

Dr Awadh Jha

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Inadequate



Are services caring?

Requires improvement



Are services responsive to people's needs?

Inadequate



Are services well-led?

Inadequate



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Dr Awadh Jha	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11
Action we have told the provider to take	22

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Awadh Jha on 11 November 2014. Overall the practice is rated as inadequate.

Specifically, we found the practice inadequate for providing safe, effective, responsive and well-led services. It was also inadequate for providing services for 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, and for people experiencing poor mental health (including people with dementia). Improvements were also required for providing caring services.

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

- This practice is run with one GP only.
- The practice nurse had left the practice in recent months and there had been no recruitment of

staff to replace them.

- The secretarial staff as well as a practice manager had left the practice in recent months and there had been no recruitment of staff to replace them.
- The practice was clean and patients told us they had no concerns with the cleanliness of the practice.
- Patients were happy with the care treatment and support they had received. Patients told us they had been involved and felt included in decisions about their care, treatment and support at the practice.
- Patients were happy with the appointment system and said they could obtain an appointment when they needed one and were able to get through to the practice on the telephone.

Summary of findings

- The practice did not gather feedback from patients so that had the opportunity to improve or

influence the service they received and did not have a patient participation group (PPG).

The areas where the provider must make improvements are:

- Ensure the availability of appropriate medicines and equipment to deal with a medical emergency.
- Ensure that medicines are stored correctly and safe to use.
- Protect patients and others who may be at risk of inappropriate or unsafe care and treatment, by means of the effective operation of quality assessment and monitoring systems.
- Seek feedback from patients who use the service.
- Review their recruitment processes to help ensure that staff employed at the practice are safe to work with vulnerable children and adults.

- Ensure sufficient numbers of suitably qualified, skilled persons are employed at the practice to meet patient's needs.

- Ensure that staff are up to date with mandatory training.
- Review staff records and ensure they are kept up to date.
- Revise patient records to help ensure they are up to date and contain key information such as allergies, reactions to medicines and medical histories.

On the basis of the ratings given to this practice at this inspection, (and the concerns identified at a previous inspection on 29 October 2013), I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

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 safe. Staff understood their responsibilities to raise concerns and to report incidents and near misses. When things went wrong, lessons were learned. However, recruitment checks were incomplete when staff were employed at the practice. Arrangements to deal with a medical emergency were unsatisfactory. The practice did not have systems to ensure that medicines were stored correctly and were safe to use. The practice lacked systems and processes to monitor safety.

Inadequate



Are services effective?

The practice is rated as inadequate for effective. Knowledge of and reference to national guidelines was inconsistent. The practice did not carry out completed audits of patient outcomes and audit was not driving improvement in performance for patient outcomes. Multidisciplinary working was reportedly informal and there were no records to demonstrate that multi professional working was taking place. Patient records had been summarised when joining the practice but this did not include key information relating to medical history, allergies and reactions to medicines.

Inadequate



Are services caring?

The practice is rated as requires improvement for caring. Data showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in care and treatment decisions. Accessible information was provided to help patients understand the care available to them. Staff treated patients with kindness and respect ensuring confidentiality was maintained.

Requires improvement



Are services responsive to people's needs?

The practice is rated as inadequate for responsive. The practice had not reviewed the needs of their local patient population and did not seek any patient feedback. Patients were able to see the same GP and were happy with continuity of care. Patients told us that it was sometimes difficult to get routine appointments although urgent appointments were usually available the same day. Accessible information was provided to help patients understand the complaints system.

Inadequate



Are services well-led?

The practice is rated as inadequate for well-led. The practice did not have a clear vision and strategy to deliver this. Staff we spoke with were not clear about their responsibilities in relation to this. There

Inadequate



Summary of findings

was an identified leadership and staff did feel supported by management. The practice had policies and procedures to govern activity. However these were produced and reviewed but did not contain enough information to guide staff and help ensure safe practice. The practice did not hold regular governance meetings and issues were discussed at ad-hoc meetings. The practice had not proactively sought feedback from staff or patients and did not have a patient participation group (PPG). Staff told us they had not received regular performance reviews and did not have clear objectives.

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 care provided to older people. There was a lack of robust assessment and monitoring of the quality of service provision. The practice had a higher proportion of older patients compared to the clinical commissioning group (CCG) and national averages. Nationally reported data showed the practice had good outcomes for conditions commonly found amongst older people. The practice offered proactive, personalised care to meet the needs of the older people in its patient population and had a range of enhanced services. For example, in dementia care. The practice offered pre-bookable appointments for a Saturday morning influenza vaccination clinic to patients in this population group. The practice was responsive to the needs of older people, including offering home visits and prioritised appointments for patients with complex needs. The practice had safeguarding policies and procedures to help identify patients at risk of abuse although not all staff had received safeguarding training.

Inadequate



People with long term conditions

The practice is rated as inadequate for the care of people with long-term conditions. There was a lack of robust assessment and monitoring of the quality of service provision. There were emergency processes and referrals made for patients in this group that had a sudden deterioration in health. When needed, longer appointments and home visits were available. Patients with complex conditions had an appropriate care plan developed. The practice offered pre-bookable appointments for a Saturday morning influenza vaccination clinic to patients in this population group.

Inadequate



Families, children and young people

The practice is rated as inadequate for the care of families, children and young people. There was a lack of robust assessment and monitoring of the quality of service provision. The practice offered a full range of immunisations for children and influenza vaccinations. Last year's performance for all immunisations was below the average for the clinical commissioning group (CCG). Two patients told us they were very satisfied with the antenatal care provided. The practice offered pre-bookable appointments for a Saturday morning influenza vaccination clinic to patients in this population group.

Inadequate



Summary of findings

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). There was a lack of robust assessment and monitoring of the quality of service provision. The practice had a lower proportion of patients between the ages of 20-39 years compared to other practices in the local CCG area.

The practice offered a range of health promotion and screening which reflected the needs for this patient population group. For example, the practice achieved 46% NHS health checks for 40-75 year old patients. The practice offered pre-bookable appointments for a Saturday morning influenza vaccination clinic to patients in this population group.

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. There was a lack of robust assessment and monitoring of the quality of service provision. The practice held a register of patients living in vulnerable circumstances including those with learning disabilities. The practice had carried out annual health checks for people with learning disabilities and all of these patients had received a follow-up. The practice had sign-posted vulnerable patients to various support groups and third sector organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

Inadequate



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). There was a lack of robust assessment and monitoring of the quality of service provision. 24 out of 34 patients with poor mental health had a care plan.

The practice had a system to follow up on patients who had been discharged from hospital to support them in the community.

Inadequate



Summary of findings

What people who use the service say

During the inspection on 11 November 2014 we spoke with seven patients. All the patients we spoke with were satisfied with the care they received. They told us the staff were always caring, supportive and sensitive to their needs, and they felt safe when visiting the practice or when the GP visited them in their homes.

Patients indicated they had no concerns with regard to hygiene and the cleanliness of the practice. They told us staff always washed their hands before and after examining them or carrying out a procedure.

Patients felt they were involved in their care and treatment and that options were always explained and discussed with them. They told us staff always gave them

enough information to be able to make decisions with regard to their care and they could make these decisions in their own time. Patients said they were treated with dignity and respect when using the practice and they could request to speak with one of the reception staff privately if they wished.

Patients we spoke with told us they could get an appointment when they needed one but sometimes had to wait for a routine appointment. Although when an urgent appointment was requested they had been seen the same day. Patients were particularly happy that they always saw the same GP and that they did not have to recount their concerns at each visit.

Areas for improvement

Action the service MUST take to improve

- Ensure the availability of appropriate medicines and equipment to deal with a medical emergency.
- Ensure that medicines are stored correctly and safe to use.
- Protect patients and others who may be at risk of inappropriate or unsafe care and treatment, by means of the effective operation of quality assessment and monitoring systems.
- Seek feedback from patients who use the service.
- Review their recruitment processes to help ensure that staff employed at the practice are safe to work with vulnerable children and adults.
- Ensure sufficient numbers of suitably qualified, skilled persons are employed at the practice to meet patient's needs.
- Ensure that staff are up to date with mandatory training
- Review staff records and ensure they are kept up to date
- Revise patient records to help ensure they are up to date and contain key information such as allergies, reactions to medicines and medical histories.

Dr Awadh Jha

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor

Background to Dr Awadh Jha

Dr Awadh Jha provides primary medical services Monday to Friday from 8am to 6pm each week, with the local out of hours service providing cover between 12pm to 3pm each day. The practice does not operate extended opening hours. The practice is situated in Chatham, Kent with a branch surgery also in Chatham at the Luton Medical Centre and provides a service to approximately 2422 patients in the locality across the two practices.

Routine health care and clinical services are offered at the practice, led and provided by the GP. There are a range of patient population groups that use the practice which holds a primary medical services (PMS) contract with the Medway area clinical commissioning group (CCG). The practice does not provide out of hours services and information is available to patients about how to contact the local out of hours services provider.

There is one GP working at the practice, the GP is male and there are no options for seeing a female GP. There are no practice nurses employed at either practice and administration staff (female) work as health care assistants as required. The practice has a number of administration / reception staff. The secretarial staff as well as a practice manager had left the practice in recent months and there had been no recruitment of staff to replace them.

The practice has more patients in the working age group than the local and national average and a higher number of older patients over the age of 65. The number of patients recognised as suffering deprivation is lower than the local and national average.

Services are delivered from:

Dr Awadh Jha

16 Tunbury Avenue

Walderslade

Chatham

Kent

ME5 9EH

And:

Luton Medical Centre

10a Beacon Hill

Chatham

Kent

ME5 7JX

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. This inspection was planned to check whether the provider was meeting the

Detailed findings

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, including the NHS area team, the locality clinical commissioning group (CCG) and the local Healthwatch. We had identified some areas where the practice had not met the requirements of the Health and Social Care Act (2008) at a previous inspection on 29 October 2013.

We carried out an announced visit on the 11 November 2014. During our visit we spoke staff including the GP, and a receptionist. We spoke with patients who used the service. Comment cards sent to the practice prior to our visit had not been completed. Staff told us they had not received them.

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

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

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

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

People experiencing poor mental health (including people with dementia)

Are services safe?

Our findings

Safe track record

The practice was not able to demonstrate that risks had been identified or quality improved in relation to patient safety. For example, reported incidents, national patient safety alerts as well as comments and complaints received from patients. Staff we spoke with were not fully aware of their responsibilities to raise concerns, or how to report incidents and near misses. For example we were told that a medical emergency had occurred on the premises but there were no records of the incident or of any reflective activity or learning as a result.

We reviewed the significant events recorded by the practice which were mostly related to cancer referrals. However an event recorded that one referral had been sent as routine despite National Institute for Health and Clinical Excellence (NICE) guidance indicating urgent referral for this condition. The practice did not have systems to monitor key safety risks to patients over time. We looked at five recent significant events that had occurred at the practice. The practice could not demonstrate that these significant events had been investigated. Some events showed that learning had been identified any reflective practise had taken place as a result. Staff told us the practice needed to carry out further work in this area.

Staff told us about an incident that had occurred involving a patient who had become unwell at the practice. There was no record of this significant event and no evidence of learning from it. An analysis of incidents and significant events over time had not been completed to identify if there were any reoccurring concerns across the service. As there was no system to assess significant events the practice was unable demonstrate their track record of safety.

Learning and improvement from safety incidents

The practice had a system for recording significant events, incidents and accidents. Some records were kept of significant events that had occurred. However we found some incidents were not always recorded. There was little evidence that learning had taken place or that the findings were disseminated to relevant staff.

National patient safety alerts were received at the practice. Staff we spoke with were able to give examples of recent

alerts relevant to the care they were responsible for. They also told us alerts were available on the practice computer system to help ensure all staff were aware of any relevant to the practice and where action needed to be taken.

Reliable safety systems and processes including safeguarding

The practice did not have a system to manage and review risks to vulnerable children, young people and adults. Practice training records were not available to show that staff, with the exception of the GP had received relevant role specific training on safeguarding. However, staff knew how to recognise signs of abuse in older people, vulnerable adults and children. They were also aware of their responsibilities regarding information sharing, and how to access contact details of the relevant agencies in order to report suspected abuse in and out of hours.

The GP was the dedicated lead in safeguarding vulnerable adults and children and had the necessary training to enable them to fulfil this role (level 3). Staff we spoke with were aware of who to speak with in the practice if they had a safeguarding concern.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information to make staff aware of any relevant issues when patients attended appointments. For example, children subject to child protection plans. The practice did not have any patients recorded on the child protection register.

The practice had a chaperone policy which was displayed for patients to see on the waiting room noticeboard and in consulting rooms. Staff told us they had undergone chaperone training. As there were no nurses employed at either practice, receptionists carried out chaperoning duties and understood their responsibilities when acting as chaperones.

Patient's individual records were written and managed in a way that did not ensure safety. Records were kept on an electronic system which collated all communications about the patient including scanned copies of communications from hospitals. No audits had been carried out to assess the completeness of these records. Staff told us that new patient's paper notes, once received from their previous practice, were scanned into the electronic system. Reception staff were responsible for summarising patient records, we looked at five patient records that had been recently summarised. This was

Are services safe?

because concerns were raised when discussing the summarisation process. We found that key information had not been included in four of the summarisations such as an allergy to a medicine, aftercare information from a recent hospital discharge letter and a past history of asthma.

Medicines management

Medicines stored in the treatment rooms and medicine refrigerators were stored securely and accessible to only by authorised staff. There was a policy to help ensure medicines were kept at the required temperatures. However, this was not being followed by the practice staff as the refrigerator temperatures had not been checked regularly.

There were processes to check vaccine medicines were within their expiry date and suitable for use. The medicines we checked were within their expiry dates. However the records of the medicines held did not correspond to the medicines stored in the vaccine refrigerator. Expired and unwanted medicines were disposed of in line with waste regulations.

Vaccines were administered by the GP.

There was a protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework. For example, staff who generated prescriptions were trained in how changes to patients' repeat medicines were managed.

All prescriptions were reviewed and signed by the GP before they were given to the patient. Blank prescription forms were stored securely. However, the practice did not have a system to track blank prescription forms through the practice in line with national guidance.

Cleanliness and infection control

The premises were clean and tidy and there were cleaning schedules as well as cleaning records kept. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control.

The GP was the lead for infection control and records confirmed they had undertaken infection control training to enable them to provide advice on the practice infection control policy. However, the practice had not carried out audits to monitor the quality of infection control measures.

There was an infection control policy which did not contain enough information or guidance for staff to help ensure

safe practice. Personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these in order to comply with the practice's infection control policy. Staff were able to describe how they handled specimens safely to meet national guidance on infection control.

Hand hygiene techniques signage was displayed in staff and patient toilets. Clinical hand-wash basins with hand soap, hand gel and hand towel dispensers were available in treatment rooms.

The practice had been risk assessed and an investigation carried out to determine if there was a risk of legionella (a germ found in the environment which can contaminate water systems in buildings) The practice had been rated as low risk at the assessment in April 2014.

Equipment

The GP told us there was sufficient equipment which enabled diagnostic examinations, assessments and treatments to be carried out. They told us that all equipment was tested and maintained regularly and equipment maintenance logs and other records confirmed this. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date. Records also demonstrated regular calibration of relevant equipment such as weighing scales.

Staffing and recruitment

There were no staff records shown to us to evidence that appropriate recruitment checks had been undertaken prior to employment. The practice had a recruitment policy that set out the standards it followed when recruiting clinical and non-clinical staff. However, the practice could not demonstrate that these standards had been followed.

The practice did not have a system to ensure that safe staffing levels and skill mix were maintained during the hours the practice was open in order to help ensure that care was safe and effective. Key staff had left over the recent months including the practice nurse, the medical secretary and the practice manager. The 13 clinical sessions were staffed by the GP and four administration / reception staff across two practices.

Staff told us there were usually enough staff to maintain the smooth running of the practice and there were enough

Are services safe?

staff on duty to ensure patients were kept safe. However this was not maintained in the event of staff sickness or leave and staff told us they used staff from an agency when the need arose but rarely used them.

Monitoring safety and responding to risk

The practice had systems, processes and policies to manage and monitor risks to patients, staff and visitors to the practice. These included annual and monthly checks of the building, the building environment, medicines management, and equipment. The practice had a health and safety policy. Health and safety information was displayed for staff to see and there as an identified health and safety representative.

Arrangements to deal with emergencies and major incidents

The practice was unable to demonstrate it was equipped to deal with emergencies in line with national guidance. Records showed that not all staff were up to date with basic life support training. Limited emergency equipment was available which comprised of a selection of oropharyngeal airways (devices to maintain someone's airway in an emergency).

Emergency medicines were limited to available the treatment of anaphylaxis. The practice did not routinely

hold stocks of medicines for the treatment of hypoglycaemia, asthma, or cardiac arrest. The reason for this was not demonstrated and no full risk assessment had been undertaken and there was no system to manage this. The emergency medicines held had been checked were within their expiry date and suitable for use. Other staff we spoke with told us two medical emergencies had occurred at the practice and it had taken an average of fifteen minutes for an ambulance to arrive on both occasions.

There was a business continuity plan to deal with a range of emergencies that may impact on the daily operation of the practice. Staff told us the risks identified included power failure, adverse weather, unplanned sickness and access to the building. This arrangement had not been documented but staff had relevant contact details to refer to. For example, contact details of utility services to contact in the event of a power failure.

A fire risk assessment had been undertaken that included actions required to maintain fire safety. There were no records available to show staff were up to date with fire training. Staff told us that no fire drills had been undertaken, but the alarm was checked daily and records confirmed this.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients' needs were assessed and care and treatment delivered in line with current evidence based guidance. Staff told us they accessed National Institute for Health and Care Excellence (NICE) guidelines electronically. The aim of these guidelines is to improve health outcomes for patients. The GP described to us how they used these to assess the needs of their patients. For example, the GP described how they followed NICE guidance for changes in the prescription of statins (medicines that can help to lower cholesterol levels in blood).

The practice's performance for antibiotic prescribing was lower than average to similar practices. The practice had completed a review of case notes for patients with high blood pressure which showed all were on appropriate treatment and regularly reviewed. The practice used computerised tools to identify patients with complex needs who had multidisciplinary care plans documented in their case notes. There was a process to review patients recently discharged from hospital within one week by the GP.

Patients told us that the practice referred them appropriately to secondary and other community care services such as a chiropodist.

Interviews with the GP showed that the culture in the practice was that patients were referred on individual need and that age, sex and race was not taken into account in decision-making.

Management, monitoring and improving outcomes for people

Staff at the practice had key roles in the monitoring and improvement of outcomes for patients. These roles included data input, clinical review scheduling, child protection alerts management and medicines management.

The GP told us clinical audits were often linked to medicines management information, safety alerts or as a result of information from the Quality and Outcomes Framework (QOF). QOF is a national performance measurement tool. Following the audit the GP carried out medication reviews for patients who were prescribed these medicines and altered their prescribing practice, in line with the guidelines. The GP maintained records showing

how they had evaluated the service and documented the success of any changes with regard to the audit. However there was no re-visit date to evaluate the success of the changes made or if any other improvements or adjustments were needed.

We were shown another prescribing audit which had been carried out. However the practice unable to demonstrate that a clinical audit cycle had been completed. The GP told us the practice needed carry out further work in this area.

Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP. They also checked that routine health checks were completed for patients with long-term conditions such as diabetes and that the latest prescribing guidance was being used. The information technology (IT) system flagged up relevant medicines alerts to the GP when they prescribe medicines. Records confirmed that following the receipt of an alert the GP had reviewed the use of the medicine in question and where they continued to prescribe it outlined the reason why they decided this was necessary. Records also confirmed that the GP had oversight and a good understanding of each patient's needs.

Effective staffing

Practice staffing included the GP and administrative staff. We could not review all staff training records as there were limited records available. Staff were not up to date with attending mandatory courses such as annual basic life support. The GP was not up to date with their yearly continuing professional development requirements and had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

There had been no annual appraisals for staff that identified learning needs from which action plans were created. Staff interviews confirmed that the practice was not proactive in providing training and that staff had to source and fund some training courses themselves. We asked to see documentation to show what training staff had received, we were told there were no staff training records available.

The practice nurse had left the practice in recent months and there had been no recruitment to replace them.

Are services effective?

(for example, treatment is effective)

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. Blood results, X ray results, letters from the local hospital including discharge summaries, out of hours providers and the 111 service were received both electronically and by post. Staff understood their responsibilities in passing on, reading and actioning any issues arising from communications with other care providers on the day they were received. The GP seeing these documents and results was responsible for the action required. Staff we spoke with understood their roles and felt the system worked well.

The practice did not have any records of multidisciplinary team meetings although staff told us they took place quarterly to discuss the needs of complex patients for example, those with end of life care needs or children on the at risk register. Staff said these meetings were attended by palliative care nurses and decisions about care planning were documented in a shared care record.

Information sharing

The practice used several electronic systems to communicate with other providers. For example, there was a shared system with the local out of hours provider to enable patient data to be shared in a secure and timely manner. The practice had an electronic system for making referrals. Staff reported that this system was easy to use.

The practice had systems to provide staff with the information they needed. An electronic patient record was used by all staff to coordinate, document and manage patients' care. All staff were trained in the use of the system, and commented positively about the system's safety and ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

Patients we spoke with and comments we reviewed told us they were treated with respect and as partners in their care and treatment. Patients said they felt listened to by staff at the practice and they told us they received information about their condition or illness. Practice staff had not received training around the use of the Mental Capacity Act 2005.

The patients we spoke with confirmed that their consent was always sought and obtained before any examinations and surgical procedures were conducted. Where patients had capacity to make their own decisions, appropriate consent was obtained.

Health promotion and prevention

There was a large range of health promotion information available at the practice. This included information on multiple sclerosis, alcoholics anonymous, diabetes UK, bereaved patient support group and how to request a chaperone. The practice had systems to promote current guidance and encourage patients to attend relevant screening programmes, for example bowel screening or an NHS health checks.

It was practice policy to offer all new patients registering with the practice a health check with GP. The GP followed-up all health concerns identified at the new patient health check in a timely manner.

The practice also offered NHS Health Checks to all its patients aged 40-75. Practice data showed that 50% of patients in this age group took up the offer of the health check. A GP showed us how patients who had risk factors for disease identified at the health check were followed-up within two weeks and were scheduled for further investigations.

Patients with long term conditions such as diabetes were offered regular health and medication checks at dedicated clinic appointments. The practice had a system to recall patients to these clinics where treatment options were discussed. Where patients with long term conditions who missed their clinic appointment were routinely offered another appointment by practice staff to help ensure they received regular review and effective management of their individual health needs.

The practice had systems that identified patients who needed additional support. For example, the practice kept a register of all patients with learning disabilities. These patients were offered the opportunity to have an annual physical health check. All of the patients on the learning disability register had received their health check.

A carer's information pack was available for patients who had identified themselves as carer's.

Health promotion advice was available to signpost and support patients with mental health problems. For

Are services effective?

(for example, treatment is effective)

example, peer support and self-management organisations such as MIND. (MIND is a mental health charity in England and Wales which offers information and advice to people with mental health problems. It also works to raise public awareness and understanding of issues relating to mental Health).

Staff told us annual influenza vaccines were offered to patients on an opportunistic basis and included those in vulnerable groups. For example, patients who suffered from asthma and other long term conditions. Patients

attending appointments at the practice for other reasons were routinely offered an influenza vaccination during their consultation. This negated their need to return to the practice another time to receive it.

The practice offered a full range of immunisations for children. Last year's performance for all immunisations was below average for the clinical commissioning group (CCG). The practice did not have a policy for following up non-attenders for child vaccinations. Patients therefore may not have always received their vaccinations in a timely manner.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff who worked in reception were considerate, understanding and caring towards patients as well as remaining respectful and professional. Patients we spoke with clearly appreciated the caring response they had received. The practice switchboard was located away from the reception desk which helped keep patient information private.

The practice used the NHS England General Practice Patient Survey to allow benchmarking against national scores. The results of the survey were mostly positive with the practice generally scoring moderately in line with national average scores. The evidence from this source showed that 76% of patients were satisfied with how they were treated by the practice and that this was with dignity and respect.

Patients did not complete comment cards to provide us with feedback on the practice. The practice told us that they had not received the comment cards and poster from us.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room.

Care planning and involvement in decisions about care and treatment

Patient survey information from NHS England showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment generally rating the practice well in these areas. For example, data from the national GP patient survey showed 76% of practice respondents said the GP

involved them in care decisions and 78% felt the GP was good at explaining treatment and results. 85% of patients said they were sufficiently involved in making decisions about their care.

Patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment they wished to receive. The patient survey information confirmed this with a 85% of patients indicated that they felt involved in their care and had been listened to.

Staff told us that translation services were available for patients who did not have English as a first language. There were notices in the reception areas informing patients this service was available.

Patient/carer support to cope emotionally with care and treatment

The patients we spoke with said they felt they had received help to access support services when needed. For example, patients told us staff responded compassionately when they needed help and provided support when required. Notices in the patient waiting room also signposted patients to a number of support groups and organisations. For example, bereavement support groups. The practice's computer system alerted the GP if a patient was also a carer.

Staff told us families who had suffered bereavement were called by their GP. This call was either followed by a patient consultation and/or signposting to a support service. Patients we spoke with who had had a bereavement confirmed they had received this type of support and said they had found it helpful.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was responsive to patients' needs and had systems to maintain the level of service provided although we could not be assured this was sustainable in the long term. There had been dramatic changes in the number of staff during the last year, with key members of staff leaving the practice whom at the time of our visit had not been replaced. This had placed a higher workload on the GP and remaining administration staff. The practice was staffed with three administration staff and the GP over two sites.

The needs of the practice patient population were understood and the practice was able to address identified needs. For example, patients could access appointments, telephone consultation or be visited at home. Patients could also make appointments with the GP at either of the two surgeries. This helped to ensure that the practice met, where possible, patient's individual preferences. Patients we spoke with all said they felt the practice was meeting their needs. This included being able to see same GP and being able to access repeat medication at short notice when this was required.

The practice offered longer appointments for patients who needed them such as those with long-term conditions. Home visits were provided when necessary and the GP visited patients living in two local care homes.

The practice did not have a patient participation group or any method for gaining feedback from patients.

The practice had a palliative care register and held multidisciplinary meetings quarterly and staff from the local hospice attended to discuss patients and their families care and support needs although these were informal and not documented.

Tackling inequity and promoting equality

The practice had access to online and telephone translation services and a GP who spoke another language.

The premises and services had been adapted to meet the needs of people with disabilities. There was ramped access to the door of the practice. Inside there was two GP consultation rooms and a treatment room on the ground floor, another consultation room located on the first floor which was only used for counselling clinics, however

patients with mobility problems would be seen in one of the ground floor consultation rooms for counselling services. There were stairs to the first floor but no lift. The toilets were located on the ground floor and the facilities which accommodated a wheelchair.

Access to the service

Appointments were available from 8am to 12 noon and 3pm to 5pm on weekdays. Between 12pm and 3pm patients were directed to the out of hours service. Staff told us that home visits would be made as well as visits to local care homes between the hours of 12 noon and 3pm daily. The practice also opened until 6.30pm on two evenings so that patients could attend after working hours.

Comprehensive information was available to patients about appointments in a practice leaflet. This included how to arrange routine appointments, urgent appointments and home visits. There were arrangements to help ensure patients received urgent medical assistance when the practice was closed. When patients telephoned the practice when it was closed, there was an answerphone message giving the contact details of the out of hours provider.

Patients were generally satisfied with the appointments system. They said they could see a doctor on the same day if required and told us they liked the fact they always saw the same doctor.

Patients told us that when in urgent need of treatment they were able to make appointments on the same day of contacting the practice.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns. Their complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice which was the GP.

Information was available to help patients understand the complaints system such as a poster in the waiting area and information about how to make a complaint in the practice leaflet. Patients we spoke with were aware of the process to follow should they wish to make a complaint. None of the patients spoken with had ever needed to make a complaint about the practice.

Are services responsive to people's needs?

(for example, to feedback?)

One complaint had been received in the last 12 months and had been handled in line with the complaints policy

timeframes. Correspondence included progress reports to the patient as the complaint investigation progressed so that they were continually updated. The complaint we looked at was still on going.

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 were plans for the practice to merge with another medical group in the local area although there were no records to confirm this. Staff told us that when the merge went ahead in approximately June 2015 this would bring staffing back up to the required levels and arrangements would be made with regard to the employment of nursing and administration staff across both surgeries.

Governance arrangements

There were a number of policies and procedures to govern activity and these were available to staff on any computer within the practice. We looked at five of these policies and procedures. Some of the policies and procedures we looked at had been reviewed and were up to date. However some policies contained very little information and were not comprehensive. For example, the infection control policy did not contain enough information or guidance for staff to help ensure safe practice. We asked for the practice Health and safety policy, staff informed us that they did not have one.

The practice did not hold any governance meetings. The GP informed us that he discussed governance with a local peer group but this was on an informal basis and no minutes were kept.

The practice held a General Medical Services (GMS) contract with NHS England for delivering primary care services to their local community. As part of this contract, quality and performance was monitored using the Quality and Outcomes Framework (QOF). QOF rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care. QOF data for this practice showed it was performing slightly below national standards scoring 94.5 out of a possible 100 points.

The practice had limited arrangements for identifying, recording and managing risks. Fire and legionella risk assessments had been completed. Staff told us what action they would take to maintain business continuity in the event of loss of domestic services. However this had not been risk assessed and there were no action plans available to show how these would be managed.

There was no risk log to address potential issues, such as control of substances hazardous to health (COSHH) or a robust analysis of significant events over time.

Leadership, openness and transparency

Staff were aware that the short term vision for the practice to improve health outcomes for patients was to address the lack of practice staff. A strategy was being developed to determine how this was to be achieved and what the practice's long term vision was. There was no business plan for the development of future services for the practice as it is run currently but there are discussions about a potential merger. The practice leadership structure was the GP. The GP lead on all areas such as infection control, chronic diseases and safeguarding. Staff told us that they felt valued, supported and knew who to go to in the practice with any concerns.

Records showed that team meetings were held bi monthly.

Practice seeks and acts on feedback from its patients, the public and staff

The practice had not gathered feedback from patients internally, but were aware of the national patient survey results.

The practice did not have a patient participation group (PPG). PPGs are an effective way for patients and GP practices to work together to improve the service and to promote and improve the quality of care patients receive. Staff told us they recognised that the practice needed to improve its communication with patients to enable them to be involved in influencing the way services were provided.

The practice did not gather feedback from staff formally, but informal discussions were held every day about the practice. Staff told us that they had been listened to when suggestions to improve the service had been put forward informally.

The practice had a whistle blowing policy which was available to all staff in the staff handbook and electronically on any computer within the practice.

Management lead through learning and improvement

Are services well-led?

Inadequate 

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

Staff told us that they had received training specific to their roles although some mandatory training had not been completed, such as, basic life support and safeguarding. We asked to look at staff files and staff told us there were none available on the day of our visit.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not have appropriate medicines and procedures in place for dealing with emergencies which could reasonably be expected to arise and which would, if they arose, affect, or be likely to affect, welfare and safety of people using the service.</p> <p>This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 12 (2) (a) & (b) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not protect people who used the service by regularly assessing and monitoring the quality of services provided or identify, assess or manage potential risks to patients and staff. The provider had failed to make changes as a result of an indemnity provider's investigation and report following a complaint. The provider had failed to record a significant event where a patient had become unwell at the practice. The practice did not seek the views from people who used the service.</p> <p>This was in breach of Regulation 10 Health and Social Care Act 2008 2008 (Regulated Activities) Regulations 2010 1(a) (b) 2 (iv) (e) which corresponds to Regulation 17 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 (2) (a) & (e) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>

This section is primarily information for the provider

Requirement notices

Regulated activity

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

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person did not protect service users by regularly monitoring the storage of medicines kept at the practice.

This was in breach of Regulation 13 Health and Social Care Act 2008 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 12 (1) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 12 (2) (g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

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

Regulation

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

The registered person had failed to operate effective recruitment procedures and did not have available the information required under schedule 3 to the Act.

This was a breach of Regulation 21 Health and Social Care Act 2008 2008 (Regulated Activities) Regulations 2010 Requirements relating to workers 1(a) (b) which now corresponds to Regulation 19 (2) & 19 (3) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

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

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The registered person had not ensured that staff were sufficiently supported and had received mandatory training in basic life support and safeguarding training to the appropriate level. The registered person had not carried out appraisals for staff.

This section is primarily information for the provider

Requirement notices

This was in breach of Regulation 23 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 1 (a) which corresponds to Regulation 18 (2) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity

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

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The registered person had not ensured that records were complete. Patient records did not contain key information when summarised, such as allergies. Staff records and files were not available to the inspection team.

This was in breach of Regulation 20 Health and Social Care Act 2008 2008 (Regulated Activities) Regulations 2010 1(a) (b) 2 (a) which corresponds to Regulation 17 (1) (a) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 17 (2) (c) & (d) The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.