Immunisation rates for the standard childhood immunisations were mixed. For example, only 13% of children under 12 months was given the PCV vaccine compared to the Clinical Commissioning Group (CCG) average of 83%. 54% of children aged 24 months had received the MMR vaccination compared to a CCG average of 82% whereas the MMR vaccination given to 5 years old was at 87% which was the same as the CCG average. Infant Men C for under 5 years old was at 83% with the CCG average being 84%.
- Cervical screening practice data was 74% which was low when compared to the national data of 82%.
- Patients were unable to see a female GP or nurse, although the practice had plans in place to employ a locum nurse for three hours per week.
- Appointments were available outside of school hours. The practice ensured that children needing emergency appointments would be seen on the day.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safe, effective, and well led, and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Appointments were available outside of normal working hours one day a week.
- Appointments and repeat prescriptions could be accessed on-line.
- Electronic prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- Specific health promotion literature was available.

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safe, effective, and well led, and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including patients with a learning disability.
- The GP had not received training in the Mental Capacity Act 2005, but demonstrated an understanding of relevant consent and decision-making requirements of legislation and guidance.

Summary of findings

- It had carried out annual health checks for people with a learning disability and we saw evidence that these had been reviewed.
- The practice worked informally with multi-disciplinary teams in the case management of vulnerable people but did not record minutes of meetings held.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- The practice was not able to demonstrate that all staff had received safeguarding training appropriate to their role. Most staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours, however practice polices did not contain up to date information.

People experiencing poor mental health (including people with dementia)

Inadequate

The provider was rated as inadequate for safe, effective, and well led, and requires improvement for caring and responsive. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients with poor mental health.
- Nationally reported data for 2014/15 showed the practice performance for mental health related indicators was higher than the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in the record, in the preceding 12 months, which was higher than the national average of 88%
- 95% of patients diagnosed with dementia had their care reviewed in a face-to-face review which was higher than the national average of 84%. However, there was also a high level of exception reporting at 28% (20% higher than national averages). Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with or lower than local and national averages. 311 survey forms were distributed and 108 were returned. This represented nearly 4% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 74% of patients said they were satisfied with the GP practice opening hours compared to the national average of 78%.
- 67% 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%.
- 78% of patients described the overall experience of their GP practice as good compared to the national average of 85%.
- 69% of patients said they would recommend their 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. We received 28 comment cards which were all positive about the standard of care received.

We spoke with ten patients during the inspection. All ten patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice had no data for the Friends and Family Test (FFT) and had not advertised FFT materials within the practice however, it was advertised on the practice website.

Areas for improvement

Action the service MUST take to improve

- Ensure risk assessments are completed including health and safety, infection control, legionella and fire risks.
- Ensure the practice has risk assessed whether it is able to respond to medical emergencies in line with national guidance.
- Revise governance processes and ensure that all documents used to govern activity are practice specific and are up to date. This includes the use of patient specific directives and patient group directives when authorising clinical staff to administer vaccines and immunisations.
- Ensure all staff are up to date with attending mandatory training courses, including safeguarding and the Mental Capacity Act 2005, and have regular appraisals.
- Revise medicines management to help ensure Department of Health guidance is followed when storing vaccines.
- Maintain records of multidisciplinary meetings, significant events, investigations and learning of complaints to evidence the on-going care and treatment of patients.
- Revise recruitment processes to ensure appropriate checks and risk assessments are undertaken prior to the employment of all staff and that the required information is recorded in recruitment files.
- Ensure all staff are either risk assessed or have received a disclosure and barring (DBS) check especially for staff who act as chaperones.
- Revise clinical audit activity to ensure improvements to patient care are driven by the completion of clinical audit cycles.
- Revise how the practice gathers patient feedback to ensure that patients are involved with how the practice is run.
- Revise processes to ensure that blank prescriptions are tracked throughout the practice at all times.
- Improve patient access to female clinicians to allow for patient choice.

Summary of findings

- Review nursing provision in the practice to ensure there is sufficient capacity to meet the needs of the patient list.
- Ensure clinical equipment is calibrated annually and portable appliances are safe to use.

Action the service SHOULD take to improve

- Review the frequency of multi-disciplinary team discussions and record discussions had.
- Review management positions to ensure there is sufficient capacity to meet the needs of the practice.
- Review exception reporting figures in QOF.
- Ensure the building is compliant with the Disability Discrimination Act (DDA) including access to the surgery and if an auditory loop is required.
- Review the practice information available to patients both within the practice and on the website to ensure it is up to date.
- Review the business continuity plan in place for major incidents.
- Review patient privacy at the reception desk.

Dr George Kamil

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 second CQC inspector, a GP specialist adviser, a practice nurse specialist adviser, and a practice manager specialist adviser.

Background to Dr George Kamil

Dr George Kamil also known as Upper Halliford Medical Centre is a single handed GP practice providing primary medical services to approximately 3,020 patients in the Shepperton area of Middlesex. The practice occupies a building which was not originally designed for the delivery of medical services, and access for patients who may use wheelchairs could be limited due to the width of corridors.

All services are provided from:

270 Upper Halliford Road, Shepperton, Middlesex, TW17 8SY.

The GP (male) is supported by a male healthcare assistant who works 20 hours a week. A male locum GP is used to cover the primary GP in their absence. The practice is also supported by a full-time business manager and five part-time reception / administrative staff. At the time of the inspection there was no practice nurse in employment and the previous nurse had left in December 2015. The practice had plans in place for female locum nurse to be employed for three hours per week. The practice employed the services of a part time locum practice manager but they were not present at the time of the inspection.

The practice is open from 8:30 to 6:30pm with the exception of Wednesday, when the practice closes at 1:30pm. There are extended hours every Monday 6.30pm – 7.00pm and Thursday 6.30pm -7.30pm.

Surgery hours are available between 9:30am and 11:30am and 4:00pm to 6:00pm Mondays Tuesdays, Thursday and Friday. On a Wednesday hours are 9:30am to 11:30am

During the times when the practice is closed, the practice has arrangements for patients to access care from Care UK an Out of Hours provider.

The practice population has a higher number of patients between 50-59 and 75+ years of age than the national and local Clinical Commissioning Group (CCG) average. The practice provides a regular service to two nursing homes in the local area. The practice population also shows a lower number of patients from birth to 34 years old than the national and local CCG average. There is a higher than average number of patients with long standing health conditions. The percentage of registered patients suffering deprivation (affecting both adults and children) was higher than the CCG average but lower than the average for England. Less than 10% of patients do not have English as their first language.

Why we carried out this inspection

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

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 January 2016.

During our visit we:

- We spoke with a range of staff. Those we spoke to were the GP, the business manager, two receptionists and the part time health care assistant. We also spoke with patients who used the service.
- We observed how patients were being cared for and talked with carers and/or family members
- The GP SPA reviewed an anonymised sample of the personal care or treatment records of patients.
- We reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- We spoke with a nursing home who informed us they were happy with the care the GP provided for their residents.

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.

Inadequate

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. The practice provided us with details of 12 serious adverse events which had happened during 2015. Staff we spoke with told us they would inform the business manager and GP of any incidents. However, lessons learnt from events were not recorded or shared with all relevant staff to improve patient safety and minimise further incidents.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance.

The practice could not demonstrate to us they had managed safety incidents consistently over time or evidence a safe track record. Further development was required to ensure the practice could demonstrate a safe track record over the long term.

Overview of safety systems and processes

The practice did not have systems in place to keep patients safe. For example, training in safeguarding vulnerable adults, information governance and infection control, the tracking and recording of blank prescription pad numbers, recruitment checks for staff and DBS checks of staff performing chaperone duties.

- Safeguarding children and vulnerable adults policies were accessible to all staff. However, the policies did not contain up to date contact information for further guidance if staff had concerns about a patient's welfare. The principal GP was the lead member of staff for safeguarding and had been trained to level three for Safeguarding children. The GP told us that they did not attend safeguarding meetings but instead sent information when requested. Staff demonstrated they understood their responsibilities. However, staff had not received training for safeguarding vulnerable adults.
- A notice in the waiting room and in all of the treatment rooms advised patients that chaperones were available if required. The GP told us all staff could be used as a chaperone. However, receptionists had received informal training which did not reflect the practice policy. Not all staff who acted as chaperones 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 observed the premises to be clean and tidy; however no records were held by the practice to demonstrate that appropriate cleaning had taken place. The practice employed a cleaner and we noted that cleaning logs had not been updated and there were no cleaning logs of equipment cleaned within treatment rooms. The practice had not completed an infection control audit and staff had not received infection control training
- There was an infection control protocol in place however, this policy was not specific to the practice.
- Medicines were stored within a fridge in the healthcare assistants room. We did not see evidence that fridge temperatures were being recorded. We noted that a domestic fridge was storing packs for health care checks. These are required to be stored within a specified temperature range. The temperature of this fridge was also not being monitored. We noted that there was no cold chain policy for staff to refer to.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription pads were stored securely. However, we found the practice had not ensured that the serial numbers of prescriptions were routinely recorded.
- We did not see evidence of Patient Group Directions to allow nurses to administer medicines or Patient Specific Directions to enable Health Care Assistants to administer vaccines in line with the required legislation.
- We reviewed four personnel files and did not find appropriate recruitment checks had been undertaken prior to employment and files did not contain the required information. For example, two files did not contain a Curriculum Vitae (CV) or a full employment history, three files did not contain proof of identity and none of the files contained references. We also noted that the findings from a DBS check had not been adequately risk assessed.

Monitoring risks to patients

Not all risks to patients were assessed and well managed.

- There were no procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy, however this was not practice specific and did not contain information for staff to refer to. For example, names of staff members who were responsible for first aid, accident reporting or the actions to be taken in case of an emergency.

- The practice had not carried out fire risk assessments; the practice staff had not been trained and fire drills had not been carried out.
- We saw evidence that some electrical equipment had been tested in 2015, however this was not evidenced for all equipment and so the practice could not be certain that all electrical equipment was safe to use.
- We asked the provider if clinical equipment had been checked and calibrated to ensure it was working correctly. There was no evidence to support any checks having been done and the provider was unable to confirm if checks had been completed.
- The provider had not completed infection control audits or a risk assessment for legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- We noted that the cleaning cupboard door was not lockable and could be accessed by patients. Therefore chemicals or substances hazardous to health stored within the cleaning cupboard could pose a potential risk.
- It was not clear that the practice had sufficient staffing. The practice nurse, who worked six hours a week, had left in December 2015 and the practice had plans in place for a locum nurse to work three hours per week. The GP told us that they had taken over some of the duties of the nurse by managing patients with long term conditions. The GP told us that there was a higher demand on the service from elderly patients due to conducting regular weekly visits to two local nursing homes. They also told us that they frequently worked longer sessions to ensure patients were seen. We did not see evidence that the practice had considered the quantity of work for the GP and if extra clinical staff were required to support them. The practice also employed a part time locum practice manager to support the practice. However, we noted gaps in staff training, appraisals, policies and procedures and risk assessments. The provider had not considered if this role had needed to be extended to ensure adequate support was provided to the practice.

Arrangements to deal with emergencies and major incidents

The practice had arrangements in place to respond to some emergencies but arrangements for dealing with disruptions to the running of the service were not robust.

- The practice did not have a defibrillator available and had not carried out a risk assessment as to whether this was required or not.
- The premises had oxygen on site with adult and children's masks. A first aid kit and accident book were 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.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice informed us that they 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. However, the provider could not demonstrate that NICE guidelines had been discussed in practice clinical meetings.
- The practice was not able to evidence that monitoring of these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice was able to evidence that alerts were placed on children's records when required.

Management, monitoring and improving outcomes for people

The practice participated in the Quality Outcomes Framework (QOF). (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of 599 points available dated 2014/15, with 8.6% exception reporting which was in line with the Clinical Commissioning Group (CCG) and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for Quality Outcome Framework clinical targets.

- Performance for diabetes related indicators was mainly lower than the national average. For example, 60% of patients with diabetes, on the register, in whom the last IFCCHbA1c was 64 mmol/mol or less (in the preceding 12 months) compared to the national average of 77%. However, 81% of patients with diabetes, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the national average of 78%.
- 77% of patients with hypertension had regular blood pressure tests which was lower than the national average of 84%.
- Performance for mental health related indicators was slightly above the national average. For example, 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the preceding 12 months compared with the national average of 88%
- 95% of patients diagnosed with dementia had a face-to-face review in the preceding 12 months, compared with the national average of 84%
- 85% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness in the preceding 12 months which was in line with the national average of 89%

The practice could not demonstrate improvements in care through clinical audits conducted. The practice had carried out two medicine audits, with the support of the local Clinical Commissioning Group pharmacy team. However, no other clinical audits had been completed in the last two years and so could not demonstrate that patients were always receiving effective care.

Effective staffing

We found that staff did not always have the skills or knowledge, to deliver effective care and treatment.

- The practice did not have a comprehensive induction programme for all newly appointed staff.
- The practice could not confirm if staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could not demonstrate how they stayed up to date with changes to the immunisation programmes, for example by accessing on line resources or discussion at practice meetings.
- We noted that not all staff had received an appraisal within the last 12 months and staff had not attended meetings or been involved in reviews of any practice development needs.
- The learning needs of staff had not been identified. We found that not all staff had completed the practices mandatory training. For example, four members of staff had not received safeguarding, infection control or

information governance training. One member of staff had not received basic life support training and we found no evidence that staff had received chaperone training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was evidenced to relevant staff in a timely and accessible way through the practice's patient record system.

- This included care plans and risk assessments. For example, the GP had carried out annual reviews for patients with long term conditions. We saw evidence that care plans were in place for patients with dementia.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice held multi-disciplinary team discussions but the GP informed us the practice had not taken part in any meetings for the last six months due to staff shortages. The GP also told us that the meetings that had taken place previously were informal and that minutes had not been taken so could not be evidenced.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. However, the GP had not received training in the Mental Capacity Act 2005 and was not actively monitoring consent in patient records.

- The GP we spoke with demonstrated an understanding of relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, they had not received training in this area.
- When providing care and treatment for children and young people, staff did carry out assessments of capacity to consent in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment the GP could demonstrate how they would access the patient's capacity.
- The process for seeking consent was not monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Supporting patients to live healthier lives

The practice had identified patients who may be in need of extra support. The practice had identified that 58 of their patients were carers which was 2% of their practice population.

Health information was made available during consultation. There was a variety of information available for health promotion and prevention in the waiting area and on the practice website.

Patients had access to health assessments and checks. These included NHS health checks for patients aged 40–74. Appropriate follow-ups for 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 74% which was lower than the national average of 82%. We noted that there was no policy to offer telephone reminders for patients who did not attend for their cervical screening test.

Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 were lower than local averages at 48% compared to the CCG average of 57%.

The practice had a smaller number of children under 5 years of age compared to the local CCG average. We found that childhood immunisation rates for the vaccines given were mixed when compared to the CCG averages. Vaccinations given to children under the age of 24 months were much lower than the CCG average. However, vaccinations given to 5 year olds were more on par with the average percentages. For example, only 13% of children under 12 months was given the PCV vaccine compared to the CCG average of 83%. 54% of children aged 24 months had received the MMR vaccination compared to a CCG average of 82% whereas the MMR vaccination given to 5 years old was at 87% which was the same as the CCG average. Infant Men C for under 5 years old was at 83% with the CCG average being 84%.

The business manager informed us that one of the new locum nurse's roles would be to undertake child vaccinations to help improve figures.

Requires improvement

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.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 28 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. Many patients who completed the cards made comments about the high level of kindness they experienced from all staff.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was similar or below the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 75% of patients said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 78% of patients said the GP gave them enough time compared to the CCG average of 85% and national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw which was the same as the CCG average and national average of 95%
- 77% 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%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern which was the same as the national average.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and national average of 88%.

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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey showed patients responses were mixed when asked questions about their involvement in planning and making decisions about their care and treatment. Results were either in line or below local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 85% and national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care (national average 81%)
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

However, feedback received from patients during our inspection told us that not all patients felt involved in decision making about the care and treatment they received, and they felt listened to.

Staff told us that translation services were available for patients who did not have English as a first language this equated to less than 10% of the practice population. The practice website also had the functionality to translate the practice information into approximately 90 different languages.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted the GP if a patient was also a carer. The practice had identified 58 patients of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Requires improvement

Are services caring?

Staff told us that if families had suffered bereavement, the GP contacted them. This call was often followed by a consultation or a home visit at a time to suit the family's needs. Advice was available to patients on how to access bereavement services on the practice website.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs.

The practice did not always recognise or respond to the needs of its local population.

- The premises had some facilities to support patients who used a wheelchair or had mobility difficulties for example ramp access and disabled toilet facilities. However, we noted that the front access to the building meant that the patient had to negate a tight turning and that the corridor from the main entrance of the surgery through to the clinical rooms was narrow. We noted that there was slightly better access from the rear of the building.
- The reception desk did not have a lowered section for patients in wheelchairs in order to talk with reception staff. We asked staff about this who informed us that they would speak with the patient outside the reception desk in order to speak with them face to face.
- Patients were unable to see a female GP or nurse although the practice had plans in place to employ a locum nurse for three hours per week.
- Fire exits were clearly marked however, we noted that one set of fire exit doors was locked. This was brought to the attention of the business manager who unlocked the door.
- The practice did not provide an auditory loop for those with a hearing impairment

The practice did provide:

- Longer appointments for patients who required this, for example, patients with learning disabilities.
- Home visits for older patients and patients who had difficulty attending the practice.
- Same day emergency appointments for children and those with serious medical conditions.
- Travel vaccinations available on the NHS with the healthcare assistant.
- Electronic prescribing which enabled patients to order their medicines on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required
- Extended hours on Monday 6:30pm - 7:00pm and Thursday evening 6:30pm - 7:30pm
- Flu vaccinations administered during home visits where appropriate.

Access to the service.

The practice was open between 8.30am and 6.30pm Monday to Friday with the exception of Wednesdays when it closed at 1:30pm. Appointments were available between 9:30am to 11:30am and between 4pm to 6pm. There was extended hours on a Thursday until 7:30pm. When the practice was closed patients were asked to call the out of hours provider on 111 and details of this were available on the practice answerphone and website.

On the day of the inspection the practice did not have a practice nurse employed. They were in the process of recruiting a locum nurse to work three hours per week. During the time without a nurse patients had limited access to child immunisations and patients could not request a female clinician to conduct cervical cancer screening tests. The practice could not offer a choice of GPs of differing genders to patients. Patients did not have access to a female GP if female patients preferred to see a doctor of the same sex as themselves.

Appointments could be booked on the day. However, we noted a sign in the patient waiting area informing patients that they were unable to make on the day appointments at the practice itself and this could only be done over the telephone. Appointments were available to be booked up to two months in advance.

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

- 73% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 73% of patients said they could get through easily to the surgery by phone (national average 73%).
- 54% of patients said they usually get to see or speak to the GP they prefer (national average 36%).

Patients 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 did not have an effective system in place for handling complaints and concerns. We were informed that the GP was the appointed person for handling patient complaints. When a complaint was received the GP telephoned the patient to rectify the complaint followed by

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

an investigation by talking to the staff. However, on the day of the inspection the practice could not evidence a complaint log of verbal complaints or the investigations undertaken.

We looked at a summary of four written complaints received in the last 12 months. The practice was unable to show us the complaint letters, responses from the practice to the patient or minutes of dissemination of information to relevant staff or learning from the complaint.

One of the summary complaints was in relation to a locum doctor. The response recorded in the summary document indicated that the GP had reprimanded the locum however, there was no further evidence to substantiate that comment.

We saw that information was available to help patients understand the complaints system for example posters displayed, summary leaflet available and a complaint form was held at reception.

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

At the start of our inspection the GP gave us a presentation and explained to us about their future vision for the practice. Although not formally documented, they explained that they saw the future in primary care as challenging. They were hoping that a family member would join the practice in the future and was considering the possibility of removing one of the nursing homes from the patient list.

Governance arrangements

The practice did not have a robust governance framework to support the delivery of the service and patient care. During our inspection we identified concerns which the practice had failed to adequately address:

- It was not evident that the practice had a comprehensive understanding of its performance. For example, the practice scored lower in some areas when compared to other practices in relation to QOF. There were no clear plans in place to address issues identified to improve the service and outcomes for patients.
- The practice had recognised the lack of a practice nurse. However, they had not adequately assessed the need to address patient choice in relation to choosing a same sex GP or clinician.
- The practice was unable to demonstrate there was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Some practice policies were implemented. However, some had not been reviewed since 2009 and others did not contain information that was specific to the practice. For example, the safeguarding policy and health and safety policy.
- There was a lack of effective systems in place for managing risks to the service and patients, for example, the practice had not conducted an infection control audit, a fire risk assessment, a health and safety risk assessment or a legionella risk assessment.
- Staff were aware of their own roles and responsibilities.

Leadership and culture

The GP in the practice had the experience and capability to run the practice and ensure quality and compassionate care. The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

When there were incidents, accidents or significant events staff followed guidance to report them. The practice told us they investigated them and carried out analysis. However, the practice could not demonstrate they kept accurate records or that learning from them took place and was shared with all relevant staff.

Although staff felt supported by the GP they were unclear as to the role of the business manager and the locum practice manager.

- Staff told us the practice held informal meetings when there was an issue but minutes of these had not been recorded.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues to the GP and felt confident and supported if doing so
- Staff said they felt respected, valued and supported by the GP.
- The practice informed us that they had not held a practice meeting in the past six to eight months because of staff changes.

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

The GP and business manager informed us that the practice encouraged and valued feedback from staff and from patients. However, we found no evidence that either staff or patient surveys had been under taken, and we were not shown evidence of any suggestions made by patients, or any consequent actions taken. The practice did not have a patient participation group or an alternative method for engaging with their patients. When we asked the practice about this they informed us that they planned to start a patient participation group.

The practice had a suggestion box located in the waiting areas. However, there was no evidence of any suggestions having been received. The practice website invited patients to take part in the Friends and Family Test on the practice website. However, the practice did not have Friends and Family Test comment cards or a box in the waiting room for patients and had received no comment from the website.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care **How the regulation was not being met:** The provider had not ensured that people's preference about who delivers care and treatment in relation to requesting staff of a specific gender had been considered. This was in breach of regulation 9 (1)(2)(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The provider had not ensured that there was adequate infection control. For example, the provider had not completed infection control audits, reviewed cleaning logs or completed a legionella risk assessment. The provider had not risk assessed whether a defibrillator was required in the practice. The provider had not ensured that vaccines were stored in line with Department of Health guidance and there was no cold chain or medicines management policy to support this. The provider had not ensured that blank prescriptions were tracked throughout the practice.

This section is primarily information for the provider

Requirement notices

The provider patient had not ensured that Patient Group Directions (PGDs) or Patient Specific Directives (PSDs) were available to authorised clinical staff to administer vaccines and immunisations in line with national requirements.

This was in breach of regulation 12(1)(2)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises **How the regulation was not being met:** The provider had not ensured clinical equipment was calibrated annually or risk assessed if portable appliances were safe to use in the surgery. This was in breach of regulation 15 (1)(e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints **How the regulation was not being met:** The provider had not ensured that the complaints policy and procedure was adequately implemented or that complaints were shared with staff so that there was an opportunity for learning. This was in breach of regulation 16 (1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Requirement notices

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services 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 adequate systems or processes in pace to ensure that risks were assessed, monitored, improved or mitigated in relation to the quality and health and safety of patients and staff in carrying on the regulated activity. For example, the provider had not:- • Completed risk assessments including fire, health and safety and infection control. • Conducted regular clinical audits to improve patient safety • Maintained adequate records of multidisciplinary meetings, significant events, or complaint investigations and the actions taken. • Ensured there was a robust systems in place to recall or inform patients of cervical screening results. The provider had not maintained records necessary to the management of the regulated activity:- • By not ensuring that all policies and procedures used to govern activity were practice specific or are up to date. The provider had not sought feedback from patients or staff for the purpose of continually evaluating or improving the service. The provider had not ensured that their audit and governance systems were effective. This was in breach of regulation 17 (1)(2)a)(b)(d)(e)(f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services	Regulation 18 HSCA (RA) Regulations 2014 Staffing **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury	The provider had failed to ensure that there were sufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to meet requirements. The provider had failed to ensure that staff had completed the practices mandatory training. This included infection control, chaperoning and safeguarding vulnerable adults. The provider had failed to ensure that staff received appropriate support through appraisals or supervision. The provider had not provided development plans for staff. This was in breach of regulation 18 (1)(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed **How the regulation was not being met:** The provider had failed to ensure that persons employed for carrying out the regulated activities were of good character and had not ensured that information specific to schedule three was in place. The provider had failed to ensure that all staff had received either a risk assessment or a DBS check especially for staff who acted as chaperones. This was in breach of regulation 19 (1)(a) (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.