

Dr Zaheer Hussain

Quality Report

Fulham Cross Medical Centre
322 Lillie Rd
London
SW6 7PP
Tel: 020 7385 1964

Date of inspection visit: 10 November 2015
Date of publication: 11/02/2016

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?	Inadequate	●
Are services responsive to people's needs?	Inadequate	●
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 Zaheer Hussain practice, also known as Fulham Cross Medical Centre on 10 November 2015. 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 inadequate systems were in place to keep patients safe including those for dealing with emergencies, safeguarding, incident reporting, infection control, medicine management and health and safety.
- Staff were not clear about reporting significant events, incidents and near misses and there was no evidence of learning and communication with staff.
- There was insufficient assurance to demonstrate people received effective care and treatment which reflected current evidence-based practice.

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others, either locally or nationally.
- Patients were positive about their interactions with staff and said they were treated with compassion.
- Patients were at risk of not receiving timely care when they needed it as information for patients when the practice was closed did not provide appropriate advice.
- The practice had limited formal governance arrangements.

The areas where the provider must make improvements are:

- Develop and implement a vision and strategy to improve services for patients and ensure governance processes are in place to monitor safety and risks.
- Ensure appropriate arrangements are in place for managing medical emergencies including: availability of an automated external defibrillator

Summary of findings

(AED) or undertake a risk assessment if a decision is made to not have an AED on-site; a full complement of emergency medicines; staff training in basic life support.

- Develop an explicit telephone answerphone message which directs patients to appropriate care and advice when the practice is closed.
- Ensure arrangements are in place for annual testing of all electrical equipment and calibration of clinical equipment.
- Put systems in place for the secure storage of prescription pads and the monitoring of their use.
- Ensure all clinical staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses. Ensure staff are aware of and comply with the requirements of the Duty of Candour in the event of a notifiable safety incident.
- Take action to address identified concerns with infection prevention and control.
- Ensure recruitment arrangements include all necessary employment checks for all staff. Undertake Disclosure and Barring Service (DBS) checks for all staff providing a chaperone service for patients and ensure staff are suitably trained to perform this role.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines. Carry out clinical audits including re-audits to ensure improvements have been achieved. Make arrangements for clinical staff to attend multi-disciplinary team (MTD) meetings.
- Provide clinical curtains within consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Provide staff training in information governance and patient confidentiality to ensure patient privacy is maintained.

- Ensure Care Quality Commission ratings of the practice are displayed to patients and users of the service.

The areas where the provider should make improvement are:

- Develop an effective system for clinicians to follow at the end of clinical sessions to ensure important information is received and actioned by the next GP on duty.
- Make arrangements to improve the uptake and access to; cervical screening for patients at the practice.
- The GP should undertake training on the clinical systems to have a comprehensive understanding of the performance of the practice.
- Consider improving communication with patients who have a hearing impairment. Advertise within the practice the provision of the translation service for patients.

On 11 November 2015 we took urgent enforcement action to suspend Fulham Cross Medical Centre from providing general medical services under Section 31 of the Health and Social Care Act 2008 ("the Act") for a period of three months as a minimum to protect patients. This enforcement action is subject to a right of appeal.

Where a practice is rated as inadequate for one of the five key questions or one of the six population groups the practice will be re-inspected within six months after the report is published. If, after re-inspection, the practice has failed to make sufficient improvement, and is still rated as inadequate for any key question or population group, we will place the practice into special measures. Being placed into special measures represents a decision by CQC that a practice has to improve within six months to avoid CQC taking steps to 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?

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

- The practice did not prioritise safety and utilise information from reported incidents and national patient safety alerts to identify risks and improve patient safety.
- Procedures for reporting, recording, taking appropriate action and sharing learning from significant event analysis (SEAs) were inadequate.
- Staff were not always clear on what constituted a serious incident in their practice.
- Patients were at risk of harm because inadequate systems were in place to keep patients safe including those for dealing with emergencies, safeguarding, monitoring risks to patients and staff, infection control, medicines management and health and safety.

Inadequate



Are services effective?

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

- There was no system in place to keep all clinical staff up to date to deliver care and treatment that met peoples' needs in line with relevant and current evidence based guidance and standards.
- The GP did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Data showed that some patient outcomes were significantly below average for the locality and t
- Patient outcomes were hard to identify as little or no reference was made to audits. There was no evidence of any completed audit cycles and there was no evidence that the practice was comparing its performance to others - either locally or nationally.
- There was minimal engagement with other providers of health and social care. There were no multidisciplinary team meetings or end of life care meetings held.

Inadequate



Summary of findings

Are services caring?

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

- Three patients said they felt the practice offered a good service and staff were caring. We observed staff were courteous and helpful to patients.
- Data showed that patients rated the practice lower than others for some aspects of care. For example, 78% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%; 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.
- Patient confidentiality was not maintained in the practice as conversations with patients either on the telephone or face to face which identified them could be easily overheard in the waiting area and staff did not take any actions to mitigate this.
- The consulting rooms were dirty. Clinical curtains were not provided in all of the consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Inadequate



Are services responsive to people's needs?

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

- Longer appointments and home visits were available for patients who would benefit from these. Same day appointments were available for children and those with serious medical conditions.
- There was limited access for patients to GP services including on Thursday's with appointments available from 9:30am-11:30am only for emergencies.
- The practice did not have a sufficient telephone answering service to direct patients to appropriate care and advice when the practice was closed.
- There was a disabled toilet available for patients and consulting rooms were on the ground floor however, the practice entrance had a step and there were no ramp facilities available. There was no hearing loop system available for patients with hearing difficulties. There were translation services available; however this service was not advertised to patients.
- Patients were not aware of how to make a complaint or the process involved

Inadequate



Summary of findings

Are services well-led?

The practice is rated as inadequate for being well-led and improvements must be made.

- The practice did not have a specific vision to deliver high quality care and promote good outcomes for patients and there was no strategy in place to deliver this.
- The practice had a limited number of practice policies and procedures to govern activity, but staff were unaware of these policies and these were inaccessible to staff in the absence of the practice manager.
- The GP could not demonstrate a comprehensive understanding of the clinical performance of the practice or the day to day management of the practice in the absence of the practice manager. The GP demonstrated a lack of regard for CQC regulations and processes.
- There was no evidence of a programme of continuous clinical and internal audit used to monitor quality and to make improvements. Audits undertaken were not second cycle.
- There were no robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We were not assured the provider was aware of and complied with the requirements of the Duty of Candour.

Inadequate



Summary of findings

The six population groups and what we found

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

Older people

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

The practice is rated as inadequate for the care of older people.

- There was insufficient assurance to demonstrate older people received effective care and treatment which reflected current evidence-based practice.
- Longer appointments and home visits were available for older people when needed.
- It had not worked with multi-disciplinary teams in the case management of older people.
- 'End of Life' care meetings had not been undertaken since 2014.

Inadequate



People with long term conditions

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

The practice is rated as inadequate for the care of people with long-term conditions.

- There was insufficient assurance to demonstrate people with long-term conditions received effective care and treatment which reflected current evidence-based practice.
- Performance for diabetes and hypertension related indicators were worse than the CCG and national averages.
- Longer appointments and home visits were available when needed.

Inadequate



Families, children and young people

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

The practice is rated as inadequate for the care of families, children and young people.

Inadequate



Summary of findings

- There was insufficient assurance to demonstrate families, children and young people received effective care and treatment which reflected current evidence-based practice.
- The practice's uptake for the cervical screening programme was 18% which was lower than the national average of 82%.
- Appointments were available outside of school hours.
- Immunisation rates for the standard childhood immunisations were lower than the CCG and national averages.

Working age people (including those recently retired and students)

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

The practice is rated as inadequate for the care of working age people (including those recently retired and students).

- There was insufficient assurance to demonstrate working age people (including those recently retired and students) received effective care and treatment which reflected current evidence-based practice.
- Extended opening hours for appointments were available on Mondays and Tuesdays.
- Patients could book appointments and order repeat prescriptions online.
- Health promotion advice was available in the waiting area.

Inadequate



People whose circumstances may make them vulnerable

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

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable.

- There was insufficient assurance to demonstrate people whose circumstances may make them vulnerable received effective care and treatment.
- The practice had not worked with multi-disciplinary teams in the case management of vulnerable people.
- Not all staff had received training in safeguarding relevant to their role.

Inadequate



Summary of findings

People experiencing poor mental health (including people with dementia)

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

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia).

- There was insufficient assurance to demonstrate people experiencing poor mental health (including people with dementia) received effective care and treatment which reflected current evidence-based practice.
- Clinical staff did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- It had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- The dementia diagnosis rate was comparable to the CCG and national average.
- The practice waiting area displayed posters signposting patients experiencing poor mental health to various support groups and voluntary organisations.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results published on 8 July 2015 showed the practice was performing in line with local and national averages. 443 survey forms were distributed and 86 were returned.

- 85% find it easy to get through to this surgery by phone compared with a CCG average of 74% and a national average of 73%.
- 85% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 74% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 55% and a national average of 60%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 82% and a national average of 85%.
- 98% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.

- 84% describe their experience of making an appointment as good compared with a CCG average of 69% and a national average of 73%.
- 49% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 62% and a national average of 65%.
- 51% feel they don't normally have to wait too long to be seen compared with a CCG average of 53% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. The practice had not provided patients with our comment cards and therefore we did not have any completed by patients.

We spoke with three patients during the inspection. 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 the GP.

Areas for improvement

Action the service MUST take to improve

- Develop and implement a vision and strategy to improve services for patients and ensure governance processes are in place to monitor safety and risks.
- Ensure appropriate arrangements are in place for managing medical emergencies including: availability of an automated external defibrillator (AED) or undertake a risk assessment if a decision is made to not have an AED on-site; a full complement of emergency medicines; staff training in basic life support.
- Develop an explicit telephone answerphone message which directs patients to appropriate care and advice when the practice is closed.
- Ensure arrangements are in place for annual testing of all electrical equipment and calibration of clinical equipment.
- Put systems in place for the secure storage of prescription pads and the monitoring of their use.
- Ensure all clinical staff understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses. Ensure staff are aware of and comply with the requirements of the Duty of Candour in the event of a notifiable safety incident.
- Take action to address identified concerns with infection prevention and control.

Summary of findings

- Ensure recruitment arrangements include all necessary employment checks for all staff. Undertake Disclosure and Barring Service (DBS) checks for all staff providing a chaperone service for patients and ensure staff are suitably trained to perform this role.
- Put systems in place to ensure all clinicians are kept up to date with national guidance and guidelines. Carry out clinical audits including re-audits to ensure improvements have been achieved. Make arrangements for clinical staff to attend multi-disciplinary team (MTD) meetings.
- Provide clinical curtains within all consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Provide staff training in information governance and patient confidentiality to ensure patient privacy is maintained.

- Ensure Care Quality Commission ratings of the practice are displayed to patients and users of the service.

Action the service **SHOULD** take to improve

- Develop an effective system for clinicians to follow at the end of clinical sessions to ensure important information is received and actioned by the next GP on duty.
- Make arrangements to improve the uptake and access to; cervical screening for patients at the practice.
- The GP should undertake training on the clinical systems to have a comprehensive understanding of the performance of the practice.
- Consider improving communication with patients who have a hearing impairment. Advertise within the practice the provision of the translation service for patients.

Dr Zaheer Hussain

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 advisor and two CQC inspectors.

Background to Dr Zaheer Hussain

Dr Zaheer Hussain also known as Fulham Cross Medical Centre, is a single location practice located in the London Borough of Hammersmith and Fulham which provides a primary medical service (PMS) to approximately 2,200 patients in the Fulham area of West London. The patient population groups served by the practice include a cross-section of socio-economic and ethnic groups.

The practice team is made up of two (male) GPs, a practice manager, an administrator and three receptionists. Dr Zaheer Hussain is the lead GP and the practice is registered with CQC as a sole provider. The second GP works at the practice on Fridays.

The practice is open between 8:30am-1:00pm and 4:00pm-8:30pm on Mondays and Tuesdays, 8:30am-1:00pm and 4:00pm-6:00pm on Wednesday and Fridays and 9:30am-11:30am on Thursdays. Appointments were from 8:30am-11:30am and 4:00pm-8:30pm on Mondays and Tuesdays, 8:30am-1:00pm and 4:00pm-6:00pm on Wednesdays, 9:30am-11:30am on Thursdays and 9:30am-12:30pm and 4:00pm-6:00pm on Fridays. On Thursdays the practice is open for emergencies

only between 9:30am to 13:30pm. Telephone access is available during core hours and home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice refers patients to the London Central and West Unscheduled Care Collaborative Out of Hours and the NHS '111' service for healthcare advice during out of hours.

The practice is registered with the Care Quality Commission to provide the regulated activities of treatment of disease, disorder or injury, diagnostic and screening procedures and maternity and midwifery services.

Why we carried out this inspection

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

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

The provider had been previously inspected on 7 October 2014 and was rated as requires improvement for safe, effective, responsive and well led and good for caring. As a result of this inspection, requirement notices were issued for the breaches of regulations found which included:

Detailed findings

- Regulation 18 (2) (a) (c) Staffing
- Regulation 12 (1) (2) (a) (b) (c) Safe care and treatment
- Regulation 17 (1) (2) (a) (b) (e) (f) Good governance
- Regulation 19 (1) (a) (3) (a) Fit and proper persons employed
- Regulation 15 (1) (e) Premises and equipment

This inspection was planned to check the action taken in response to findings of the inspection undertaken on 7 October 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We visited the practice on 5 November 2015 for an announced inspection however we were unable to proceed as the practice were not prepared for and obstructed the inspection on the day. We subsequently carried out a second announced visit on 10 November 2015. During our visit we:

- Spoke with a range of staff (GP, administrator and two receptionists) and spoke with patients who used the service.
- Observed how people were being cared for.
- We were not granted access to review the personal care or treatment records of patients by the lead GP.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

The practice did not prioritise safety and utilise information from reported incidents and national patient safety alerts to identify risks and improve patient safety.

- Procedures for reporting, recording, taking appropriate action and sharing learning from significant event analysis (SEAs) were inadequate. We asked if there was a practice policy for significant events and we were informed that there was one but as the practice manager was absent, it could not be accessed.

The GP provided us with one example of a significant event prescribing error which occurred in 2015 in which 2160 fentanyl patches were prescribed for a patient instead of five. This error was identified by the pharmacist who informed the practice. There was no significant event form completed to record the analysis or learning from the event even though this incident represented a situation of high medical risk. We were shown a photocopy of the prescription with a hand written note which detailed the quantity error as evidence of this significant event. Reception staff told us they were aware of a significant event folder which was kept in the practice manager's office but we were not granted access to this office and were therefore unable to verify if significant events had been managed consistently over time and the practice could demonstrate a safe track record.

We found non-clinical staff were aware of their responsibilities to raise concerns, but they were not always clear on what constituted a serious incident in their practice. For example, a minor incident relating to a rude patient which the GP had spoken with and calmed the situation, had been reported recently by staff as a significant event however during our inspection we observed a prescription error occurred but this was not recorded. A prescription was given to the parent of a patient which had the incorrect name on it. The parent returned to the practice highlighting the error to the reception staff and the prescription was replaced with the correct details. We discussed how this

error had occurred with the staff member and we were informed it was as a result of two children having the same date of birth; however there was no subsequent recording of this incident.

- We asked how the practice responded to National Patient Safety Alerts. The GP told us the last safety alert he had seen was four years ago and it was the practice manager's responsibility to raise any alerts for the GPs attention.

Overview of safety systems and processes

The practice did not have clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

- We were obstructed in accessing practice policies and were therefore unable to establish if the practice held a safeguarding policy which included arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. However, we observed posters in the reception office and consulting rooms which detailed who to contact for further guidance if staff had concerns about a patient's welfare. Staff told us the GP was the lead member of staff for safeguarding. Not all the non-clinical staff we spoke with had received safeguarding training relevant to their role. The GP was unable to locate his current certificate in child protection to demonstrate Level 3 training had been undertaken. We were shown a programme dated 04/03/2013 for Level 3 safeguarding training, but there was no evidence available of who had attended this training.
- A notice was displayed in the reception area, advising patients that a chaperone service was available if required. All staff who acted as chaperones had been trained for the role however one staff member indicated she stood outside of the curtain during examinations. We also found during staff interviews that one staff member providing the chaperone service had not received a disclosure and barring check (DBS). (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 found fire extinguishers were available within the practice but it was unclear when these had been tested

Are services safe?

and maintained. We also found a number of fire extinguishers were stored in the practice cleaning cupboard and it was unclear if these were in use or if these had been maintained.

- We observed the fire exit to the rear of the practice was being used to store rubbish bags and cardboard waste which posed a risk of potential obstruction to the exit.
- Within the reception desk area we observed there was an open ceiling tile which exposed hanging wiring.
- In front of the reception desk there were trip hazards in the form of a free standing bin and a bedside table which also impeded disabled access to the reception counter. Within the waiting area there was a trip hazard in the form of a blood pressure monitor machine with wires not secured.
- The practice had not maintained appropriate standards of cleanliness and hygiene. We observed the premises to be unclean and untidy. We observed flooring throughout the practice was stained, cracked and visibly dirty. Ceiling vents were visibly dirty. Curtain rails within the consulting rooms were dusty and curtains were either absent or had no means of identifying when these had last been changed. Walls throughout the practice were chipped, unclean and some walls were visibly marked with blue tack. The cleaning store room was cluttered and the door had been propped open with an oxygen cylinder. We found mop buckets and mop heads were unclean. It was unclear who the lead for infection control was. We were not provided with evidence of an infection control policy; audit or staff training.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice did not keep patients safe (including obtaining, prescribing, recording, handling, storing and security). Within the practice fridge we found seven boxes of out-of-date influenza vaccines from April 2015 and out-of-date vaccines for Shingles, HPV and MMR. The GP informed us that he checked the contents of the fridge and disposed of expired vaccines but was unaware of these items being out of date and not fit for use.

Within one of the consultation rooms we found a basket of out-of-date contraceptive pills, some expiring in 1998 as well as out of date dispersible aspirin, Salbutamol nebulas, atropine and Ketostix. We observed evidence

of a fridge temperature log which the GP told us he maintained.

We found the fridge temperature log had been recorded on bank holidays and weekends, however when questioned, the GP told us that he did access the practice on bank holidays or weekends. We found no evidence of 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. We requested evidence of a practice policy for antibiotic prescribing but were told by the GP that there was not one. Prescription pads were not securely stored and we found no evidence of systems in place to monitor their use. We observed blank prescriptions in an open cardboard box in the reception office area.

- There was no effective system in place ensuring consumables which had exceeded their use by date were disposed of. We found several boxes of expired single-use speculums, dressings, surgical blades and nitrile gloves which had exceeded their expiry date.
- Within one of the consultation rooms we found a full yellow sharps box which had been closed in October 2014 but had not been disposed of in line with the safe disposal of clinical waste. We also observed in one of the consultation rooms there was a cupboard for the use of storage of clinical waste prior to collection but this was unlockable and the filled bag inside was not labelled.
- We were not granted access to review practice staff personnel files. We were therefore unable to assess if. We were therefore unable to assess if appropriate recruitment checks had been 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.

Monitoring risks to patients

The inspection team were denied access to documentation relating to monitoring and managing risks to patients and staff. For example, health and safety policy and procedures, a variety of risk assessments including fire, control of substances hazardous to health, infection control and legionella.

Are services safe?

All of the electrical and clinical equipment we checked had not been tested since 2013 to ensure it was safe to use and was working properly.

We were not granted access to evidence to demonstrate the monitoring of the number of staff and mix of staff required to meet patients' needs or a rota system of all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

The practice had inadequate arrangements in place to respond to emergencies and major incidents.

- Not all staff had received annual basic life support training.
- Emergency medicines were available in the consultation room which included, an adult and child Epipen, GTN spray and atropine and these were in date and fit for use. However, there was no glucagon to treat hypoglycaemia; benzyl penicillin for suspected meningitis or diazepam to treat a patient experiencing an epileptic fit. The GP was not aware of these omissions and was unable to provide a rationale for not including these as part of the emergency medicines available in the practice.
- The practice did not have an automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) and had not risk assessed the decision to not have a defibrillator on-site.

- The practice had an oxygen cylinder on site however; there was no delivery system in place to allow its use such as tubing or adult and children's masks. We found the oxygen cylinder was being used to prop open the cleaning cupboard door and there was no sign displayed to indicate the storage of a compressed gas. Staff we spoke with were not aware of the provision of oxygen within the practice.
 - We asked the GP about the provision of a nebuliser which may be used to deliver high doses of asthma reliever medicines in an emergency. The GP told us the practice had this equipment but was unable to show it to us.
 - We were not granted access to practice policies and therefore we were unable to establish if the practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.
- We asked the GP about the arrangements in place to cover his role in the event of an emergency. The GP told us there was an understanding with other local practices to provide cover however; we did not see any evidence to demonstrate this was a formal arrangement.
- We were told the last time a locum GP had been used at the practice was seven years ago. We asked if there was the provision of a 'locum pack' to provide a locum with essential practice information. We were told we couldn't have access to this as this was in the practice manager's office.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We were not assured that the practice assessed needs and delivered care in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The GP told us the practice had access to guidelines from NICE, but was unable to provide us with information about the last guidance read.
- There was no system in place to keep all clinical staff up to date to deliver care and treatment that met peoples' needs.
- There was no evidence the practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The GP did not demonstrate a comprehensive understanding of the performance of the practice. The GP told us the practice manager was responsible for the monitoring the performance of the practice and was unaware of the practice's Quality Outcomes Framework (QOF) data. (QOF is a system intended to improve the quality of general practice and reward good practice).

During our interview, we shared with the GP the practice QOF data for diabetes and hypertension indicators and he was unaware of these results.

The most recent published QOF results were 83.6% of the total number of points available, with 2.8% exception reporting. We discussed the published practice QOF scores with the GP, specifically the diabetes, hypertension and flu vaccination indicators however, he was unaware of the results of this data.

- Performance for diabetes related indicators were generally worse than the CCG and national averages. For example, the percentage of patient with diabetes who had an influenza immunisation in the preceding year was 74% which was below the national average of 94%.

- The percentage of patients with hypertension having regular blood pressure tests was 70% which was below the national average of 83%.
- Performance for mental health related indicators was similar to the CCG and national averages of 86% to 95% respectively.
- The dementia diagnosis rate was comparable to the CCG and national average. The GP told us there were two patients on the practice dementia register last year. The GP explained he uses the general-practitioner-assessment-of-cognition (GPCOG) score to assess patients and would refer patients to services for support where necessary.
- We were told there were six patients registered with learning disabilities at the practice however we were provided with no evidence to demonstrate these patients had received an annual review.

We were provided with evidence of a referral audit which had been undertaken between April and June 2015. The documentation gave a list of referrals to various specialties with an outcome as to whether the referrals were considered to be appropriate when reviewed retrospectively. This documentation did not constitute a completed clinical audit. The audit did not contain a purpose or scope; the methodology used; an analysis of the findings or a conclusion. The audit was not repeated to demonstrate that any improvements made were implemented and monitored.

Effective staffing

We were not granted access to staff personnel files and training records. We were therefore not assured that staff had the skills, knowledge and experience to deliver effective care and treatment.

- We were not provided with evidence to demonstrate staff received essential training that included: safeguarding, fire procedures, basic life support and information governance awareness.
- We were unable to establish if staff had access to appropriate training to meet their learning needs and to cover the scope of their work and if all staff had received an appraisal within the last 12 months as we were obstructed from reviewing staff files.

Are services effective?

(for example, treatment is effective)

- We saw no evidence of an induction programme for newly appointed members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. One member of staff we spoke with told us their induction included how to perform the role; monitoring the practice fridge temperature and the location of the fire assembly point. The induction had not included specific training in relation to fire or safeguarding.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's electronic patient record system. The practice worked with other service providers to meet patient's needs. For example, the practice received blood test results, X ray results and letters from the local hospital including discharge summaries.

We found the practice did not have a policy outlining the responsibilities of all relevant staff in passing on, reading and acting on information received from external services. For example, there was no procedure that clinicians followed at the end of clinical sessions to ensure important information was received and actioned by the next GP on duty. The GP told us if hospital letters came in by post on a Thursday, they would be reviewed on the following Monday. We were told the GP covering the Friday clinical sessions might review the letters; but if not, they were stored in a desk draw in the consulting room.

We saw no evidence multi-disciplinary team (MTD) meetings were attended by staff and the GP confirmed no MTD meetings took place. We were also told that 'End Of Life' care meetings had been discontinued since 2014.

Consent to care and treatment

We were not assured staff sought patients' consent to care and treatment in line with legislation and guidance.

- We found the GP did not understand the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 although he informed us he had attended a lecture on the subject two years ago.

- To assess capacity the GP told us he used a 'common sense approach'. The GP did not demonstrate an understanding of the key parts of the legislation when questioned and was not able to describe how he implemented it.
- The GP told us the process for seeking consent was through 'verbal agreement with patients'. The GP told us he could recall one episode in which a patient requested written consent.
- We asked if patients were informed about risks of care and treatment and the GP was unable to provide any information about procedures to demonstrate this.
- There was no evidence to demonstrate the process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- These included patients who were 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 service.
- Staff told us smoking cessation advice was available from a specialist who attended the practice each week on a Thursday.

The practice did not have a comprehensive screening programme. The practice's uptake for the cervical screening programme was 18% which was significantly lower than the national average of 82%. The GP told us there was no one in the practice available to undertake cervical screening. The GP was aware of the low uptake and explained this was due to having no female GP or nurse within the practice team and also as result of the local ethnic population who would prefer a female clinician to perform this procedure. Patients were given a leaflet and the telephone number of local clinics where they could access the screening service. It was unclear how the practice monitored patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were lower than the local CCG and national averages. For example, childhood immunisation rates for the

Are services effective?

(for example, treatment is effective)

vaccinations given to under two year olds ranged from 38% to 76% and five year olds from 33% to 67%. Flu vaccination rates for the over 65s was 69% which was comparable to the CCG and national averages. Flu vaccinations for the at risk groups was 20% which was below the CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Three patients said they felt the practice offered a good service and staff were caring. We observed staff were courteous and helpful to patients. However, we noted conversations with patients either on the telephone or with face-to-face contact with reception staff, could be overheard by people in the waiting room. Patient confidentiality was not maintained as we observed conversations about patients which identified them could be heard. One patient we spoke with described how confidential information about their results was fed back to them by a GP in front of other patients in the waiting room.

The consulting rooms were dirty. Clinical curtains were not provided in all of the consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. We noted that consultation room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

Results from the national GP patient survey completed by 86 patients showed the practice was rated lower than others for some aspects of care. For example:

- 78% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 92%.

- 85% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

The three patients we spoke with told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt supported by the GP.

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language and a double appointment would be arranged for a patient requiring translation. However, there were no notices in the reception or waiting areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access some support groups and organisations such as a mental health charity which provides advice and support to people experiencing a mental health problem.

It was very difficult to obtain any evidence regarding the service provision for carers as the GP was obstructive to the inspection process. However, we saw posters in the waiting area which requested patients to inform staff if they were a carer and what support could be offered to them such as a carer's assessment with the local authority. There were also posters advertising local support groups for carers including young carers.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We were not provided with evidence to demonstrate the practice worked with the local CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account some of the needs of different patient groups. For example:

- The practice advertised if patients were presenting with more than one clinical issue; to arrange with the reception team to book a double appointment.
- Home visits were available for older patients / patients who would benefit from these and were told the GP undertook approximately two home visits a week.
- Same day appointments were available for children and those with serious medical conditions.
- There was a disabled toilet available for patients and consulting rooms were on the ground floor however, the practice entrance had a step and there were no ramp facilities available.
- There was no hearing loop system available for patients with hearing difficulties.
- There were translation services available; however this service was not advertised to patients.

Access to the service

We found there was limited access to GP services provided by the practice on Monday, Tuesday and Wednesdays between 1:00pm–4:00pm when the practice was closed. During this period we found the practice did not have a telephone answering service to direct patients to appropriate care and advice. When this was pointed out to the GP during our inspection, he recorded a message for the answerphone machine which advised patients not to leave any voicemail messages but to contact the doctor via his mobile telephone in cases of emergency. There did not appear to be satisfactory arrangements for the service provision on Thursdays. The GP and reception staff told us that Thursday appointments were restricted to emergencies only and these were available between 9:30am and 11:30am. Reception staff also told us that the GP carried out home visits on Thursdays.

The practice was open between 8:30am–1:00pm and 4:00pm–8:30pm on Mondays and Tuesdays, 8:30am–1:00pm and 4:00pm–6:00pm on Wednesday and Fridays, and 9:30am–11:30am on Thursdays. Appointments were from 8:30am–11:30am and 4:00pm–8:30pm on Mondays and Tuesdays, 8:30am–1:00pm and 4:00pm–6:00pm on Wednesdays, 9:30am–11:30am on Thursdays (for emergency appointments only) and 9:30am–12:30pm and 4:00pm–6:00pm on Fridays. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them. Telephone consultations were available at the end of morning surgeries on Monday, Tuesday, Wednesday and Friday. London Central and West (LCW) provided the out of hours (OOH) service for the practice.

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 and three people we spoke to on the day were able to get appointments when they needed them. For example, we observed an emergency appointment for a child was arranged in between patients with booked appointments. One patient we spoke with was able to make an appointment to be seen on the same day. We were told by two patients that if they could not be seen on the same day, they could book appointments for the next day.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 85% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 84% patients described their experience of making an appointment as good compared to the CCG average of 69% and national average of 73%.
- 49% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 62% and national average of 65%.

Listening and learning from concerns and complaints

The provider would not demonstrate to us the practice system for handling complaints including policies and procedures in order to verify if these were in line with recognised guidance and contractual obligations for GPs in

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

England as we were not granted access to evidence of these. One of the reception staff told us that patients wishing to complain would be asked to write the complaint down and this would be passed on to the practice manager.

We were not granted access to review the complaints received by the practice in the last 12 months to assess if these were satisfactorily handled, dealt with in a timely way and if lessons were learnt as a result to improve the quality of care.

We found information was available to help patients understand the complaints system through the practice leaflet and a complaints leaflet which was in line with national guidance. However, patients we spoke with were not aware of how to make a complaint or the process involved.

Are services well-led?

Inadequate 

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

Our findings

Vision and strategy

The practice did not have a specific vision to deliver high quality care and promote good outcomes for patients and there was no strategy in place to deliver this. We were told that the GP had signed a new partnership with another local doctor as part of the succession planning, where the new partner would take over the running of the practice. However, the CQC had not been notified of this new partnership and the practice is registered as a single-handed GP practice.

Governance arrangements

The practice did not have an overarching governance framework to support the delivery of high quality care and good outcomes for patients.

- We were obstructed in being able to review the practice policies to establish if these were implemented and adhered to by staff as the GP told us he was unable to access these due to the practice manager being absent during the inspection.
- The GP could not demonstrate a comprehensive understanding of the performance of the practice. The GP told us the practice manager was responsible for the monitoring the performance of the practice. During our interview, we shared with the GP the practice QOF data for diabetes and hypertension indicators and he was unaware of these results.
- We were provided with no evidence of a programme of continuous clinical and internal audit used to monitor quality and to make improvements. The GP was unable to demonstrate any improvements that had been made as a result of audit.
- There were no robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The GP was unable to provide any evidence that demonstrated this.

Leadership, openness and transparency

The GP was obstructive and uncooperative during our inspection and we found the GP did not demonstrate the capability to run the practice and ensure high quality care. The GP did not have an understanding of the day to day management of the practice in the absence of the practice

manager. We found the GP demonstrated a lack of regard for CQC regulations and processes. This was evident from the lack of engagement and cooperation with inspection process, failure to rectify breaches of regulations found as a result of the previous inspection and the inspection report not being advertised and made available for patients to read within the practice.

We were not assured the provider was aware of and complied with the requirements of the Duty of Candour. Procedures for reporting, recording, taking appropriate action and sharing learning from significant events were not robust. We asked the GP if there was a policy or protocol for significant events and we were informed there was one but this could not be accessed as the practice manager was absent. Reception staff told us there was a significant event folder held within the practice manager's office however, we were not granted access to the office. Therefore we were not assured in the event of unexpected or unintended safety incidents; the practice gave affected people reasonable support, truthful information and a verbal and written apology and kept records of these.

There was a leadership structure in place and reception staff we spoke with told us they felt comfortable to raise any issues and were supported by management. Reception staff we spoke with told us practice meetings were held monthly and we were provided with minutes of two practice meetings held during the last 12 months. The practice meeting minutes we reviewed did not have standing agenda items such as significant events, complaints and training and from interviews with staff; we were not assured staff were kept up to date with essential practice information.

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

We were provided with limited evidence of a Patient Participation Group (PPG) to seek patient feedback and engage patients in the delivery of the service. We observed a poster in the reception area which advertised the PPG for patients to join and were provided with one set of meeting minutes held in July 2015. It was unclear from the minutes how many patients attended this meeting or had membership to this group. The minutes indicated that the group had reviewed the results of the national GP survey, the CQC inspection report and the number of pre-bookable appointments had been increased in response to patient feedback.

Are services well-led?

Inadequate 

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

The 'Friends and Family Test' was available for patients in the waiting area (the Friends and Family Test is a survey which asks people if they would recommend the services they had used to friends and family). We observed a poster in the waiting area which stated as a result of analysis of the Friends and Family Test, patients found being able to speak to the doctor on the phone difficult. In response to this the practice informed patients via this poster that daily

telephone consultations at the end of morning clinics were provided but the practice was unable to provide telephone consultations during every clinic. It was unclear when this analysis had been undertaken.

We were not provided with evidence of feedback from staff gathered through an annual staff survey, staff away days, staff meetings or appraisals however, staff told us they would not hesitate to give feedback and discuss any concerns or issues with management.