Dr Kodaganallur Subramanian

Quality Report

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

Ratings

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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Kodaganallur Subramanian on 20 December 2016. We carried out a further visit on 24 January 2017 to review some of the areas of concern identified during the first inspection. Overall the practice is rated as inadequate.

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

- Patients were at risk of harm because systems and processes were not in place to keep them safe. There were no clear procedures in place for monitoring and managing risks to patient and staff safety, for example in relation to health and safety, fire safety and electrical safety.
- The approach to safety and the reporting and recording of significant events lacked order and transparency
- This practice's performance was below local and national averages for management of the majority of long term conditions.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement. There was limited evidence that the practice was comparing its performance to others; either locally or nationally.
- Clinical staff, for example the practice nurse, had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However the provider had no system for assuring themselves of this. There was no induction or training programme in place for staff.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity. However their views about their involvement in planning and making decisions about their care and treatment was less positive.
- Some information about services was available but there was no structured complaints process in place. Information about how to complain was not available. There was no evidence of improvements made to the quality of care as a result of complaints and concerns.

Summary of findings

- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- At our first visit the practice did not have good facilities and was not well enough equipped to treat patients and meet their needs. For example they did not have a defibrillator or oxygen and their stock of emergency drugs was insufficient. At our second visit we found these were in place and adequate.
- There was a clear leadership structure in place, however there was no practice manager in post on the day of our initial inspection. As a result staff members reported feeling under pressure and inadequately supported. By the time of our subsequent visit a part time practice manager had been employed.
- The practice had limited formal governance arrangements. Not all mandatory training had been completed by staff.
- The practice did not proactively seek feedback from staff and patients.
- There was limited understanding of the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Review the system for reporting, recording and sharing learning from significant events to ensure it was effective and that it supports the recording of notifiable incidents under the duty of candour.
- Ensure all mandatory training is completed by all staff including safeguarding (adult and child protection), fire, infection control and information governance.
- Assess the risks to the health and safety of service users of receiving the care or treatment and take steps to mitigate such risks, for example regarding health and safety, infection control, fire safety and the safety of electrical equipment.
- Ensure the practice is adequately equipped to respond in the case of an injury requiring first aid and the spillage of bodily fluids.
- Update the business continuity plan and ensure it contains contact details for all staff.
- Take steps to improve the practice's performance in the management of long term conditions such as Diabetes, Mental health, Chronic Obstructive Pulmonary Disease (COPD) and Peripheral Arterial Disease.
- Ensure a continuous programme of quality improvement, for example clinical audits is introduced.
- Consolidate the complaints process and ensure learning from complaints is discussed and shared. Ensure any trends are analysed and action is taken to improve the quality of care as a result.
- Ensure systems and processes are in place at the practice, in particular regarding vision and strategy, governance, staffing, practice policies, performance awareness, quality improvement, risk management and leadership.
- Ensure systems and processes are in place to support appropriate recruitment checks for all future employees.
- Form a Patient Participation Group (PPG) and review how the practice obtains patient feedback

The areas where the provider should make improvement are:

- Improve access to a practice nurse.
- Review staffing levels for nursing and non-clinical roles to ensure there are sufficient numbers of staffon duty and that patients' needs are met.
- Take steps to ensure patients are made aware of translation services.
- Review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- Install a hearing loop to support patients with hearing impairments.
- Formalise meetings with staff to support staff feedback and maintain records of discussions and actions agreed upon.

Summary of findings

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?

Inadequate

The practice is rated as inadequate for providing safe services and improvements must be made.

- The system for reporting and recording significant events was not effective.
- Systems and processes did not support the sharing of lessons to make sure action was taken to improve safety in the practice.
- There was limited evidence to demonstrate that when things went wrong patients routinely received reasonable support, truthful information, and a written apology or that they were told about any actions to improve processes to reduce the likelihood of the same thing happening again.
- The practice had some processes in place to keep patients safe and safeguarded from abuse, however these were inadequate and not supported by clearly defined and embedded systems, processes and practices.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made.

- Data from the Quality and Outcomes Framework (QOF) showed the majority of patient outcomes were below average compared to the national average.
- Patient outcomes were hard to identify as minimal reference was made to audits or quality improvement. There was little evidence that the practice was comparing its performance to others; either locally or nationally.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- There was limited recognition of the benefit of an appraisal process for staff and little support for any extra training that may be required.
- The practice could not demonstrate role-specific training, for example, for nurses reviewing patients with long term conditions.

Are services caring?

Requires improvement

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

Summary of findings

- Data from the national GP patient survey showed patients rated the practice lower than others for some aspects of care. For example with regards to feeling listened to and involved in decisions about their care.
- The majority of patients said they were treated with compassion, dignity and respect. However, not all felt listened to.
- Patients who were carers were not adequately supported to identify themselves to the practice.
- Patients were not made aware of the translation service.
- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was aware of the issue of inappropriate use of A&E at local hospitals. The practice regularly reviewed information received about its patients who had attended A&E recently and took steps to educate patients where appropriate.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities, although it did not have a hearing loop. It was equipped to treat patients and meet their needs.
- Information about how to complain was not readily available. The practice did respond to issues raised, however learning from complaints was not shared with staff in an organised and effective way.

Are services well-led?

Inadequate

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

- The practice did not have a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were not clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a leadership structure, however staff did not always feel supported by management. The practice had few policies and procedures to govern activity and what they did have was out of date and/or lacking in detail. Governance meetings were not held regularly and/or recorded.
- There was no overarching governance framework to support the delivery of the strategy and good quality care. There was limited evidence of arrangements to monitor and improve quality and identify risk.
- The provider had some awareness of the requirements of the duty of candour, however the systems and processes in place did not always support this. The partners encouraged a culture of openness and honesty. The practice had informal systems in place for notifiable safety incidents and this was not effective in ensuring information was shared with staff and that appropriate action was taken.
- At the time of our inspection the practice did not have a PPG. There was no evidence to demonstrate that the practice was proactive in seeking feedback from staff and patients, which it acted on.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- 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 and urgent appointments for those with enhanced needs.
- Older people were prioritised for home visits, particularly on discharge from hospital.
- Health checks for the over 75s were offered as were flu vaccinations.

People with long term conditions

Inadequate

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. The issues identified as inadequate overall affected all patients including this population group. There were, however, examples of good practice.

- The GP was the lead for chronic disease management and patients at risk of hospital admission were identified as a priority.
- At 54% performance for diabetes related indicators was significantly below the CCG average of 80% and the national average of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP, however the practice was unclear about whether all of these patients had received structured annual reviews to check their health and medicines needs were being met. We were told this was due to a previous member of staff who had not managed these patients effectively.
- 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.

Summary of findings

Families, children and young people

Inadequate

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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. Immunisation rates were in line with local and national averages for all standard childhood immunisations.
- 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 83%, which was comparable to the CCG and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

Inadequate

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Out of hours appointments were available with the GP hub for patients who could not attend the practice during normal opening hours.

Summary of findings

People whose circumstances may make them vulnerable

Inadequate

The provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 had not had safeguarding training and there was no practice policy in place to ensure staff knew how to recognise signs of abuse in vulnerable adults and children. Staff had some awareness 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 provider was rated as inadequate for safety, effective and for well-led and requires improvement for caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 91% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is above the CCG and national average of 78%.
- At 70% performance for mental health related indicators was below the CCG average of 92% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Dr Kodaganallur Subramanian

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 Kodaganallur Subramanian

Dr Kodaganallur Subramanian is a GP practice in the London Borough of Havering, to the east of London. The practice is part of the London Borough of Havering Clinical Commissioning Group (CCG) and provides primary medical services through a General Medical Services (GMS) contract with NHS England to around 1800 patients.

The practice is housed within a converted, two storey, semi-detached house in a residential area. The practice is easily accessible by local buses. It does not have a car park, however there is permit free parking on surrounding streets. The practice consists of two consulting rooms (one on each floor), reception and waiting area, a bathroom and office.

The practice's age distribution data shows a higher than average number of patients aged 75 to 85 years and above. At 78 years for men and 83 years for females the average life expectancy is similar to the national average of 79 years for males and 83 for females. The practice locality is in the fifth less deprived decile out of 10 on the deprivation scale.

Clinical services are provided by one GP (male, nine sessions) and one practice nurse (female, one session). At the time of our initial visit the practice did not have a practice manager. Administrative roles were shared between the GP, one full time and one part time receptionist/administrator. At our subsequent visit a part time practice manager had been employed.

The practice opens at 9am every week day and closes at 7pm on Monday and Wednesday, 6.30pm Tuesday and Friday and 1pm on Thursday. The practice does not open at weekends. Surgery times are from 9am to 12.30pm and then 2.30pm to 6.30pm every day except Thursday when there is no afternoon surgery. Extended hours operate on Monday and Wednesday from 6.30 to 7pm. Outside of these hours services are provided by the practice's out of hours provider.

The practice is registered to carry out the following regulated activities: Treatment of disease, disorder or injury and Diagnostic and screening procedures from 1 Harlow Road, Rainham, Essex RM13 7UP. At the time of our inspection the practice was not registered for Maternity and midwifery services. This was required as the practice was carrying out post-natal services.

The practice was inspected under the previous inspection regime in 2013. It was found compliant with the regulations.

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 20 December 2016 and a further visit on 24 January 2017.

During our visit we:

- Spoke with a range of staff including the GP, practice nurse and reception/administrative staff and spoke with patients who used the service.
- 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.

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

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

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

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

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

Inadequate

Are services safe?

Our findings

Safe track record and learning

The system for reporting and recording significant events was not effective.

- Staff told us they would inform the GP of any incidents. There was no recording form available on which to report any incidents. Incidents were recorded in an incident book as were minutes of meetings where incidents were discussed. The method of recording did not effectively support the recording of notifiable incidents under 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 book in which incidents were recorded did not support staff to provide a clear account of what transpired. For instance, it did not include the date, location, who was involved, any steps taken to inform all relevant parties, the outcome of any investigation and learning shared.
- The process to be followed to keep patients informed following an incident was undefined and unclear. We were told affected patients were booked in with the GP to discuss the incident. However these meetings and discussions were not documented. There was limited evidence to demonstrate that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to reduce the likelihood of the same thing happening again.
- There was no evidence of a thorough analysis of the significant events.

We saw a limited use of systems to record and report safety concerns, incidents and near misses.

We were told lessons were shared and action was taken to improve safety in the practice following an incident, however the necessary action was not always completed. For example, we saw evidence of the reporting of an incident where a patient was administered an out of date vaccine. We saw that this incident had been reported to the relevant authorities on the NHS England reporting form. The steps described by the practice on the reporting form to prevent a recurrence included a requirement for expiry date for vaccines to be checked every two weeks. There was no evidence to demonstrate this check was being carried out.

Overview of safety systems and processes

The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse, however these were not clearly defined and embedded.

- Some arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. The local authority's safeguarding policies were available and accessible to all staff, however the practice did not have its own safeguarding policy, tailored to its particular circumstances. The local authority policy outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding. The GPs always provided reports where necessary for other agencies. Staff had some understanding of their responsibilities and we were told all staff had received relevant training. However the only evidence of this we saw related to one member of the reception staff which had expired in November 2016.
- A notice in the waiting room advised patients that chaperones were available if required. We were told the two receptionist staff acted as chaperones however they were not trained for the role nor had they 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). We were told DBS applications had been made and we saw evidence at a further visit on 24 January 2017 that these had been completed for all staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was no infection control protocol in place and staff had not received up to date training. There was no evidence of infection control audits, apart from one conducted by the local infection control team in September 2015. We found actions identified at that

audit had not been completed. For example, one action was to ensure the infection control policy was updated to reflect current guidelines and Health and Safety Care Act 2010. At the time of our visits no action had yet been taken to address this. The practice's spillage kit was out of date having expired in 2007.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed three personnel files. There was little evidence of recruitment checks undertaken 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. All staff had been recruited prior to the implementation of the current regulations (the most recent recruit was in 2007).

Monitoring risks to patients

Risks to patients were not assessed and well managed.

- There were no clear procedures in place for monitoring and managing risks to patient and staff safety. There was no health and safety policy available nor a poster in the reception office which identified local health and safety representatives. The GP told us they carried out a daily check to ensure the premises and equipment were safe. This check was not recorded and therefore we did not see any evidence of this. The practice had up to date fire risk assessments, however they had not carried out regular fire drills. We saw evidence that clinical equipment was checked to ensure it was working properly. At the time of our inspection electrical (PAT) testing had not been carried out.
- There were informal arrangements in place for planning and monitoring the number of staff required. One of the receptionists/admin staff worked full time and the other part time (mornings only). Reception/admin staff told us this was not sufficient, especially as there was no cover available should one of them be on leave. We raised this with the GP who showed us evidence of steps which had been taken to recruit an additional member of staff to cover reception and administration. At the time of our first visit the practice had only one part time, temporary practice nurse who worked one session per week (Monday mornings). This nurse was due to leave and the practice was seeking a new, permanent practice nurse. Interviews had been scheduled for December 2016. On our second visit we were told a new practice nurse had been recruited and was due to start in February 2017 doing four sessions per week. Locum GPs were used when the GP was on leave. We were told the practice only used two regular locums who were familiar with the practice. The GP arranged his leave around their availability.

Arrangements to deal with emergencies and major incidents

On our first visit we found the practice did not have adequate arrangements in place to respond to emergencies and major incidents. On our subsequent visit we found the necessary improvements had been made.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received annual basic life support training in May 2016. However at the time of our inspection the practice had no defibrillator or oxygen on the premises. The only emergency medicine the practice had was adrenaline. No risk assessment had been carried out to assess the ability of the practice to respond effectively in the event of a medical emergency. We raised this with the GP and immediate steps were taken to obtain a defibrillator, oxygen and a complete stock of emergency

Inadequate

Are services safe?

medicines. We confirmed on our subsequent visit on 24 January 2017 that these items had been secured. Refresher training for basic life support training was being planned although no dates had been scheduled.

- The practice's first aid kit contained items that had expired in 2003.

The practice did not have a current business continuity plan in place for major incidents such as power failure or building damage. We saw one dated 2009. This did not include emergency contact numbers for staff.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including 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 lead GP attended monthly meetings run by the Clinical Commissioning Group (CCG) where the latest guidelines and standards were discussed.

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 77% of the total number of points available (CCG 93%, national (96%). With an exception reporting rate of 4%. (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's performance was below local and national averages for some conditions. Data from April 2015 to March 2016 showed:

- At 54% performance for diabetes related indicators was below the CCG average of 80% and the national average of 90% (Exception reporting rate 6%).
- At 70% performance for mental health related indicators was below the CCG average of 92% and the national average of 93%. (Exception reporting rate 0%).
- At 38% performance for chronic obstructive pulmonary disease (COPD) was below the CCG average of 91% and the national average of 97%. (Exception reporting rate 1%).
- At 76% performance for Peripheral Arterial Disease was below the CCG average of 94% and the national average of 97%. (Exception reporting rate 0%).

  We were told these low results were due to the practice's failure to monitor and manage these patients effectively.
- There was limited evidence of quality improvement measures. The practice monitored its performance against that of local practices for uptake of the flu vaccine. However, there had been no clinical audits completed within the last two years.

Effective staffing

Staff were not supported to have the skills, knowledge and experience to be effective in their roles.

- There was no induction programme for newly appointed staff.
- The provider could not evidence how they assured themselves that role-specific training and updating was in place for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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.
- We were told staff appraisals were informal and took place on an ad hoc basis. However these discussions were not documented. The was no formal process in place to support the identification of the learning needs of staff and we saw limited evidence of any formal training, apart from basic life support which was done in May 2016. The lead GP's appraisal was due in February 2017 and they had been revalidated until 2021.

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.

Inadequate

Are services effective?

(for example, treatment is effective)

- 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. There were no regular meetings with other health care professionals to discuss patients with complex needs. We were told the GP discussed individual patients with other health care professionals opportunistically. The lead GP told us they had attempted to have regular meetings with the health visitors but this had been unsuccessful.

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.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- Patients newly diagnosed with diabetes were referred to education courses for advice about diabetes management.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG and national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. There were failsafe systems 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. They also encouraged their patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 90% (CCG 81% to 89%, national 73% to 95%) and five year olds from 82% to 97% (CCG 73% to 86%, national 81% to 95%).

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.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Most 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. A couple of patients said they felt they were not always listened to by the GP.

The practice did not have a patient participation group (PPG) at the time of our inspection. We were told this was due to patient reluctance to become involved. We saw information on display inviting patients to join. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 73% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 88% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 81% 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%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% 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 in line with local and national averages. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79% and the national average of 86%.
- 70% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% 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.

Requires improvement

Are services caring?

However we were told it had not been used and staff had limited knowledge about the service. There were no notices in the reception areas informing patients this service was available.

- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 15 patients as carers (less than 1% of the practice list). We were told this list was unlikely to be accurate as staff were aware that some of the people being cared for had passed away. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice was aware of the issue of the inappropriate use of A&E at local hospitals. To improve patient education the practice regularly reviewed information received about its patients who had attended A&E recently. They contacted these patients to discuss the reason for their attendance and advise of a more suitable alternative source of treatment where appropriate. The practice also reviewed its rate of unplanned admissions to hospital and patients were seen soon after admission to ensure their needs were being met.

- The practice offered late appointments from 6.30pm to 7pm on Mondays and Wednesdays for working patients who could not attend during normal opening hours. Late appointments were also available through a local GP hub. Appointments at the hub were available from 6.30pm to 10pm on weekdays and 12pm to 6pm on weekends.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- The premises were accessible to disabled patients, however there was no hearing loop available. A translation service was available although this was not advertised to patients and staff had limited knowledge about the service.

Access to the service

The practice opened at 9am every week day and closed at 7pm on Monday and Wednesday, 6.30pm Tuesday and Friday and 1pm on Thursday. The practice did not open at weekends. Surgery times were from 9am to 12.30pm and then 2.30pm to 6.30pm every day except Thursday when there was no afternoon surgery. Extended hours operated on Monday and Wednesday from 6.30pm to 7pm. Outside of these hours services were provided by the practice's out of hours provider. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The patient or carer was contacted in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. 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's complaints process was unclear.

- There was a written complaints policy in place, however staff had limited awareness of its detail.
- We were told all complaints were managed by the GP. The process described to us was informal and lacking in structure and did not comply with NHS guidance.

We looked at two complaints received in the last 12 months. Both of these had been sent directly to NHS England and had been forwarded to the GP. There was evidence that these complaints had been dealt with in a timely way, with openness and transparency. We were told complaints were discussed and learning was shared with

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

all staff. Staff had some awareness of recent complaints, however there was no record of discussions or sharing of learning from these complaints. There was no evidence of the analysis of trends or action was taken to as a result to improve the quality of care.

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

Whilst the lead GP articulated their desire to deliver high quality care and promote good outcomes for patients there was no clear vision or strategy in place to achieve this.

- The practice had a mission statement which was displayed in the waiting areas. Staff could not articulate the mission statement but had an understanding of the practice's values.
- The practice had no demonstrable strategy or supporting business plans reflecting its vision and values.

Governance arrangements

The practice did not have an overarching governance framework which supported the delivery of the strategy and good quality care. There was little evidence of structures and procedures which would underpin any governance framework.

- The staffing structure was unclear. Reception/ administrative staff were carrying out some roles of a practice manager, however neither desired to undertake this role and had undertaken additional responsibilities out of necessity, rather than choice. At our subsequent visit we found a part time practice manager had been employed.
- Practice specific policies were incomplete, out of date or missing. The policies that did exist were available to all staff such as the chaperone policy and the policy for identifying carers.
- The GP had some awareness of the performance of the practice, however there was no evidence of steps taken to address poor performance, for example regarding QoF results.
- There was no evidence of continuous quality improvement such as clinical and internal audit used to monitor quality and to make improvements.
- There was no clear process for identifying, recording and managing risks, issues and implementing mitigating actions.
- The provider had been carrying on post-natal checks without being registered with the Care Quality Commission to provide Maternity and Midwifery services.

Leadership and culture

On the day of inspection the lead GP could not satisfactorily demonstrate they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care, however this was not always supported by the evidence. For example, the lack of equipment and medication to treat patients in the event of a medical emergency. Immediate steps were taken following our first visit to address these issues and at our second visit we found emergency equipment and medication was in place.

Staff told us the GP was approachable and always took the time to listen to all members of staff. However there was evidence that staff were not adequately supported, for example due to the lack of regular training, appraisals and team meetings.

The provider had some awareness of the duty of candour, however, there were no systems in place to ensure compliance with the relevant requirements. (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). There was no support training for staff on communicating with patients about notifiable safety incidents. Staff told us the lead GP encouraged a culture of openness and honesty. However this was not underpinned by systems to ensure that when things went wrong with care and treatment, affected people received reasonable support and records of all relevant communications were kept.

There was a leadership structure in place in as much as the practice team consisted of two receptionist/ administrative staff and a lead GP. Staff felt able to communicate openly with the lead GP, however there was limited evidence of steps taken to address their concerns, particularly around staffing.

- Staff told us the team meetings were irregular, informal and not always minuted. The GP told us staff meetings were held monthly but there was little evidence to demonstrate that.

Are services well-led?

Inadequate

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues as and when they arose. They said they felt confident in doing so, however their concerns were not always addressed in a timely manner, for example around insufficient staffing and training.
- Staff said they felt respected and valued by the GP. All staff were involved in discussions about how to run and develop the practice, however there was little evidence that staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

There was limited evidence of the practice encouraging feedback from patients, the public and staff. It did not proactively seek patients' feedback and there was no evidence of patients being engaged in the delivery of the service.

- The practice did not have a patient participation group (PPG). They had not undertaken any surveys and there was no evidence that complaints received were discussed with staff and learning opportunities shared.
- Staff said they were able to provide feedback although this was not always acted upon. They felt they were valued by the provider and were able to be as involved and engaged as they wished to be, however there was the expression of some frustration at the increased work pressures caused by insufficient numbers of staff.

Continuous learning

There was no evidence of continuous learning or improvement at the practice.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment** **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by failing to: • Ensure the system for reporting and recording significant events was effective and that it supported the recording of notifiable incidents under the duty of candour. • Ensure all staff received regular safeguarding training and were supported by a relevant practice policy. • Assess the risks to the health and safety of service users of receiving the care or treatment and take steps to mitigate such risks, for example regarding health and safety, infection control, fire safety and the safety of electrical equipment. • Ensure the practice is adequately equipped to respond in the case of an injury requiring first aid and the spillage of bodily fluids. • Ensure a business continuity plan was in place to be followed in the event of a major incident. This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Good governance

How the regulation was not being met:

The registered person did not do all that was reasonably practicable to ensure effective systems and processes were in place, specifically by failing to:

- Take steps to improve the practice's performance in the management of long term conditions such as Diabetes, Mental health, Chronic Obstructive Pulmonary Disease (COPD) and Peripheral Arterial Disease.
- Ensure there was a process of quality improvement for example completed clinical audits.
- Consolidate the complaints process and ensure learning from complaints was discussed and shared.
- Ensure any trends from complaints were analysed and action was taken to improve the quality of care as a result.
- Take steps to improve systems or processes at the practice, in particular regarding vision and strategy, governance, staffing, practice policies, performance awareness, continuous improvement including audits, risk management, leadership and systems to support the duty of candour.
- Ensure systems and processes were in place to support appropriate recruitment checks.

This section is primarily information for the provider

Requirement notices

- Ensuring all mandatory training was completed by all staff including safeguarding (adult and child protection), fire, infection control and information governance.

- Ensure the practice had a patient participation group in place.

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 Treatment of disease, disorder or injury	Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Receiving and acting on complaints **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to ensure that people could make a complaint about their care and treatment by failing to: • establish and operate effectively an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons in relation to the carrying on of the regulated activity. This was in breach of regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.