

# Dr Rana Chowdhury

## Quality Report

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Date of inspection visit: 11th January 2017  
Date of publication: 28/04/2017

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

## Ratings

### Overall rating for this service

Inadequate



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Inadequate



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Rana Chowdhury on 11 January 2017. Overall the practice is rated as inadequate.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, reviews, investigations and learning was not always effective.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not in all instances implemented well enough to ensure patients were kept safe, specifically in relation to mandatory training, fire drills, portable appliance testing (PAT) and implementing recommendations from a recent legionella risk assessment.
- Patients said they were treated with compassion, dignity and respect, and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a number of policies and procedures to govern activity, but there was no evidence to confirm that staff were following them.
- The practice did not have a mission statement and their staff had no knowledge of the practice vision.
- The practice did not have a business plan and had no strategy for the future.

# Summary of findings

- The governance arrangements at the practice were not effective.
- Not all staff were able to fully utilise clinical computer systems

The areas where the provider must make improvements are:

- Put a system in place to ensure mandatory training, in particular fire safety, safeguarding and infection control, is up-to-date.
- Establish risk assessments and procedures for the monitoring of high risk medicines, actions identified in the recent Legionella risk assessment must be acted on.
- Improve the monitoring of patients on high risk medicines.
- Investigate safety incidents thoroughly and ensure that the procedures are adhered to and there are effective reporting systems in place.
- Establish a system for disseminating and acting upon national patient safety alerts to ensure staff are aware of the process. Review what emergency drugs are kept and the system for ensuring they are fit for purpose.

In addition the provider should:

- Develop an ongoing programme of clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- Establish a system to monitor prescriptions that had not been collected.
- Review how patients with caring responsibilities are identified and record them on the clinical system to ensure information, advice and support is available to them.
- Ensure staff have the capability to utilise clinical computer systems.

On the basis of the ratings given to this practice at this inspection I am placing the provider into special measures. This will be for a period of six months. We will inspect the practice again in six months to consider whether sufficient improvements have been made. If we find that the provider is still providing inadequate care we will take steps to cancel its registration with CQC.

**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.

Inadequate



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong reviews and investigations were not thorough enough and lessons learned were not communicated widely enough to support improvement.
- Although most 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 had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However, not all non-clinical staff within the practice had undertaken training in the safeguarding of children and vulnerable adults relevant to their role.
- No staff had received fire training and there was no fire risk assessment, or record of fire drills.
- The practice had no system for monitoring and disseminating safety alerts.
- No monitoring of high risk medicines and no risk assessment for missing emergency medicines.

### Are services effective?

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

Requires improvement



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average with low levels of exception reporting.
- Staff assessed needs but did not always provide care in line with current evidence based guidance.
- Clinical audits did not demonstrate quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisal and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was piloting the increased use of the community matron for its housebound patients.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

## Are services well-led?

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

Inadequate



- The practice did not have a formal documented vision and strategy for the future of the practice.
- Staff were not aware of any vision or values but told us they were clear about their roles and responsibilities.
- There was a documented leadership structure and most staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- Non-clinical staff had not received all training relevant to their role including fire training.
- The practice held practice and clinical meetings but the minutes were brief with little information on what had been discussed or any actions arising from it.

# 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 and well-led. The issues identified as inadequate overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. Nationally reported data showed that outcomes for patients for conditions commonly found in older people were above average.
- The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face annual review in the preceding 12 months was 100% which was higher than both the CCG average of 92% and the national average of 91%.
- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months was 100% which was higher than the national average of 84%.

Inadequate



### People with long term conditions

The provider was rated as inadequate for safe and well-led. The issues identified as inadequate overall affected all patients including this population group.

- The nurse had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.  
  
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three Royal College of Physicians (RCP) questions was 88% which was higher than the CCG average of 77% national average of 76 % (The RCP three questions were used as an effective way of assessing a patients asthma control).
- Longer appointments and home visits were available when needed.

Inadequate



# Summary of findings

- All patients had a named GP and a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients on high risk medications did not always have their medication reviewed

## Families, children and young people

The provider was rated as inadequate for safe and well-led. The issues identified as inadequate overall affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Inadequate



## Working age people (including those recently retired and students)

The provider was rated as inadequate for safe and well-led. The issues identified as inadequate overall affected all patients including this population group.

- 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.
- The practice did not offer extended hours, but did have appointments from 08:00am for this group.
- Online appointment booking and prescription requests were available.

Inadequate



# Summary of findings

- Telephone consultations with clinicians were available to meet the needs of this population group.
- Patients aged 40–74 had access to appropriate health a

## People whose circumstances may make them vulnerable

The provider was rated as inadequate for safe and well-led. The issues identified as inadequate overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Inadequate



## People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for safe and well-led. The issues identified as inadequate overall affected all patients including this population group.

- The percentage of patients with Schizophrenia, bipolar disorder and other psychoses whose alcohol consumption had been recorded in the last 12 months was 93% which was comparable to the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Inadequate





# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing better than local and national averages. Two hundred and seventy survey forms were distributed and 105 were returned. This represented 3% of the practice's patient list.

- 55% of patients found it easy to get through to this practice by phone which was lower than both the CCG average of 70% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 41 comment cards which were all positive about the standard of care received. Patients felt that the staff were professional and caring and were happy with the quality of care given by the GP and nurse.

We spoke with one patient during the inspection. The patient said they were satisfied with the care they received and thought staff were approachable, committed and caring. They felt that appointments did not always run on time but were happy with the length of consultations. The friends and family test results showed that 56% (73% nationally) of patients found it easy to get through to the practice by phone and 88% (78% nationally) said would recommend the surgery to someone new to the area 99% (95% nationally) had confidence and trust in the last GP they saw or spoke to.

## Areas for improvement

### Action the service **MUST** take to improve

- Put a system in place to ensure mandatory training, in particular fire safety, safeguarding and infection control, is up-to-date.
- Establish risk assessments and procedures for the monitoring of high risk medicines, actions identified in the recent Legionella risk assessment must be acted on.
- Improve the monitoring of patients on high risk medicines.
- Investigate safety incidents thoroughly and ensure that the procedures are adhered to and there are effective reporting systems in place.

- Establish a system for disseminating and acting upon national patient safety alerts to ensure staff are aware of the process. Review what emergency drugs are kept and the system for ensuring they are fit for purpose.

### Action the service **SHOULD** take to improve

- Develop an on-going programme of clinical audit and re-audit to ensure outcomes for patients are maintained and improved.
- Establish a system to monitor prescriptions that had not been collected.
- Review how patients with caring responsibilities are identified and record them on the clinical system to ensure information, advice and support is available to them.
- Ensure staff have the capability to utilise clinical computer systems.

# Dr Rana Chowdhury

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

## Background to Dr Rana Chowdhury

Dr Rana Chowdhury is located on Oak Road, Harold Wood, is situated in a converted two storey house and is well served by Harold Wood over ground station. The building is owned and maintained by the lead GP. The practice provides NHS primary medical services to 3008 patients on behalf of Havering Clinical Commissioning Group (CCG), through a Personal Medical Services contract (a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract).

The premises have step free access with an accessible toilet and baby changing facilities.

The practice is open from:

- 8:00am to 6:30pm Monday
- 8:00am to 6:30pm Tuesday
- 8:00am to 11:30am Wednesday
- 8:00am to 6:30pm Thursday
- 8:00am to 6:30pm Friday

Appointments were from:

- 8:00am to 11:30am and 4:00pm to 6:30pm Monday
- 8:00am to 11:30am and 4:00pm to 6:30pm Tuesday

- 8:00am to 11:30am Wednesday
- 8:00am to 11:30am and 4:00pm to 6:30pm Thursday
- 8:00am to 11:30am and 4:00pm to 6:30pm Friday

The practice provides telephone consultations and home visits, the home visits are carried out between morning and evening surgery. The practice does not offer extended hours, however out of hour's services and weekends are covered by the Havering GP hub weekdays from 2:00pm to 9:00pm and from 9:00am to 5:00pm weekends (who provide telephone consultations, home visits and appointments at the local hospital) and the 111 service. There is one principal GP (male) who carries out nine sessions per week and one practice nurse (female) who works sixteen hours per week. The practice manager works 28 hours per week and there are a variety of administration and reception staff.

The practice has a large older population 24% of whom are over 65 years of age (17% nationally) and 52% of the population is aged between 25 to 64. The practice population is 83 % white British and 17% non-white minority ethnic groups. Information published by Public Health England rates the level of deprivation within the practice as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

They are regulated to carry out the following activities;

- Diagnostic and screening procedures
- Family planning
- Maternity and midwifery services
- Treatment of disease, disorder or injury

# Detailed findings

## Why we carried out this inspection

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

This service was previously inspected in September 2013 and was compliant in all areas..

## 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 11 January 2017. During our visit we:

- Spoke with a range of staff (GP, nurse, practice manager and receptionist) and spoke with a patient 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

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analysis of the significant events we looked at the three for last year but we saw no evidence of learning and sharing outcomes.
- The practice had no systems for receiving, recording and disseminating patient safety alerts, which meant that medicines were not always prescribed as per current guidelines, for example; we found one patient using a combination of ACE and Spironolactone, issued on 10/01/2017 the patient last had blood test 08/07/2016 (ACE inhibitor is a pharmaceutical medicine used primarily for the treatment of elevated blood pressure and congestive heart failure). These patients are at high risk of renal failure or Cardiac Arrhythmias and three monthly blood tests are required. The Medicines and Healthcare products Regulatory Agency (MHRA) alert that highlighted this was sent in February 2016 and neither clinician had any awareness of this, the nurse and GP were unaware of ever acting on a safety alerts. There was also no evidence that these or any other safety alerts were discussed at meetings.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Clinical staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child safeguarding level 3, the nurse to level 2, non-clinical staff were not trained in safeguarding
- A notice in the waiting room advised patients that chaperones were available if required. Reception staff were trained by the nurse who had received formal training for the role and all staff had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but not all staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The practice carried out regular medicines audits, with the support of the local CCG pharmacy, however prescribing was not always in line with best practice guidelines for safe prescribing as safety alerts were not reviewed by the clinicians. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

### Overview of safety systems and processes

The practice had some systems and processes, however these did not always keep patients safe, or were not effectively implemented to keep patients safe:

## Are services safe?

However the practice did not have systems in place to monitor prescriptions that had not been collected and on the day we saw prescriptions that had not been collected by patients from July 2016.

- The practice did not have a system for managing high risk medicines for example we found five patients prescribed methotrexate who did not have their blood tests until after they had been prescribed the medicine, which went against NICE guidelines. We also found a patient who had been seen by a rheumatologist and a letter sent to practice asking them to continue blood testing every three months there was no evidence that this had been done.
- Since the inspection the practice carried out reviews of all patients on high risk medicines and scheduled blood tests where necessary.
- We reviewed three personnel files and found 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

Risks to patients were not always assessed and well managed.

- There were insufficient procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy but no health and safety risk assessment was seen on the day. The practice did not have an up to date fire risk assessments and there was no record of regular fire drills. The practice had a fire procedure in place but staff had not received fire training and there were no trained fire marshals on site. The practice did not have an up to date gas safety certificate and electrical equipment was not checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was functioning by the practice nurse, the practice did not calibrate this equipment but had a policy of purchasing new equipment every two years. The practice had a variety of other risk assessments in place to monitor

safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However actions identified in the Legionella risk assessment had not been acted on.

- Post the inspection we were provided with evidence of the health and safety risk assessment and that the practice had actioned the Legionella actions, obtained a gas safety certificate, had the electrical fixed wires tested and organised fire training for staff.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to 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.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location, however there was no glucagon (controls glucose levels in the blood), aspirin (myocardial infarction or heart attack) or GTN spray (chest pain associated with angina). We found no risk assessment for the omission of these medicines. All the medicines we checked were in date and stored securely.
- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff told us they 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. However, we found no evidence of systems in place to ensure that clinical staff kept up to date with the latest guidance and best practice.

- Clinical staff were not able to access or demonstrate that NICE guidelines were monitored.
- Clinical meeting minutes showed no evidence of updates being discussed or changes as a result of them.

### 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 90% of the total number of points available in 2015/16, with an exception reporting rate of 4% which is lower than both the CCG and national averages of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed generally good exception reporting rates:

- Performance for some diabetes related indicators was higher than national averages; For example the percentage of patients on the diabetes register, who's last blood pressure reading was 140/80mmHg or less in the last 12 months was 92%, which is higher than both the CCG and national averages of 78%. Exception reporting was 0% which was lower than both the CCG and national averages at 9%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol was 5mmol/l or less in the last 12 months, was 58% which

was lower than the CCG and national averages of 74% and 80% respectively. Exception reporting was 6% which was lower than both the CCG and national averages at 13%.

- The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification within the preceding 12 months was 92% which was comparable to both the CCG average of 87% and the national average of 88%. Exception reporting was 4% which was lower than both the CCG and national averages at 8%.
- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) was 150/90 mmHg or less was 88% which was comparable to the CCG average of 82% and the national average 83%. Exception reporting was 5% which was higher than the CCG average of 3% and national average at 4%.
- Performance for mental health related indicators was comparable to the CCG average but higher than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 93% which was comparable to the CCG and national percentages of 91% and 89% respectively. Exception reporting was 0% which was lower than the CCG average of 8% and national average at 10%.

There was limited evidence of quality improvement including clinical audit.

- There had been three audits completed in the last two years. However, there were no completed clinical two cycle audits to ensure outcomes for patients were maintained and improved.
- The practice participated in local audits, national benchmarking and peer review.
- Of the three audits, one was in diabetic foot care, another showed that the number of patients not attending (DNA) for their appointments had improved and the last was on nursing home patients and it focused on the number of visits carried out. All three were retrospective data collections rather than an audit initiated by clinical need, none had a second cycle so clinical improvements could not be measured.



# Are services effective?

## (for example, treatment is effective)

- We searched the patients who were diabetic and their cholesterol was over target (this was one of the outliers from the data pack. There were 45 patients on the list. We looked at eight records and found that only two were on statins (medication to reduce cholesterol) Of the remaining six, five of them should have been on a statin (there was one who had refused to take it) we checked in the records to see if they had an allergy or reason to not take the medication or if it had been prescribed in the past and stopped (which would indicate an intolerance). We found no clinical reason why these five of the eight diabetic patients with cholesterol above target had not been offered a statin.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction protocol for all newly appointed staff however this was not always followed as there were gaps in the records viewed, for example topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality were not completed by all staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the practice nurse attended regular cervical screening updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, 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, one-to-one meetings and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term conditions and those requiring advice on their diet, smoking and alcohol cessation and patients were signposted to the relevant service.



# Are services effective?

(for example, treatment is effective)

- Dietetic advice was available on the premises and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The number of patients aged between 60-69 who had been screened for bowel cancer in the last

30 months was 51% compared to the CCG average of 57% and the national average of 58%. The number of female patients aged 50 to 70 who had been screened for breast cancer in the last 3 years was 72% which was comparable to the CCG average of 74% and the same as the national average.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 90% (lower than the national average of 90%) and five year olds from 79% to 88 % (lower than the national average range of 88% to 94%).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# 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.

All of the 41 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 91% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw which was higher than both the CCG average of 89% and the national average of 92%.

- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 100% of patients said the last nurse they spoke to was good at treating them with care and concern which was higher than the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

### Care planning and involvement in decisions about care and treatment

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

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments which was higher than both the CCG average of 79% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care which was higher than the national average of 82%.
- 99% of patients said the last nurse they saw was good at involving them in decisions about their care which was higher than the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients that this service was available.
- Information leaflets were available in easy read format.

## Are services caring?

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 26 patients as carers (less than 1% of the practice list). 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, the 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.

# 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 GP was the CCG lead in their "five year forward" pilot which was looking at the extension of the GP hub and increasing the provision of a community matron visiting housebound patients.

- The practice offered early appointments from Monday to Friday from 08:00am for working patients 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 had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 08:00am and 6:30pm Monday, Tuesday, Thursday and Friday, on Wednesday it was 08:30am and 11:30am. Appointments were from 08:00am to 11:30am every morning and 4:00pm to 6:30pm Monday, Tuesday, Thursday and Friday. Extended hours appointments were not offered. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 66% of patients were satisfied with the practice's opening hours which was lower than the CCG average of 70% and the national average of 76%.

- 56% of patients said they could get through easily to the practice by phone, which is lower than both the CCG average of 70% and the national average of 73%.
- 87% of patients said that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment which was higher than the CCG average of 75% and the national average of 76%.
- 96% of patients said that the last appointment they got was convenient which was comparable to the CCG average of 90% and the national average of 92%.

The practice had a policy of never turning a patient away even if they did not have an appointment and the GP stated he would ensure that all patients had been seen before finishing a session.

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

The practice had a system in place to assess:

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

For home visits patients had to call in the morning before 10:00am and the GP triaged the calls to make an informed decision on prioritisation according to clinical need.

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

We looked at the three complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns

# Are services responsive to people's needs?

(for example, to feedback?)

and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when a patient complained that the baby

changing facilities were too low, the practice wrote to the patient to acknowledge their concern, discussed it at a practice meeting and installed a higher baby changing table.

# 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 GP told us that he had a vision to deliver high quality care; however the lack of systems policies and protocols did not support the delivery of this.

- The practice did have a mission statement but staff were unaware of it and were unable to demonstrate they understood the practice values.
- There were no strategies or supporting business plans reflecting the vision and values of the practice.
- The practice had a business continuity plan.

### Governance arrangements

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. However, the practice did not have a governance framework which supported the delivery of a strategy and good quality care. This meant that:

- Whilst the GP focused on broader improvement and learning within the CCG, this was not being translated into practice in the practice.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Non-clinical staff had not had all the training relevant to their role, such as confidentiality, safeguarding and fire training

### Leadership and culture

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

- The practice did not keep records of verbal interactions but kept some for written correspondence. For example, verbal complaints were not always documented.

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

- Staff told us the practice held quarterly team meetings, however the minutes of these were brief with little information what was discussed or actions arising from the meetings
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG requested more home visits for housebound patients, the practice are now trialling this with the community matrons for the CCG. They also made suggestions for a disabled access and baby changing facilities, both of which the practice has implemented.
- 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. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

# Are services well-led?

Inadequate 

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

There was some focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area, for example the practice was the CCG lead for the extension of the GP hub and increased community matron visits for housebound patients.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The practice failed to mitigate any risks associated with fire safety, a fire risk assessment had not been carried out, there was no fire drills and no staff members had completed any fire training</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 including health and safety, fire safety and gas safety and electrical fixed wire testing or portable appliance testing (PAT) and Legionella.</p> <p>The practice had no systems for receiving, recording and disseminating safety alerts.</p>
Family planning services	
Maternity and midwifery services	
Treatment of disease, disorder or injury	