

Dr Shamim Sameja

Quality Report

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

Ratings

Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



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	7
What people who use the service say	11
Areas for improvement	11

Detailed findings from this inspection

Our inspection team	12
Background to Dr Shamim Sameja	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Shamim Sameja on 13 October 2016. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses, but we found the provider was unable to demonstrate that following an incidents an investigation was completed, lessons learnt and actions taken to mitigate the risk of further occurrence.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. The practice had processes and practices in place to keep people safe and safeguarded from abuse.
- There was no effective system in place to monitor staff training and to ensure staff were up to date with the latest guidelines for health and safety and infection

control. Non clinical staff carrying out chaperone duties had not received training and were unaware of the correct procedures to follow and no regular reviews or annual appraisals had been completed.

- The practice had no register of staff immunisation status or vaccinations, except Hepatitis B status for the practice nurse and health care assistant.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs. For example the practice held a diabetic liaison service every two months run by a diabetic specialist nurse.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- We identified learning needs for some of the team in the use of the clinical system. The practice were not fully utilising the clinical system and we found that coding of some referrals was not being completed.

Summary of findings

- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- The practice actively reviewed complaints and how they were managed and responded to, and made improvements as a result. The provider was aware of the requirements of the duty of candour.

There were areas of practice where the provider must make improvements:

- Ensure all significant events and incidents are reported effectively and discussed with the team.
- Review current training processes to ensure staff have the appropriate skills and knowledge required for their role and ensure staff have regular reviews and appraisals to support professional development.
- Ensure risk assessments have been undertaken in the absence of staff immunisation status to identify duties, risks and actions to minimise the risk to staff.
- Seek patient and staff views and act on feedback to evaluate and improve services.
- Ensure policies are embedded to support governance arrangement and systems within the practice.
- Ensure an effective business plan is in place to maintain service provision and monitor future strategy.

There were areas of practice where the provider should make improvements:

- Review registers to ensure they are up to date and improve current practice for coding referrals and information on medical records to support the accuracy of patient registers .
- Review how the practice could proactively identify carers in order to offer them support where appropriate.

- Consider in the absence of infection control training how the provider assure themselves that all staff have the necessary skills and knowledge for the appropriate management of infection control.
- Review systems and processes to manage business continuity.
- In the absence of regular team meetings the practice should consider how they ensure all staff members are kept updated and informed with information relevant to their role.
- Review the need to publicise the on line services provided by the practice.

I am placing this service in special measures. Services placed in special measures will be inspected again within six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

The service will be kept under review and if needed could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement we will move to close the service by adopting our proposal to remove this location or cancel the provider's registration.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

- There was a system in place for reporting and recording significant events and incidents. The provider was unable to demonstrate that following an incident an investigation was completed, lessons learnt and actions taken to mitigate the risk of further occurrence.
- The practice had defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise concerns.
- Infection control training had not been completed by some staff members. The practice had not assured themselves that staff had the necessary skills and knowledge for the management of infection control. There was no register of staff vaccinations or records of staff immunisation in place and no risk assessments had been completed in the absence of staff immunisation status to identify duties, risks and actions to minimise the risk to staff.
Since the inspection we have received evidence of Hepatitis B immunisation status for the practice nurse and health care assistant.
- The practice had adequate arrangements in place to respond to emergencies, but there was no completed business continuity plan in place to deal with major incidents.
- Staff who carried out chaperone duties had not received the appropriate training and staff were not adhering to best practice guidelines. We saw no evidence of a policy in place to support or guide staff doing this role. Since the inspection we have received a copy of the practice's chaperone policy, but this did not include guidance on the procedures to follow for staff who are carrying out the role of chaperone.

Inadequate



Are services effective?

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Staff had received no health and safety training or infection control. Staff had access to e-learning training modules but this was not used and staff did not receive regular appraisals or

Requires improvement



Summary of findings

reviews. Since the inspection we have received evidence to confirm that the practice nurse and health care assistant had used the e-learning system for training updates and had completed specific training to support them in their roles.

- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had some skills, knowledge and experience to deliver effective care and treatment, but we found that staff were unaware of the correct coding to use when updating patient's medical records. For example, patients who were referred under the two week wait scheme had not been coded.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, but there was no documented evidence of meetings. Since the inspection we have received copies of minutes from a meeting held with the district nurses in October 2016.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average. The most recent published results of 2015/16 showed the practice had achieved 97.8% of the total number of points available with an exception reporting rate of 5.3%, which was higher than the national average of 95%.

Are services caring?

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice was not aware of a carers register, but on doing a search of the clinical system we found that 0.5% of the practice's population had been identified as carers. There was a carers noticeboard in the waiting room with detailed information on local support available.
- Notices in the patient waiting room told patients how to access a number of support groups and organisations.
- We saw that staff were helpful and treated patients with kindness and respect and maintained patient and information confidentiality. The practice also supported patients by referring them to a number of support groups, onsite stop smoking service and other support agencies.

Good



Summary of findings

Are services responsive to people's needs?

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- Patients can access appointments and services in a way and at a time that suited them. Telephone consultations and extended hours were also available.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There were longer appointments available for vulnerable patients, for patients with a learning disability, for carers and for patients experiencing poor mental health. Urgent access appointments were available for children and those with serious medical conditions
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was discussed with staff, but we saw no evidence to confirm this.

Are services well-led?

Inadequate



- The practice had a vision to deliver quality care and promote good outcomes for patients. Staff were clear about their responsibilities and showed commitment to offering good patient care.
- The practice had a number of policies and procedures to govern activity, but did not hold regular governance meetings. Staff meetings were not being held to ensure all staff had an opportunity to formally contribute to the running and development of the practice.
- Policies were not embedded and poor governance procedures were in place. Staff were not supported in some of the roles they were asked to do, for example chaperoning.
- Staff had not received inductions or regular performance reviews. There was a limited focus on continuous learning and improvement to support staff to carry out their role and responsibilities.
- The provider was aware of the requirements of the duty of candour. The partners encouraged a culture of openness and honesty
- The practice did not seek feedback from staff and patients,. There was no patient participation group and no information on display to encourage patients to join a group.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as inadequate for providing safe and well led services; this affects all six population groups.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. Care plans were in place for those at risk of unplanned admissions. The practice had 14 patients on the unplanned admissions register which represented 0.5% of the practice population. Data supplied by the practice showed eight patients had received a medication review. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included blood tests and vaccinations for those patients who were vulnerable and unable to attend the practice.
- The premises were accessible to patients with mobility difficulties.
- The practice worked closely with multi-disciplinary teams so patients' conditions could be safely managed in the community, we were told meetings were held on a quarterly basis, but there was no record of these meetings. Since the inspection we have received copies of minutes from a meeting held with the district nurses in October 2016.
- The practice support pharmacist carried out medicine reviews and held regular meetings with the GP to discuss patient's needs.
- Data provided by the practice showed 100% patients aged 75 years and over with long term conditions had received a medication review in the past 12 months.

Inadequate



People with long term conditions

The practice is rated as inadequate for providing safe and well led services; this affects all six population groups.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.

Inadequate



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. we were told meetings were held on a quarterly basis, but there was no record of these meetings. Since the inspection we have received copies of minutes from a meeting held with the district nurses in October 2016.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions. For example, a specialist nurse led diabetes clinic was held every two months to review patients with complex diabetes.

Families, children and young people

The practice is rated as inadequate for providing safe and well led services; this affects all six population groups.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife provided antenatal care twice a week at the practice.
- Childhood immunisation rates for under two year olds ranged from 74% to 100% compared to the CCG averages which ranged from 74% to 99%. Immunisation rates for five year olds were ranged from 79% to 100% compared to the CCG average of 73% to 99%.
- There were policies, procedures and contact numbers to support and guide staff should they have any safeguarding concerns about children.

Inadequate



Working age people (including those recently retired and students)

The practice is rated as inadequate for providing safe and well led services; this affects all six population groups.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Inadequate



Summary of findings

- The practice offered online services, but no patients had signed up for this service. A full range of health promotion and screening that reflects the needs for this age group were also offered.
- The practice's uptake for the cervical screening programme was 81% which was slightly lower than the national average of 82%.
- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years. Data provided by the practice showed 490 patients had received a health check, which represented 19% of the practice list.
- The practice offered a choice of appointments to suit their working age population, with later evening appointments available one day a week on Monday evening. Results from the national GP survey in July 2016 showed 68% of patients were satisfied with the surgery's opening hours which was lower than the local average of 76% and the national average of 73%.

People whose circumstances may make them vulnerable

The practice is rated as inadequate for providing safe and well led services; this affects all six population groups.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and caring responsibilities and regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice offered longer appointments and annual health checks for people with a learning disability. Data provided by the practice showed that there were six patients on the learning disability register and none had received their annual health checks. The practice sent appointment reminders to patients to encourage them to attend their health checks.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations and held meetings with the district nurses and community teams every three months, but these meetings were not minuted. Since the inspection we have received copies of minutes from a meeting held with the district nurses in October 2016.
- 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 normal working hours and out of hours.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

The practice is rated as inadequate for providing safe and well led services; this affects all six population groups.

- Nationally reported data (2015/16) showed 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, with a 0% exception reporting rate, which was higher than the national average of 78%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Nationally reported data (2015/16) showed 100% of patients on the practice's mental health register had had their care plans reviewed in the last 12 months, with an exception reporting rate of 0%. The achievement was higher than the national average of 78%.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results were mixed, with the practice performing above local and national averages in some areas and below in others. Two hundred and ninety eight survey forms were distributed and 110 were returned. This represented a 38% response rate and 4% of the practice list.

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 76% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 82% and the national average of 85%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 34 comment cards which were all positive about the standard of care received. Some of the comments received, detailed how helpful the reception staff were and how caring and supportive Dr Sameja was.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all significant events and incidents are reported effectively and discussed with the team.
- Review current training processes to ensure staff have the appropriate skills and knowledge required for their role and ensure staff have regular reviews and appraisals to support professional development.
- Ensure risk assessments have been undertaken in the absence of staff immunisation status to identify duties, risks and actions to minimise the risk to staff.
- Seek patient and staff views and act on feedback to evaluate and improve services.
- Ensure policies are embedded to support governance arrangement and systems within the practice.
- Ensure an effective business plan is in place to maintain service provision and monitor future strategy.

Action the service **SHOULD** take to improve

- Review registers to ensure they are up to date and improve current practice for coding referrals and information on medical records to support the accuracy of patient registers .
- Review how the practice could proactively identify carers in order to offer them support where appropriate.
- Consider in the absence of infection control training how the provider assure themselves that all staff have the necessary skills and knowledge for the appropriate management of infection control.
- Review systems and processes to manage business continuity.
- In the absence of regular team meetings the practice should consider how they ensure all staff members are kept updated and informed with information relevant to their role.
- Review the need to publicise the on line services provided by the practice.

Dr Shamim Sameja

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 adviser.

Background to Dr Shamim Sameja

Dr Shamim Sameja is located in Pelsall, Walsall an area of the West Midlands. The practice opened in Pelsall Village in 1991 and moved to the current premises in 2012.

The practice has a General Medical Services contract (GMS) with NHS England. A GMS contract is a nationally agreed contract to provide essential services for people who are sick as well as, for example, chronic disease management and end of life care. The practice also provides some enhanced services such as childhood vaccination and immunisation schemes. The practice runs an anti-coagulation clinic for the practice patients.

The practice provides primary medical services to approximately 2,600 patients in the local community. The practice is run by a lead male GP (provider). The nursing team consists of a practice nurse, health care assistant and a practice pharmacist. The non-clinical team consists of administrative and reception staff and a practice manager.

Based on data available from Public Health England, the levels of deprivation in the area served by Dr Shamim Sameja are below the national average ranked at six out of ten, with ten being the least deprived.

The practice is open to patients between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday and 8am to 1pm on Thursday. The surgery contracts an out of hours

provider to cover Thursday afternoon. Extended hours appointments are available 6.30pm to 7.30pm on Monday. Telephone consultations are also available and home visits for patients who are unable to attend the surgery.

When the practice is closed, primary medical services are provided by Primecare, an out of hours service provider and NHS 111 service.

Why we carried out this inspection

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

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 13 October 2016. During our visit we:

- Spoke with a range of staff including the GP, practice manager and reception staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice had some systems in place to monitor safety but these were not always effective. There were processes in place for patient safety alerts, including medicines alerts received from the Medicines and Regulatory Authority (MHRA). The practice manager circulated the information to the relevant staff for action. .

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses, but we found the provider was unable to demonstrate that an investigation was completed following an incident, lessons learnt and actions taken to mitigate the risk of further occurrence were discussed and implemented.
- There was no documented evidence available to confirm the practice responded to an incident when things went wrong with care and treatment. No effective reporting system was in place to review and act on incidents and no evidence of action plans to improve patient safety and discuss lessons learnt. Since the inspection we have received an incident reporting form that the practice assures us is used by staff to report any concerns.

Overview of safety systems and processes

The practice had systems, processes and practices in place some of which kept patients safe and safeguarded from abuse:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP and practice nurse were trained to child safeguarding level three.
- There was a notice on the consulting room door to advise patients that chaperones were available if

required. Reception staff we spoke with who acted as chaperones had not been trained for the role and were unaware of the procedures to follow. All staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Since the inspection we have received a copy of the practice's chaperone policy, but this did not include guidance on the procedures to follow for staff who are carrying out the role of chaperone.

- The landlords maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw daily cleaning records and completed cleaning specifications for each area of the practice. There were also records to reflect the cleaning of medical equipment.
- The practice nurse was the designated clinical lead for infection control and there was an infection control protocol in place. Only the practice nurse and health care assistant had received training. The landlords organised annual infection control audits, but the practice had not assured themselves that the audit covered all areas of the practice. The last audit had been completed in August 2015 and the practice had achieved 94% compliance with infection control standards, no audit had been completed for 2016 at the time of inspection, however we have since received confirmation that an infection control audit was completed on 14 November 2016 and the practice had achieved 94%. We saw evidence of completed checks and actions taken to address areas identified. Staff had access to personal protective equipment including disposable gloves, aprons and coverings. There was a policy for needle stick injuries and staff knew the procedure to follow in the event of an injury.
- The practice held no register of staff vaccinations and had no records of staff immunisation status, except Hepatitis B status for the practice nurse and health care assistant. No risk assessments had been undertaken in the absence of staff immunisation status to identify duties, risks and actions to minimise the risk to staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

recording, handling, storing, security and disposal). The vaccination fridge temperatures were recorded and monitored in line with guidance by Public Health England

- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription stationery was securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We were unable to review all personnel files due to the organisation of staff information. Since the inspection we have received evidence to confirm that the appropriate recruitment checks had been undertaken for the last appointed member of staff, the practice nurse prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed, but not appropriately managed, this included the lack of risk assessments in the absence of staff immunisation, the coding of patients records and staff carrying out specific roles without the appropriate training.

- There were some procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy, risk assessments and evidence of safety checks were available. The caretakers of the premises carried out regular fire alarm tests. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The landlords carried out annual legionella checks.

(Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Confirmation of relevant legionella reviews were not available at the time of inspection, but since the inspection we have received evidence to confirm this has been completed.

- The practice ran an anti-coagulation clinic for the practice patients and we found nine patients currently on anti-coagulation medicines. We were told that all prescriptions issued are checked by the GP and this was supported by the CCG pharmacist.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had identified a shortage of clinical staff at the practice, which had resulted in the lead GP increasing the number of sessions available to patients. .

Arrangements to deal with emergencies and major incidents

The practice had some arrangements in place to respond to emergencies.,

- There was an alert system in place in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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 stored securely.
- The practice had commenced a business continuity plan for major incidents such as power failure or building damage, but on the day of inspection this was still not completed. There were gaps in who to contact and emergency contact details.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice had 14 patients on the unplanned admissions register which represented 0.5% of the practice population. Data supplied by the practice showed eight patients had received a medication review. Patients who were discharged from hospital were reviewed to establish the reason for admission and care plans were updated.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results of 2015/16 showed the practice had achieved 97.8% of the total number of points available; this was higher than the national average of 95%. Exception reporting was 5% which was lower than the national average exception reporting of 9%. (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 not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators was 92% which was comparable to the CCG average of 93% and the national average of 90%

- Performance for mental health related indicators was 100% which was higher than the CCG average of 94% and the national average of 93% Exception reporting rate was 0%.

Performance for COPD related indicators was 100% which was higher than the CCG and national averages of 97%. Exception reporting rate was 15.9%, which was higher than the national average of 12.3%.

The practice were unaware of the reason for this. We found the practice had not identified gaps in training and understanding of the clinical system and medical records were not being coded effectively. For example, patients who were referred under the two week wait scheme had not had this information added to their medical records.

There was evidence of quality improvement including clinical audit.

- There had been regular audits undertaken at the practice. We reviewed four audits where the improvements made were implemented and monitored. For example, the practice had completed an audit to assess whether blood pressure is being well controlled in patients with hypertension. The audit identified 66 patients as not having had a blood pressure review in the previous 12 months. A re-audit was carried out in October 2016 following intervention by the practice to encourage patients to attend appointments, which resulted in 44 patients having attended their appointments. The practice continued to monitor patients in line with NICE guidelines.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice had been working with the CCG and practice pharmacists in the reduction of antibiotic prescribing by giving patients more advice on treating infection. Since February 2015 the practice had seen a 10% reduction in antibiotic prescribing.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment, but we identified gaps in regular training and updates.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, confidentiality and fire safety, but did not include infection prevention and health and safety.

Are services effective?

(for example, treatment is effective)

- The practice had supported clinical staff members through training courses. For example, nurses were supported to attend study days, such as updates on immunisations and cervical screening. The practice nurse was currently studying an advanced nurse diploma at university.
- 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 demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Staff did not receive regular reviews or annual appraisals, one member of staff told us that they had not had an appraisal in the past five years. There was support for the revalidation of doctors and the practice was offering support to their nurses with regards to the revalidation of nurses, but we found no evidence that clinical appraisals had been completed. The GP was up to date with their yearly continuing professional development requirements and had been revalidated.
- Staff received some training that included: safeguarding and basic life support, but we found no evidence to confirm that all staff had received health and safety training, infection control or chaperone training. Staff had access to e-learning training modules, but we were told by the practice manager and staff that this was not used. Since the inspection we have received confirmation that the practice nurse and health care assistant had used the e-learning system for training updates and had completed specific training to support them in their roles.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Multidisciplinary (MDT) meetings were held every three months, but none of these meetings were minuted and no action plans were produced. Since the inspection we have received copies of minutes from a meeting held with the district nurses in October 2016.

The practice had four patients on their palliative care register, but the GP told us that he had no patients currently receiving palliative care. On reviewing the data, we noted that these patients were added to the list due to coding errors.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients' consent to care and treatment was sought in line with legislation and guidance. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidelines.

Supporting patients to live healthier lives

- The practice had identified patients who may be in need of extra support, but coding errors did not demonstrate effective reviews of patients. For example: patients receiving end of life care and carers. Patients were signposted to the relevant service advice on their diet, smoking and alcohol cessation.
- A consultant led diabetes clinic was held every two months to support patients with complex diabetes.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 81%, which similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There was a system in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Results were lower than the CCG average and national average for breast cancer. For example:

- 67% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 72% and the national average of 72%.

Results were higher than the CCG average and national average for bowel cancer. For example:

- 60% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 53% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 100%, which was comparable to the CCG average of 74% to 99% and five year olds from 79% to 100%, which was comparable to the CCG average of 73% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and 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.

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 advised that a private area was always offered to patients who wanted to discuss sensitive issues or appeared distressed.

All of the 34 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.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was higher for its satisfaction scores on consultations with GP and nurses. For example:

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.

- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.

Results for the helpfulness of receptionists showed:

- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice manager told us the practice did not have a carers register, but the inspection team completed a search on the clinical system and found that there were 14

patients on the practices register for carers; this was 0.5% of the practice list. There was a noticeboard in the patient waiting room which told patients how to access a number of support groups and organisations.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy letter and would offer support and advice to the family.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care. For example:

- Patients could access appointments and services in a way and at a time that suited them. Appointments could be booked over the telephone, face to face and online, but the practice told us that they have no patients who used the online service and there was no promotion of this service in the practice.
- The practice also offered telephone consultations for patients who needed advice.
- There were longer appointments available for patients with a learning disability, carers and patients experiencing poor mental health.
- Extended hours appointments were offered on Monday evening from 6.30pm to 7.30pm.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. Immunisations such as flu vaccines were also offered to vulnerable patients at home, who could not attend the surgery.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- There were disabled facilities and translation services available.
- There was no hearing loop at the practice, but patients with hearing difficulties had alerts added to their medical records and practice staff were aware of which patients needed extra support.
- The practice offered a variety of services including cervical screening and phlebotomy.

- The practice offered a range of services to support the diagnosis and management of patients with long term conditions for example the nursing team ran dedicated clinics and every two months a specialist diabetic nurse ran a clinic for patients with complex diabetes.

Access to the service

The practice is open between 8am and 6.30pm Monday, Tuesday, Wednesday and Friday and 8am to 1pm on Thursday. Appointments were available from Monday to Friday 9am to 11.30am and Monday, Tuesday, Wednesday and Friday from 4.30pm to 6.30pm.

Extended hours appointments were offered on Monday evening from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.

Results from the survey showed that patient's satisfaction with telephone access was lower than the CCG and national average. For example:

- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.

The practice had not reviewed the results of the GP National Patient survey, but had introduced a new phone system in December 2015 to improve access to book appointments.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GP in England.
- The practice leaflet guided patients to contact the practice manager to discuss complaints.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at one complaint received in the last 12 months and this was satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints. Action was taken as a result to improve the quality of care. We saw in the meeting minutes that learning was shared and where required action was taken to improve safety in the practice.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice had a vision to deliver quality care and promote good outcomes for patients. There was no business plan in place and the GP had retired and returned to the practice as he was unable to find adequate clinical arrangements in his absence. We spoke with two members of staff who spoke positively about working at the practice and demonstrated a commitment to providing a high quality service to patients. During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

Governance arrangements

The practice did not have an effective governance framework in place. For example:

- We saw evidence of poor record keeping and we found the provider had no system to investigate incidents or to learn from these to prevent events reoccurring. There was no system in place to identify and provide for the training needs of staff for example in relation to health and safety, infection control and chaperoning. Staff had access to e-learning training modules but they confirmed this was not used. Since the inspection we have received evidence to confirm that the practice nurse and health care assistant had used the e-learning system for training updates and had completed specific training to support them in their roles. We have also received confirmation that a probationary review of a member of staff had been completed with training needs identified.
- Some policies were not in place, for example a chaperoning policy was not available and staff were unaware of the correct procedures to follow. Since the inspection we have received a copy of the practice chaperoning policy, but this did not include guidance on the procedures to follow for staff who are carrying out the role of chaperone. In other cases policies were not embedded or followed, for example the practice did not have a system which evidenced they were following their recruitment procedures or checking on the immunisation status of staff.

- The practice identified the risks associated with the lack of knowledge and understanding of staff in respect of clinical coding and the patient record system and therefore had not taken action to mitigate these risks. As a result patients were incorrectly coded and the provider could not be assured that register entries were correct.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- Discussions with staff demonstrated that they were aware of their own roles and responsibilities as well as the roles and responsibilities of their colleagues. For instance, staff we spoke with were aware of whom to report safeguarding concerns to and who to go to with a confidentiality query.

Leadership and culture

On the day of inspection the GP and staff demonstrated they had the experience to ensure quality care. They told us they provided high quality and compassionate care. Staff told us the GP was very approachable and listened to all members of staff.

The GP and practice manager formed the senior management team at the practice. The management team worked closely together and encouraged a culture of openness and honesty throughout the practice. Staff we spoke with confirmed that they were actively encouraged to raise concerns. Conversations with staff demonstrated that they were aware of the practice's open door policy and staff said they were confident in raising concerns and suggesting improvements openly with the management team.

The practice did not hold regular staff meetings, but staff told us that informal meetings were held where complaints and significant events were discussed with the practice manager.

- The provider was aware of the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents, but we

Are services well-led?

Inadequate 

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

found the provider was unable to demonstrate that following an incidents an investigation was completed, lessons learnt and actions taken to mitigate the risk of further occurrence was implemented

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

- The practice did not have an active patient participation group (PPG) and we saw no system for promoting and encouraging patients to join. The practice acted on complaints received.
- Staff told us that team meetings were not held regularly. Staff appraisals were not completed, but staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that the practice manager and GP were very supportive.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Providers must assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>How this regulation was not being met:</p> <ul style="list-style-type: none">• The registered person did not have up to date records to support that staff were up to date with the immunisations recommended for working in general practice and no risk assessments had been completed in the absence of staff immunisation status to identify duties, risks and actions to minimise the risk to staff• Significant events and incidents were not reported effectively and discussed with the team to ensure action plans are produced and acted on.• Practice policies were not embedded to support governance arrangements and systems within the practice.• The provider had identified lack of knowledge with clinical coding of patients records, but had not ensured appropriate training was implemented.• There was no business plan in place to ensure adequate arrangements were in place in the absence of the provider.• The provider had not sought patient feedback or analysed national patient surveys to review current services.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p>

This section is primarily information for the provider

Requirement notices

Maternity and midwifery services

Surgical procedures

Treatment of disease, disorder or injury

Staff must receive the support, training, professional development, supervision and appraisals that is necessary for them to carry out their roles and responsibilities.

How this regulation was not being met:

- The registered person had not sought chaperone training to ensure staff were up to date with best practice guidelines when carrying out this role.
- Chaperone policy was not in place to support staff in the role and offer guidance.
- Staff had not received appropriate training to carry out their duties or had the qualifications, competence, skills and experience to keep people safe.
- Staff had not received regular reviews or appraisals.