Dr Samuel Bhasme

Quality Report

The Surgery 19 Railway Street
Gillingham Kent ME7 1XF
Tel: 01634 853667
Website: None.

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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?	Requires improvement
Are services well-led?	Inadequate

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Samuel Bhasme on 2 December 2014. The overall rating for the practice was good. The full comprehensive report on the December 2014 inspection can be found by selecting the 'all reports' link for Dr Samuel Bhasme on our website at www.cqc.org.uk.

After the inspection in December 2014 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

The inspection carried out on 11 July 2017 found that the practice had not responded fully to the concerns raised at the December 2014 inspection. We also found other breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The overall rating for the practice is now inadequate.

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

- There was a system for reporting and recording significant events.
- The practice's systems, processes and practices did not always keep patients safe and safeguarded from abuse.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- The practice was unable to demonstrate that all appropriate recruitment checks had been undertaken prior to employment.
- Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.
- The practice did not have adequate arrangements to respond to emergencies.
- The practice assessed patients' needs but was unable to demonstrate they always delivered care in line with current evidence based guidance.
- The practice was unable to demonstrate that clinical audits were driving quality improvements.
- Not all staff were up to date with mandatory training.

Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients we spoke with said they were able to book an appointment that suited their needs. Pre-bookable, on the day appointments, home visits and a telephone consultation service were available. Urgent appointments for those with enhanced needs were also provided the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about services and how to complain was available and easy to understand.
- Governance arrangements were not always effectively implemented.
- The practice was unable to demonstrate they had an effective action plan to improve performance.
- The practice was unable to demonstrate they had effective systems that identified notifiable safety incidents.
- There was a leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice was unable to demonstrate their management of record keeping was always effective and complete.

The areas where the provider must make improvements are;

- Ensure care and treatment is provided in a safe way to patients.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out the duties.

The areas where the provider should make improvements are;

- Consider carrying out Disclosure and Barring Service (DBS) checks, or risk assessments, for all staff who act as chaperones.
- Create a practice website.
- Identify and keep a record of patients who are carers to help ensure they are offered appropriate support.

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.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

The practice is rated as inadequate for providing safe services.

- There was a system for reporting and recording significant events.
- The practice's systems, processes and practices did not always keep patients safe and safeguarded from abuse.
- The practice was unable to demonstrate they always followed national guidance on infection prevention and control.
- The arrangements for managing medicines in the practice did not always keep patients safe.
- Risks to patients were not always assessed and managed in an effective and timely manner.
- The practice did not have adequate arrangements to respond to emergencies.

Are services effective?

Requires improvement

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

- The practice assessed needs but was unable to demonstrate they always delivered care in line with current evidence based guidance.
- Data from the Quality and Outcomes Framework (QOF) showed performance for diabetes and asthma related indicators were lower than local and national averages.
- The practice was unable to demonstrate that clinical audits were driving quality improvement.
- Not all staff were up to date with mandatory training.
- There was evidence of appraisals and personal development plans for staff. However, the practice was unable to demonstrate that one member of clinical staff had received any appraisals.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Requires improvement

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

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- The practice did not have a website. However, patients were able to book appointments and order repeat prescriptions online.
- Telephone consultations and home visits were available for patients who were not able to visit the practice.
- Patients we spoke with said they were able to book an appointment that suited their needs.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. However, verbal complaints were not recorded and the practice was unable to demonstrate they learned from complaints or had implemented appropriate changes.

Are services well-led?

Inadequate

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. However, most of the staff we spoke with were not aware of the practice's vision or statement of purpose.
- Governance arrangements that were not always effectively implemented.
- The practice was unable to demonstrate they had an effective system to help ensure all governance documents were kept up to date.
- The practice was unable to demonstrate they had an effective action plan to improve performance.
- The practice was unable to demonstrate they had an effective system for the management of medicines.
- The practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors.

Summary of findings

- The practice was unable to demonstrate they had effective systems that identified notifiable safety incidents.
- There was a leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour. The GP encouraged a culture of openness and honesty.
- The practice valued feedback from patients, the public and staff.
- There was a focus on continuous learning and improvement at all levels. However, records of significant event management and complaints management were not always complete.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. The provider is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services, and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Patients over the age of 75 years had been allocated to a designated GP to oversee their care and treatment requirements.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care people with long-term conditions. The provider is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services, and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was lower than the local clinical commissioning group (CCG) average and national average. For example, 63% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with the local CCG average of 77% and national average of 78%. Seventy two percent of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 80% and national average of 80%.
- Performance for asthma related indicators was lower than the local CCG and national average. For example, 60% of patients

with asthma, on the register, had had an asthma review in the preceding 12 months that included an assessment of asthma control using the three RCP questions compared with the local CCG average of 75% and the national average of 76%.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. The provider is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services, and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- There were systems 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 accident and emergency attendances.
- Childhood immunisation rates for the vaccinations given were worse than the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 37% to 88% compared to the local CCG averages which ranged from 82% to 94% and national averages which ranged from 88% to 94%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 66%, which was below the local CCG average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There were also two walk in clinics each week for children who were able to attend the practice without an appointment.

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working age people (including those recently retired and students). The provider is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services, and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

Summary of findings

- 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 help ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering some online services, as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The provider is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services, and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary 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 normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The provider is rated as inadequate for providing safe and well-led services, requires improvement for providing effective and responsive services, and good for providing caring services. The resulting overall rating applies to everyone using the practice, including this patient population group.

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local clinical commissioning group (CCG) average of 83% and national average of 84%.

Summary of findings

- Performance for mental health related indicators was similar and higher than the local CCG average and national average. For example, 90% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 91% and national average of 89%. One hundred percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average of 92% and national average of 90%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2017 showed the practice was performing in line with local clinical commissioning group (CCG) and national averages. Two hundred and eighty five survey forms were distributed and 106 were returned. This represented 4% of the practice's patient list.

- 76% of respondents described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 76% and the national average of 85%.
- 56% of respondents described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 68% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 67% and the national average of 77%.
- 60% of respondents found it easy to get through to this practice by telephone compared with the local CCG average of 59% and the national average of 71%.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All these patients stated they were able to book an appointment that suited their needs.

Dr Samuel Bhasme

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Samuel Bhasme

Dr Samuel Bhasme is situated in Gillingham, Kent and has a registered patient population of approximately 2,700. There are more patients registered between the ages of 5 and 19 years than the national average. There are fewer patients registered between the ages of 35 and 44 years as well as the age of 80 and above than the national average. The practice is located in an area with a higher than average deprivation score.

The practice staff consists of one GP (male), one practice manager, one practice nurse (female) as well as reception and cleaning staff. The practice also employs locum GPs directly. There are reception and waiting areas on the ground floor. Patient areas are accessible to patients with mobility issues, as well as parents with children and babies.

The practice has a general medical services contract with NHS England for delivering primary care services to the local community.

Services are provided from: The Surgery, 19 Railway Street, Gillingham, Kent, ME7 1XF only.

Dr Samuel Bhasme is open Monday, Tuesday, Thursday and Friday 8.30am to 6.30pm as well as Wednesday 8.30am to 12noon. Extended hours appointments are offered Tuesday 6.30pm to 8pm.

Primary medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There are arrangements with other providers (Medway Doctors On Call Care) to deliver services to patients outside of the practice's working hours.

Why we carried out this inspection

We undertook an announced comprehensive inspection of Dr Samuel Bhasme on 2 December 2014 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement for providing safe, effective and well led services.

We undertook an announced comprehensive follow up inspection on 11 July 2017 to check that action had been taken to comply with legal requirements. The full comprehensive report on the December 2014 inspection can be found by selecting the 'all reports' link for Dr Samuel Bhasme on our website at www.cqc.org.uk.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as the local clinical commissioning group, to share what they knew. We carried out an announced visit on 11 July 2017. During our visit we:

- Spoke with a range of staff (one GP, one practice nurse, the practice manager and two receptionists) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

At our previous inspection on 2 December 2014, we rated the practice as requires improvement for providing safe services.

- The practice was unable to demonstrate that significant events and incidents were monitored, reviewed and appropriately addressed.
- The practice was unable to demonstrate that all staff had received the appropriate level of safeguarding vulnerable children training.

The practice was able to demonstrate they had addressed these issues when we undertook a follow up inspection on 11 July 2017. However, we also found evidence of other breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is now rated as inadequate for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- There was written guidance available for staff to follow to help them identify, report and manage any significant events. For example, the significant / critical event toolkit. Records showed there had been two significant events reported between March 2017 and July 2017.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available. However, staff told us and records confirmed that these forms were not used. Instead, incidents were reported verbally by staff. Records showed that reported significant events were investigated and learning points were taken from them to help reduce the risk of a repeat of the significant event taking place. For example, staff were to telephone patients if there was any doubt over repeat prescriptions received by the practice from local pharmacies. These records took the form of details typed onto A4 letter headed papers.
- Staff told us that significant events were discussed at staff meeting as well as informally. The practice's significant / critical event toolkit stipulated that meetings should be held at which significant events were discussed and should be separately minuted. Staff told us that records were not made and kept when significant events were discussed at meetings. For example, staff meetings and significant event meetings.

Overview of safety systems and processes

The practice's systems, processes and practices did not always help keep patients safe and safeguarded from abuse.

- There were arrangements 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. Practice staff attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. All staff had received training on safeguarding children. However, staff told us that all staff had not received training on safeguarding vulnerable adults relevant to their role and records confirmed this. The GP was trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. Staff told us that not all staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check or risk assessment of using staff in this role without DBS clearance. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw records that confirmed this.
- We observed the premises to be clean and all areas accessible to patients were tidy. There was a lead member of staff for infection control. However, the practice was unable to demonstrate they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol. The practice was unable to provide records to demonstrate that all relevant staff had received up to date infection prevention and control training. The practice was also unable to provide any documentary evidence to show that annual infection control audits were undertaken. Records showed the last infection control audit was carried out on 17 August 2014. There was an action plan to address any improvements identified as a result. However, the audit failed to identify neither that the clinical wash-hand basin in the nurse's room contained an overflow or that there were

no hand washing facilities available in the staff toilet on the first floor of the building. We saw that hand washing facilities were provided in the room adjacent to the staff toilet on the first floor of the building. However, hand drying facilities (paper towels) were only available in the kitchen on the first floor of the building. Clinical waste was stored in the correct container but this was not locked kept when not in use. However, the clinical waste container was stored in a secure area of the building that was not readily accessible to patients and visitors.

- The arrangements for managing medicines, including emergency medicines and vaccines in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were processes for handling repeat prescriptions which included the review of patients who were prescribed high risk medicines. However, we saw that blood test results were not recorded in some patients' records when high risks medicines were prescribed. For example, we looked at six patients' records who were prescribed high risk medicines and saw that blood test results were only recorded in three of them. After our inspection the provider sent us records to demonstrate that relevant blood tests had been carried out on the practice's patients who were prescribed a specific high risk medicine. Issued prescriptions that had been signed by the GP and were awaiting collection by patients were not stored securely overnight. Staff told us they were left in an unlocked box on the reception desk overnight. Blank prescription pads were securely stored. However, blank prescription forms were not securely stored. Staff told us there were no systems to monitor the use of blank prescription pads and forms. After our inspection the provider told us that issued prescriptions that had been signed by the GP and were awaiting collection by patients, as well as blank prescription forms, were now being held securely at the practice. They also said that they had introduced a system to monitor the use of blank prescription pads and forms.
- Vaccines were not stored securely in line with national guidance. For example, vaccines were stored in a medicines refrigerator which was not kept locked. Staff told us the lock on the medicine refrigerator was broken and required repair. After our inspection the provider told us that the lock on the medicine refrigerator had been repaired and that vaccines were now being stored securely in line with national guidance. Appropriate temperature checks for refrigerators used to store medicines and vaccines had been carried out and records of those checks were made. However, these records showed that the maximum temperature of the vaccines refrigerator was outside of the recommended storage range of between two and eight degrees centigrade on 4 May 2017. There was written guidance available for staff on the monitoring of refrigerator temperatures. For example, the vaccine management and cold chain standards document. However, the practice was unable to demonstrate that staff had followed this written guidance on 4 May 2017 when the temperature of the vaccines refrigerator was recorded as being outside of recommended limits.
- Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. However, we looked at 17 PGDs and saw that only three had been signed by the GP and the nurse, one had been signed by the GP only, six had been signed by the nurse only and seven did not carry any staff signatures. The practice was not following current national guidance on the use of PGDs. After our inspection the provider told us that all PGDs had now been signed by the GP and the practice nurse.
- The practice held controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). However, the standard operating procedures (SOP) document that set out how they were managed was in draft form, was dated January 2014 and contained a review date of January 2015. The SOP also contained reference to the role of the Primary Care Trust which was disbanded several years ago. These were not being followed by the practice staff. For example, we found controlled drugs in the GP's home visit bag which was kept in his car. The practice did not have a controlled drugs cupboard and was unable to demonstrate controlled drugs were being held securely or recorded appropriately in a controlled drugs register in line with national guidance.
- We reviewed six personnel files and found that most appropriate recruitment checks had been undertaken prior to employment. Records showed references, qualifications, registration with the appropriate professional body had been carried out by the practice prior to employment of staff.

Monitoring risks to patients

Inadequate

Are services safe?

Risks to patients, staff and visitors were not always assessed and managed in an effective and timely manner.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The fire risk assessment document was not dated and did not carry any information that identified it as appertaining to the practice. The document contained recommendations of actions required to improve fire safety and reduce risk. The recommendations indicated that further controls were required to be carried out but did not indicate a timeframe by which these were to be implemented.
- The practice was unable to provide documentary evidence to demonstrate that all staff were up to date with fire safety training.
- All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly.
- The control of substances hazardous to health (COSHH) risk assessment document was not dated and did not carry any information that identified it as appertaining to the practice. The document contained recommendations of actions required to reduce risks associated with the presence of substances hazardous to health in the practice.
- The practice was unable to demonstrate they had a system for the routine management of legionella (a germ found in the environment which can contaminate water systems in buildings).
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us there were usually enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

Arrangements to deal with emergencies and major incidents

- Staff had received annual basic life support training.
- Emergency equipment and emergency medicines were available in the practice. The practice had access to medical oxygen and an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency). However, a child's oxygen mask was not available in the practice.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location.
- Emergency equipment and emergency medicines that we checked were within their expiry date.
- The practice had a business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 2 December 2014, we rated the practice as good for providing effective services.

- There was limited evidence that clinical audits were driving quality improvement.

These arrangements had not improved sufficiently when we undertook a follow up inspection on 11 July 2017. We also found evidence of other breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is now rated as requires improvement for providing effective services.

Effective needs assessment

The practice assessed needs but was unable to demonstrate they always delivered care in line with current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice's systems did not always keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. However, other written guidance available to staff was not up to date. For example, we saw that six written protocols providing staff with guidance on clinical practice were dated 2011 / 2012 such as the protocol for cervical screening.

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 were 91% of the total number of points available (local clinical commissioning group and national average 95%).

Data from 2015/2016 showed the practice was performing better than local and national averages in some areas but worse in others:

- Performance for diabetes related indicators was lower than the local clinical commissioning group (CCG) average and national average. For example,63% of the practice's patients with diabetes, on the register, whose last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months compared with the local CCG average of 77% and national average of 78%. Seventy two percent of the practice's patients with diabetes, on the register, had a last measured total cholesterol of 5mmol/l or less compared with the local CCG average of 80% and national average of 80%.
- Performance for asthma related indicators was lower than the local CCG and national average. For example, 60% of patients with asthma, on the register, had had an asthma review in the preceding 12 months that included an assessment of asthma control using the three RCP questions compared with the local CCG average of 75% and the national average of 76%.
- Performance for mental health related indicators was similar and higher than the local CCG average and national average. For example, 90% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the local CCG average of 91% and national average of 89%. One hundred percent of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, in the preceding 12 months compared to the local CCG average of 92% and national average of 90%.

There was limited evidence that clinical audits were driving quality improvement.

- Staff told us the practice had a system for completing clinical audits. However, the practice was unable to demonstrate that any completed clinical audit cycles had been carried out since our inspection in December 2014.
- Staff told us that two one cycle audits had been carried out in March 2017. One was a medicine audit and the other was a review of type two diabetes treatment and control. The practice had analysed the results and developed an action plan to address the findings. Records showed that there were plans to repeat these audits in order to complete the cycle of clinical audit.

Effective staffing

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Requires improvement

Are services effective?

(for example, treatment is effective)

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.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had not been provided with appropriate training to meet their learning needs and to cover the scope of their work. Records showed that one member of clinical staff had not received any appraisals.
- Records showed that not all staff were up to date with training in chaperoning, safeguarding vulnerable adults, infection prevention and control and fire safety.

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 investigations 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Staff told us that the practice did not hold regular multidisciplinary team meetings. However, they said that telephone meetings with other services took place when required. For example, with district nurses and palliative care staff.

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 assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant support service.

The practice's uptake for the cervical screening programme was 66%, which was below the local CCG average of 83% and national average of 82%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Staff told us the practice did not have systems to help ensure results were received for all samples sent for the cervical screening programme. However, the practice had followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were below the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to five year olds ranged from 37% to 88% compared to the local CCG averages which ranged from 82% to 94% and national averages which ranged from 88% to 94%.

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.

Good

Are services caring?

Our findings

At our previous inspection on 2 December 2014, we rated the practice as good for providing caring services.

When we undertook a follow up inspection on 11 July 2017 we found the practice was continuing to provide caring services. The practice is still rated as good for providing caring services.

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 and screens 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.
- Incoming telephone calls and private conversations between patients and staff at the reception desk could be overheard by others. However, when discussing patients' treatment staff were careful to keep confidential information private. Staff told us that a private room was available near the reception desk should a patient wish a more private area in which to discuss any issues.

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

Results from the national GP patient survey were in line with or above local clinical commissioning group (CCG) and national averages for satisfaction scores on consultations with GPs and nurses. For example:

- 92% of respondents said the GP was good at listening to them compared to the CCG average of 83% and national average of 89%.
- 95% of patients said the nurse was good at listening to them compared with the CCG average of 90% and the national average of 91%.
- 92% of respondents said the GP gave them enough time (CCG average 81%, national average 86%).
- 96% of respondents said the nurse gave them enough time (CCG average 92%, national average 92%).
- 97% of respondents said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 91% of patients said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 79% and the national average of 86%.
- 97% 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%.
- 66% of respondents said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey were in line with local CCG and national averages about their involvement in planning and making decisions about their care and treatment. For example:

- 87% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 93% of respondents said the last nurse they saw or spoke with was good at explaining tests and treatment (CCG average 89%, national average 90%).
- 84% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 75%, national average 82%).
- 95% of respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 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.

Patient and carer support to cope emotionally with care and treatment

Good

Are services caring?

Timely support and information was provided to patients and their carers to help them cope emotionally with their care, treatment or condition. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice supported patients who were also carers. Staff were not able to tell us how many of their patients were also carers. However, the practice had a system that formally identified patients who were also carers and written information was available to direct carers to the various avenues of support available to them. There was written guidance to help staff identify patients who were also carers. For example, the protocol for the identification and assessment of carers 2011 / 2012.

The comment cards we received were positive about the emotional support provided by the practice. For example, these highlighted that staff responded compassionately when patients needed help and provided support when required.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 2 December 2014, we rated the practice as good for providing responsive services.

When we undertook a follow up inspection on 11 July 2017 we found evidence of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is now rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

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

- Appointments were available outside of school hours and outside of normal working hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Urgent access appointments were available for children and those with serious medical conditions. There were also two walk in clinics each week for children who were able to attend the practice without an appointment.
- The practice did not have a website. However, patients were able to book appointments or order repeat prescriptions online.
- The premises and services had been adapted to meet the needs of patients with disabilities.
- The practice provided patients with the choice of seeing a male or a female GP.
- The practice maintained registers of patients with learning disabilities, dementia and those with mental health conditions. The registers assisted staff to identify these patients in order to help ensure they had access to relevant services.
- There was a system for flagging vulnerability in individual patient records.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

Access to the service

Dr Samuel Bhasme was open Monday, Tuesday, Thursday and Friday 8.30am to 6.30pm as well as Wednesday 8.30am to 12noon. Extended hours appointments were offered Tuesday 6.30pm to 8pm.

Primary medical services were available to patients via an appointments system. There were a range of clinics for all age groups as well as the availability of specialist nursing treatment and support. There were arrangements with other providers (Medway Doctors On Call Care) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey for satisfaction with how they could access care and treatment were mixed when compared with local clinical commissioning group (CCG) and national averages. For example;

- 69% of respondents were satisfied with the practice's opening hours compared to the local CCG average of 67% and national average of 76%.
- 60% of respondents said they could get through easily to the practice by telephone compared to the local CCG average of 59% and national average of 71%.
- 73% of respondents said the last time they wanted to see or speak with someone the last time they tried they were able to get an appointment compared to the local CCG average of 79% and national average of 84%.
- 74% of respondents said their last appointment was convenient compared with the CCG average of 75% and the national average of 81%.
- 56% of respondents described their experience of making an appointment as good compared with the CCG average of 63% and the national average of 73%.
- 69% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 60% and the national average of 64%.

All patients we spoke with on the day of inspection stated that they were able to book an appointment that suited their needs.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

Requires improvement

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 GPs in England. However, although the policy indicated it had been reviewed in September 2016, it contained reference to the role of the Primary Care Trust which was disbanded several years ago.
- There was a designated responsible person who handled all complaints in the practice.
- Information for patients was available in the practice that gave details of the practice's complaints procedure and included the names and contact details of relevant complaints bodies that patients could contact if they were unhappy with the practice's response.

The practice had received two written complaints during the period April 2016 to July 2017. Staff told us that verbal complaints received were not recorded and were dealt with by discussion only. This was not in line with the practice's own complaints policy. Records demonstrated that the written complaints were investigated and the complainants had received a response. The practice was unable to demonstrate that verbal complaints were investigated or that the verbal complainant had received a response. The practice was also unable to demonstrate they had learned from the complaints or had implemented appropriate changes.

Are services well-led?

Inadequate

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

Our findings

At our previous inspection on 2 December 2014, we rated the practice as good for providing well-led services.

When we undertook a follow up inspection on 11 July 2017 we found evidence of breaches of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The practice is now rated as inadequate for providing well-led services.

Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose which reflected the vision and values. However, most of the staff we spoke with were not aware of the practice's vision or statement of purpose.

Governance arrangements

Governance arrangements were not always effectively implemented.

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Policies were implemented and were available to all staff. However, we looked at 44 such policies and guidance documents and found that 37 did not contain a planned review date to help ensure they were kept up to date. Thirty one were not dated so it was not clear when they were written or when they came into force. One had not been reviewed since 2004 and another had not been reviewed since 2007. Eight contained reference to the Primary Care Trust which was disbanded several years ago. The practice did not therefore have an effective system to help ensure all governance documents were kept up to date.
- An understanding of the performance of the practice was maintained. However, the practice was unable to demonstrate they had an effective action plan to improve performance. For example, improvements to the uptake of cervical smear tests, child immunisations and Quality and Outcomes Framework (QOF) results for patient with diabetes and asthma.
- There was limited evidence that clinical audits were driving quality improvement.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, the practice was unable to demonstrate they had an effective system for the management of medicines. The practice had failed to assess and manage in an effective and timely manner all identified risks to patients, staff and visitors. For example, infection control risks, fire safety risks, risks from substances hazardous to health and the potential risk of legionella in the building's water system.

Leadership and culture

On the day of inspection the GP told us they prioritised high quality and compassionate care. Staff told us the GP was approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with 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). The GP encouraged a culture of openness and honesty. The practice did not have effective systems that identified notifiable safety incidents. For example, Medicines and Healthcare products Regulatory Agency (MHRA) alerts.

The practice had systems to help ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a leadership structure and staff felt supported by management.

- Staff told us the practice held regular staff meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. Staff had the opportunity to contribute to the development of the service.

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

The practice valued feedback from patients, the public and staff.

Are services well-led?

Inadequate

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

- The practice gathered feedback from patients through the patient participation group (PPG) and by carrying out analysis of the results from the GP patient survey.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Continuous improvement

There was evidence of some learning and some improvement within the practice. For example, the practice learned from incidents, accidents and significant events as well as from complaints received. However, records of significant event management and complaints management were not always complete.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment Care and treatment was not always provided in a safe way for service users. The registered person was not: assessing all risks to the health and safety of service users receiving the care and treatment; doing all that was reasonably practical to mitigate any such risks; where equipment or medicines were supplied by the service provider, ensuring that there were sufficient quantities of these to ensure the safety of the service users and to meet their needs; ensuring the proper and safe management of medicines; assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated. This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance Systems or processes were not established and operated effectively to ensure compliance with the requirements in this Part. Such systems or processes did not enable the registered person, in particular, to; assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may have been at risk which arose from the carrying on of the regulated activity; maintain securely such other

This section is primarily information for the provider

Requirement notices

records as are necessary to be kept in relation to – (ii) the management of the regulated activity; evaluate and improve their practice in respect of the processing of the information referred to in sub-paragraphs (a) to (e).

This was in breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable them to carry out the duties they were employed to perform. This was in breach of Regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.