

Dr Hasmukhrai Makanji

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

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Dr Hasmukhrai Makanji	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Hasmukhrai Makanji on 3 March 2016. Overall the practice is rated as inadequate.

Dr Hasmukhrai Makanji shares a purpose built medical centre with two other GP practices.

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. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment, appropriately signed patient group directions (PGDs) were not on file for the practice nurse and we also identified concerns regarding the safe storage of vaccines.
- There was no evidence of sharing learning from significant events to maintain or improve patient safety.

- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement.
- Patients were positive about their interactions with staff and said they were treated with compassion and dignity.
- The practice's governance arrangements did not always support the delivery of high-quality person-centred care.

The areas where the provider must make improvements are

- Review its significant events reporting and recording systems to ensure they are being identified, recorded, used to identify risks and continuously improve patient safety.
- Ensure that the management of medicines is in line with national guidance such as appropriately signed patient group directions (PGDs) to enable the practice nurse to legally administer medicines, and that there are appropriate systems in place for the safe storage and management of vaccines.

Summary of findings

- Ensure recruitment arrangements include all necessary pre-employment checks.
- Ensure that the system for acting on patient safety alerts enables safety concerns to be quickly addressed and actioned.
- Ensure there are processes for identifying where improvements in clinical care can be made and monitored.
- Review systems for scanning and actioning incoming correspondence, in order to protect patients.
- Ensure that annual fire risk assessments take place.

In addition the provider should:

- Ensure there is a record of clinical meeting discussions so as to enable reflection on outcomes being achieved and to identify improvement areas.
- Review its systems for identifying and providing support to carers.
- Review latest national GP patient survey results which show that patient satisfaction on compassion, dignity and respect are below local and national averages.

- Ensure that there are systems in place so that learning from complaints is shared with staff and used to improve the service.

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?

The practice is rated as inadequate for providing safe services as there are areas where improvements must be made.

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, appropriate recruitment checks on staff had not been undertaken prior to their employment, appropriately signed patient group directions (PGDs) were not on file for the practice nurse and we also identified concerns regarding the safe storage of vaccines.
- Arrangements for acting on patient safety alerts did not enable safety concerns to be actioned in a timely manner.
- When there were unintended or unexpected safety incidents, reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- The practice undertook regular infection prevention and control audits and we saw evidence that action was taken to address any improvements identified as a result.

Inadequate



Are services effective?

The practice is rated as inadequate for providing effective services, as there are areas where improvements must be made.

- Care and treatment did not always reflect best practice. On the day of our inspection, we noted approximately 100 items of incoming correspondence in the main administrative office dating back to January 2016. Although an analysis indicated that the backlog had not caused any direct harm to patients, we could not be assured that systems were sufficiently robust.
- Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement.
- Necessary action was not taken to improve people's outcomes. We noted that the expected versus actual prevalence of lung disease and coronary heart disease were low compared to the CCG and national averages. We were told that this was attributable to the practice's relatively young population but there was no evidence that clinical meetings took place where these and other clinical matters could be further investigated.

Inadequate



Summary of findings

- There was no evidence that two cycle completed audits were being used to drive improvements in performance and improve patient outcomes.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages.

Are services caring?

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

- Data from the National GP Patient Survey showed patients rated the practice below others on all aspects of care. For example, regarding the extent to which GPs were good at involving patients in decisions about their care and treatment. We were told that the senior GP had
- 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.

Requires improvement



Are services responsive to people's needs?

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

- The practice had reviewed the needs of its local population and had put in place a plan to secure improvements for all of the areas identified such as introducing extended opening and telephone consultations for working aged people.
- Feedback from patients reported that access to a named GP and continuity of care was available quickly and that urgent appointments were usually available the same day.
- The practice was equipped to treat patients and meet their needs.
- However, there was no evidence that staff met formally to discuss complaints and used this information to improve the service.

Requires improvement



Are services well-led?

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

- Governance arrangements did not always support the delivery of high-quality person-centred care. For example, the practice was not always acting in accordance with some of its policies; such as its recruitment policy which required pre-employment checks to be undertaken prior to staff taking up employment.

Inadequate



Summary of findings

- The practice lacked robust arrangements for identifying, recording and managing risks and implementing mitigating actions. For example, the practice's cold chain policy lacked sufficient detail to advise staff on what to do if there were concerns regarding fridge temperatures, the practice did not have appropriately signed patient group directions (PGDs) on file for the practice nurse and annual fire risk assessments did not take place.
- There was little or no evidence of quality improvement. For example, it was unclear how the practice managed existing patients on its disease registers and it lacked a systematic process for reviewing emergency admissions; and accident and emergency attendance rates.
- There was an active PPG which met regularly and submitted proposals for improvements to the practice management team.

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 providing safe, effective and well services; and was overall rated as inadequate. The issues identified overall as inadequate 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.

Inadequate



People with long term conditions

The provider was rated as inadequate for providing safe, effective and well services; and was overall rated as inadequate. The issues identified overall as inadequate affected all patients including this population group. There were, however, examples of good practice.

- The practice nurse had a lead role in chronic disease management.
- Latest published QOF results (relating to the period 2014/15) showed that 91% of patients with diabetes had had an influenza immunisation compared to the 95% national average. Exception reporting for the practice was 12% and nationally was 18%.
- Longer appointments and home visits were available when needed.
- Patients had a named GP and 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.

Inadequate



Families, children and young people

The provider was rated as inadequate for providing safe, effective and well services; and was overall rated as inadequate. The issues identified overall as inadequate 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. Immunisation rates were relatively high for all standard childhood immunisations.

Inadequate



Summary of findings

- Latest published QOF results (relating to the period 2014/15) showed that 80% of patients on the practice's asthma register had had an asthma review in the preceding 12 months compared with 75% nationally. Exception reporting was respectively 3% and 8%.
- 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.
- 78% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared with 82% nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The provider was rated as inadequate for providing safe, effective and well services; and was overall rated as inadequate. The issues identified overall as inadequate 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.

Inadequate



People whose circumstances may make them vulnerable

The provider was rated as inadequate for providing safe, effective and well services; and was overall rated as inadequate. The issues identified overall as inadequate affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Inadequate



Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for providing safe, effective and well services; and was overall rated as inadequate. The issues identified overall as inadequate affected all patients including this population group. There were, however, examples of good practice.

- Latest published QOF results (relating to the period 2014/15) showed that 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, compared to the 84% national average.
- Latest published QOF results showed that 91 patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months Exception reporting was respectively zero and 13%
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had a system in place to help patients experiencing poor mental health access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Inadequate



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. This contains aggregated data collected from January-March 2015 and July-September 2015. The results showed that, with the exception of phone access, performance was below local and national averages. Three hundred and ninety five survey forms were distributed and 102 were returned. This represented 0.4% of the practice's patient list.

- 84% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 77% were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 61% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 60% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were mostly positive about the standard of care received; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect. Three patients highlighted concerns regarding phone access, appointments access and the helpfulness of reception staff.

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

Areas for improvement

Action the service **MUST** take to improve

- Review its significant events reporting and recording systems to ensure they are being identified, recorded, used to identify risks and continuously improve patient safety.
- Ensure that the management of medicines is in line with national guidance such as appropriately signed patient group directions (PGDs) to enable the practice nurse to legally administer medicines, and that there are appropriate systems in place for the safe storage and management of vaccines.
- Ensure recruitment arrangements include all necessary pre-employment checks.
- Ensure that the system for acting on patient safety alerts enables safety concerns to be quickly addressed and actioned.
- Ensure there are processes for identifying where improvements in clinical care can be made and monitored.

- Review systems for scanning and actioning incoming correspondence, in order to protect patients.
- Ensure that annual fire risk assessments take place.

Action the service **SHOULD** take to improve

- Ensure there is a record of clinical meeting discussions so as to enable reflection on outcomes being achieved and to identify improvement areas.
- Review its systems for identifying and providing support to carers.
- Review latest national GP patient survey results which show that patient satisfaction on compassion, dignity and respect are below local and national averages.
- Ensure that there are systems in place so that learning from complaints is shared with staff and used to improve the service.

Dr Hasmukhrai Makanji

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Hasmukhrai Makanji

The Dr Hasmukhrai Makanji surgery is located in Burnt Oak, London Borough of Barnet, North London. The practice has a patient list of approximately 2,500 patients. Twenty five percent of patients are aged under 18 (compared to the national practice average of 21%) and 7.5% are 65 or older (compared to the national practice average of 17%). Forty five percent of patients have a long-standing health condition and practice records showed that less than 1% of its practice list had been identified as carers.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions.

The practice holds a personal medical services contract with NHS England.

The staff team comprises one male senior GP (8 sessions per week), one salaried female GP (3 sessions per week), one female long term locum GP, a female practice nurse (6 sessions per week), a practice manager and administrative/reception staff.

The practice's opening hours are:

- Monday-Friday: 8:30am-1pm and 2pm-6.30pm

Appointments are available at the following times:

- Monday :9:30am-12pm and 3:3-0pm-5:30pm
- Tuesday: 9:30am-12pm and 5pm-6pm
- Wednesday 9:30am-12:00pm and 5pm-6pm
- Thursday 9:30am-12:30pm and 5pm-6:30pm
- Friday: 9:30am-12pm and 5pm-6:30pm

The practice offers extended hours opening at the following times:

- Wednesday: 6:30pm-7:45pm

Outside of these times, cover is provided by out of hours provider Barndoc Healthcare Limited.

The practice is registered to provide the following regulated activities which we inspected:

Diagnostic and screening procedures; Maternity and midwifery services; and Treatment of disease, disorder or injury.

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 practice had not been inspected before.

Detailed findings

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 3 March 2016. During our visit we:

- Spoke with a range of staff (including senior GP, salaried GP, long term locum GP, practice manager, practice nurse and receptionists) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was little evidence of learning from events or action taken to improve safety. The practice's significant event log initially indicated that the last recorded significant event took place in 2012. When we discussed this with the senior GP, they showed us records of two significant events from September 2015 and October 2015.

The October 2015 incident related to a prescribing error whereby patient X was prescribed patient Y's medicine. The record showed that an apology had been offered and reasonable support provided. However, the sections on team analysis and sharing action points had not been completed.

We also noted that details of the two recorded incidents had been retrieved from a patient record and from the senior GP's annual appraisal folder. These records were not accessible to other staff members and the practice could not demonstrate that learning had been shared (for example at team meetings). We could not be assured that the practice had systems in place to ensure that learning from significant events included all relevant people.

Safety concerns were not addressed quickly enough. Records showed that safety alerts were disseminated to the senior GP via email but we noted that the practice did not have a system in place for confirming that the alerts were disseminated to staff and acted upon as necessary. For example, in January 2015, a patient safety alert had been received highlighting the strangulation risks to children and vulnerable adults, associated with the use of long looped cords on window blinds. The alert recommended that a risk assessment take place to assess risk but records showed that this assessment did not take place until February 2016.

Overview of safety systems and processes

We looked at the practice's systems, processes and practices in place to keep people safe and safeguarded from abuse. These included:

- Arrangements in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The senior GP was the lead member of staff for safeguarding and attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the practice nurse were trained to safeguarding level 3.

- A notice in the waiting room advised patients that nurses would act as chaperones, if required. Reception staff and the practice nurse acted as chaperones and were trained for the role. They had received a disclosure and barring service check (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 observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but only one of the practice nurses had received training. A legionella risk assessment had taken place within the last 12 months and staff had received training in accordance with the risk assessment's action plan. Infection control audits were undertaken in July 2015 and February 2016 and we saw evidence that action was taken to address any improvements identified as a result. For example, the practice had installed disposable curtains in its treatment rooms. We noted that waiting room seating was fabric which did not facilitate the prevention and control of infections. We also noted that the practice did not have a cleaning schedule in place.
- We looked at arrangements for managing medicines, including emergency drugs and vaccinations. 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. Prescription pads were securely stored and there were systems in place to monitor their use. However, the practice did not have signed Patient Group Directions (PGDs) in place to allow its practice nurse to legally administer medicines. PGDs are written

Are services safe?

instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

We identified concerns with the arrangements for managing vaccines. On the day of our inspection, the practice could only provide fridge temperature records for January 2016 – March 2016. These were within the required temperature range. We were told that all previous fridge temperature records had recently been disposed of and so we could not be assured that for the previous periods, vaccines had been stored between the required 2-8°C in order to ensure their effectiveness. The disposal of the temperature records was not in accordance with Public Health England guidance which states that fridge temperature records should be retained for five years.

Records showed that with the exception of a practice nurse who had recently started at the practice, staff had not received training on the importance of storing vaccines between 2-8°C and of recording this information. We noted that the practice's fridge had been PAT tested and its temperature gauge calibrated within the last 12 months.

- Recruitment processes and practices were not always reliable or appropriate to keep people safe. We were told that a member of staff had worked at the practice during January 2016 to undertake scanning of documents and other administrative tasks but there were no pre-employment checks on file for this staff member.

We reviewed three administrative personnel files and found that some files did not contain references or photo identification. All files contained appropriate checks through the Disclosure and Barring Service.

We reviewed the personnel records of two locum GPs who had been employed during 2016 and saw they confirmed that some 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. However, they did not contain confirmation of the GPs' inclusion on the NHS medical performer's list or confirmation of medical indemnity insurance. These were sent to us shortly after our inspection.

Monitoring risks to patients

We looked at the systems in place for assessing and managing risks to patients.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. All electrical equipment had been checked within the last twelve months to ensure it was safe to use. Clinical equipment had also been checked and calibrated to ensure it was working properly. The practice had other risk assessments in place to monitor safety of the premises such as infection control.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
- The practice had not undertaken a fire risk assessment. Fire alarm servicing had last taken place in January 2016.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received annual basic life support training.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- The practice had oxygen available with adult and children's masks. There was also a first aid kit and accident book available. The practice had an automated external defibrillator (AED) available on the premises. An AED is a portable electronic device that delivers an electrical shock to attempt to restore a normal heart rhythm.

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 peoples' needs. For example regarding management of chronic kidney disease.

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 93% of the total number of points available, with 8% exception reporting (7% for Barnet CCG). 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. Data from 2014/15 showed:

- Published 2014/15 performance for diabetes related indicators was 89% (which was 1% above the CCG and 1% below the national averages). Exception reporting was respectively 12%, 8% and 11%.
- Published 2014/15 performance for hypertension (high blood pressure) related indicators was 94% (which was 3% below the CCG average and 4% below the national average). Exception reporting (all levels) was 1%.
- Published 2014/15 performance for mental health related indicators was 86% (which was 6% below the CCG average and 4% below the national average). Exception reporting was respectively zero, 8% and 11%.

Necessary action was not taken to improve people's outcomes. Prior to our inspection, data indicated that the expected versus actual prevalence of lung disease and coronary heart disease were low compared to the CCG and national averages. The senior GP told us that this was

attributable to its relatively young population. However, there was no evidence that this had been discussed (for example at clinical meetings) or that further investigation had taken place to assure themselves this was the reason.

We also looked at systems in place for using audits to drive improvement in performance. There had been three clinical audits conducted since June 2014. However, these were not complete two cycle audits.

For example, in February 2015, the practice undertook an audit to identify patients at risk of calcium & vitamin D deficiency and who might benefit from calcium & vitamin D supplementation. The audit highlighted 41 patients at risk of risk of calcium & vitamin D deficiency but there was no evidence of the interventions proposed to improve patient outcomes. The audit recommended that a second cycle reaudit take place after February 2016 but it was unclear which interventions the audit would be assessing.

We also noted limited monitoring of people's outcomes of care and treatment. For example, it was unclear how the practice managed existing patients on its disease registers including procedures for call and recall to monitor disease, medication reviews, screening, tests or investigations. The practice also lacked a systematic process for reviewing emergency admissions; and accident and emergency attendance rates.

Effective staffing

We looked at whether staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions or administering vaccines.
- Clinical staff had a good understanding of how to support patients with mental health needs and dementia.
- The learning needs of staff were identified through a system of appraisals, management meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, access to e-learning,

Are services effective?

(for example, treatment is effective)

one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff in post for more than 12 months had had an appraisal.

- Staff received training that included: fire procedures and information governance awareness. Staff had access to e-learning training modules and in-house training.

Coordinating patient care and information sharing

We looked at systems in place to support staff in planning and delivering care and treatment in a timely way; through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- Monthly multi-disciplinary team meetings took place involving health visitors, end of life nurses and district nurses as necessary.
- We identified concerns with the practice's system for scanning and actioning incoming correspondence. On the day of the inspection, we noted approximately 100 items of incoming correspondence in the main administrative office dating back approximately eight weeks. We were told that they were for the attention of the senior GP and salaried GP; and that they had been processed. However, the correspondence had not been date stamped and some items had not been initialled to confirm that they had been reviewed by one of the GPs. We could not be assured that the correspondence had been reviewed or actioned.

We therefore reviewed approximately half the correspondence and identified ten items requiring prompt action by a GP such as reply correspondence required by the blood transfusion service to enable a patient to donate blood dating back to early January 2016 and test results that needed prompt GP action for extra information required by a hospital consultant.

We reviewed the corresponding ten patient records with the senior GP, and saw that the required actions for two of the records had not taken place. The items of correspondence were both dated 25 February 2016 and related to a hospital letter advising the practice to stop a patient's repeat prescription of medicine after nine months;

and a request to reply to correspondence required by the blood transfusion service. We noted that this had not caused any direct harm to patients but we could not be assured that the practice's system was sufficiently robust and noted that it potentially placed patients at risk.

The senior GP told us that they would immediately action the correspondence and also review systems in place for scanning and actioning incoming correspondence. Shortly after our inspection we were advised that the back log of correspondence had been processed and that the incident had been recorded as a significant event.

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 78% which was below the national average of 82%. We were told that the practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Latest available childhood immunisation rates (April 2014–March 2015) for the vaccinations given to under two year olds ranged from 78%-87% and for five year olds ranged from zero-97%. Latest available CCG childhood immunisation rates were respectively 72%-81% and zero-91%.

Are services effective?

(for example, treatment is effective)

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

Most of the thirty eight 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. Three patients highlighted concerns regarding phone access, appointments access and the helpfulness of reception staff.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

When we asked a receptionist how they ensured that patients with a learning disability were treated with dignity and respect, they stressed the importance of recognising each patient's individual needs.

Results from the national GP patient survey fed back that patients were positive about being treated with compassion, dignity and respect; although satisfaction scores were below local and national averages. For example:

- 70% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 74% said the GP gave them enough time (CCG average 85%, national average 87%).

- 91% said they had confidence and trust in the last GP they saw (rounded CCG and national averages were 95%).
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 91%, national average 85%).
- 74% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).
- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 86%, national average 91%).

The senior GP told us that they had informally discussed the survey results with the salaried GP although these discussions were not minuted and there was no action plan in place to drive improvements. For example, when we discussed low satisfaction scores regarding time with GPs, we were told that GPs advised patients requiring additional time to book on Wednesday evenings when longer appointments were available. However, this was not displayed in reception or on the practice website and we noted that this would not be convenient for all patient groups.

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 on the comment cards we received was also positive and aligned with these views.

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; although results were below local and national averages. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 66% said the last GP they saw was good at involving them in decisions about their care (CCG average 80%, national average 82%).

Are services caring?

- 79% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%).

Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception area 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 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 less than 1% of its practice list as carers. 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.

The practice also had arrangements in place to facilitate the prompt burial of patients nearing end of life, when this was in observance of a patient's religious beliefs.

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.

- The practice offered a 'Commuter's Clinic' on a Wednesday evening until 7.45pm for working patients, carers or others who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and interpreting services available.
- The practice could accommodate gender specific GP consultation requests.
- On line appointment booking and repeat prescription facilities were available.

Access to the service

The practice's opening hours are:

- Monday-Friday: 8:30am -1pm and 2pm-6.30pm

Appointments are available at the following times:

- Monday :9:30am-12pm and 3:3-0pm -5:30pm
- Tuesday: 9:30am-12pm and 5pm-6pm
- Wednesday 09:30 - 12:00 and 5pm-6pm
- Thursday 09:30am-12:30pm and 5pm-6:30pm
- Friday: 9:30am-12pm and 5pm-6:30pm

The practice offers extended hours opening at the following times:

- Wednesday: 6:30pm-7:45pm

Outside of the above times (including lunch times), cover is provided by an out of hours provider, Barndoc Healthcare Limited.

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

- 64% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 84% patients said they could get through easily to the surgery by phone (CCG average 65%, national average 73%).
- 69% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

The senior GP told us that the practice had recently introduced all day Thursday opening and 8:30am opening to improve access. People told us on the day of the inspection that they were able to get appointments when they needed them. Comment card feedback was mostly positive regarding phone and appointments access.

On the day of our inspection (Thursday 3 March 2016), we looked at appointment availability on the practice's clinical system and saw that a same day urgent appointment was available. The next available routine appointment was Monday 7 March 2016.

Listening and learning from concerns and complaints

We looked at the practice's systems place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- For example, there was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at four complaints received during 2015. We did not see evidence that they had been responded to in writing by following the NHS complaints procedure. There was also no evidence that staff formally met to discuss complaints, share learning and agree actions to improve the quality of care.

For example, the complaints folder showed that a patient had complained because they had arrived in good time for

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

their appointment but had had to wait 20 minutes, during which time another patient arrived and they lost their appointment. We were told that following the complaint, reception staff had been reminded that patients should be called in the correct order but there was no evidence of a staff discussion having had taken place or of amended appointments protocols.

We also noted that the practice was not undertaking annual reviews of complaints received so as to identify trends, to inform improvements in the quality of care being provided and also to share this information with patients.

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

We were told that the vision for the practice was to provide high quality medical care and services to all its patients at all times. Staff told us they understood how their roles contributed towards this vision although we did not see evidence of a documented strategy.

Governance arrangements

Governance arrangements were inappropriate and did not always support the delivery of high-quality and person-centred care.

- Significant issues that threatened the delivery of safe and effective care were not adequately managed or mitigated against.
- Risks related to the safe storage of vaccines and management of incoming correspondence were not well managed.
- The practice did not always act in accordance with its policies; such as its recruitment policy which required pre-employment checks to be undertaken prior to staff taking up employment.
- There was little or no evidence of quality improvement or . For example, clinical audits had commenced but they were not two cycle, completed audits. It was also unclear how the practice managed existing patients on its disease registers and it lacked a systematic process for reviewing emergency admissions; and accident and emergency attendance rates.
- There were a number of policies and procedures to govern activity, but some (such as the practice's cold chain policy) lacked sufficient detail.

Leadership and culture

The senior GP in the practice had the experience and capacity to run the practice. They aimed to prioritise high quality and compassionate care and were visible in the practice. Staff told us they were approachable and always took the time to listen to all members of staff.

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

- Staff told us the practice held regular team meetings but we noted that these were not minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the senior GP and salaried GP in the practice. Staff told us they were involved in discussions about how to run and develop the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, following their feedback, the practice had recently changes its opening items from 9am to 8:30am. The waiting area has also recently been refurbished.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They felt involved and engaged to improve how the practice was run.

Enforcement actions

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 Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by:</p> <ul style="list-style-type: none">• Failing to ensure that its significant events reporting and recording systems were used to continuously improve patient safety.• Failing to ensure there were appropriately signed PGDs on file for the practice nurse; to enable legal administration of medicines.• Failing to ensure that the patient safety alerts system enabled safety concerns to be quickly addressed.• Failing to ensure that there were appropriate systems in place for the safe storage and management of vaccines; including staff training.• Failing to ensure that the system for scanning and actioning incoming correspondence was robust and minimised risk to patients.• Failing to ensure that there were systems in place to properly assess risks (including fire risk assessments).• Failing to ensure that there were appropriate recruitment checks in place. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
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This section is primarily information for the provider

Enforcement actions

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 HSCA (RA) Regulations 2014

Good Governance

How the regulation was not being met:

The provider did not do all that was reasonably practicable to assess, monitor and improve the quality and safety of the services provided by:

- Failing to ensure that there were processes for identifying where improvements in clinical care can be made and monitored (such as two cycle completed clinical audits).

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