Dr Aman Raja

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?	Good
Are services well-led?	Inadequate

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Aman Raja on 8 October 2015. Overall the practice is rated as inadequate.

We inspected this location in February 2014 using our old methodology and identified concerns regarding vaccines management and infection prevention and control. We inspected again in January 2015 and noted that although these issues had been addressed, new concerns had emerged regarding medical emergency medicines, pre-employment checks and fire safety. Overall, we rated the practice as requires improvement as there were areas where improvements needed to be made. We also rated the practice as requires improvement for providing safe, effective, caring, responsive and well led services and for the quality of care provided for each of the six population groups.

The inspection which took place on 8 October 2015 was therefore planned as a focussed follow up inspection to check whether the provider was now 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. However, because the provider had not addressed the concerns identified in January 2015 and because other concerns came to light in this inspection, we widened the scope of the focused inspection to a comprehensive inspection.

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, we noted a continued limited range of medical emergency medicines and found that some of these medicines potentially put some patient groups at risk. We also identified concerns with infection prevention and control (IPC) at the practice.
- The practice had a leadership structure but formal governance arrangements were limited or absent.
- There was insufficient assurance to demonstrate people received effective care and treatment. We

Summary of findings

looked at five patient medical records which highlighted that clinical management did not take account of current evidence based guidance. The records were brief and contained minimal detail.
- There was little evidence of learning from events or action taken to improve safety. We were told that significant events were discussed at team meetings but these were not recorded. Some staff we spoke with did not recognise what might constitute concerns, incidents or near misses.
- There were inadequate plans in place to manage risks associated with anticipated future events. We were told that the GP would shortly be taking a leave of absence for more than 28 days but there were no arrangements in place to ensure adequate clinical staffing cover.
- Patient feedback was positive about interactions with staff and about how staff treated them with compassion and dignity.

The areas where the provider must make improvements are:

- Review systems in place for monitoring and improving patient outcomes including cervical screening uptake.
- Ensure that risk assessments take place regarding Control of Substances Hazardous to Health (COSHH).
- Ensure an automated external defibrillator (AED) is available on the premises or undertake a risk assessment if a decision is made not to have an AED on the premises.
- Ensure there are formal governance arrangements in place for use of GP locums at the practice.
- Undertake a risk assessment of the practice's decision to carry a limited range of emergency medicines; and introduce a system of checking expiry dates of emergency medicines.
- Take action to address identified IPC concerns (such as an absence of annual audits, lack of cleaning schedules for clinical equipment and lack of a building cleaning schedule).
- Undertake a programme of clinical audit so as to drive improvements in patient outcomes.

The areas where the provider should make improvement are:

- Reconvene Patient Participation Group (PPG) meetings, so as to identify and act on patients' views about the service.
- Develop an action plan in light of low patient satisfaction on involvement in decisions about their care and treatment.
- Introduce a system of regular fire drills.
- Provide training for staff undertaking chaperone duties.

I am placing this practice in special measures. Practices 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 practice 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 vary the provider's registration to remove this location or cancel the provider's registration.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Inadequate

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

Systems for reporting and learning from significant events were informal and hindered learning. Staff did not recognise concerns, incidents or near misses. Patients were at risk of harm because systems and processes had weaknesses (for example regarding emergency medicines provision, infection control and governance). The practice could therefore not demonstrate a consistent safe track record over the long term. The practice had clearly defined and embedded systems, processes and practices to safeguard people from abuse.

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services and improvements must be made. Care and treatment was not delivered in line with recognised professional standards and guidelines. Patient outcomes were hard to identify as little or no reference was made to audits or quality improvement and there was no evidence that the practice was comparing its performance to others; either locally or nationally.

Are services caring?

Requires improvement

The practice is rated as requires improvement for providing caring services, as there are areas where improvements should be made. Although GP national patient survey data highlighted that the majority of patients said they were treated with compassion, dignity and respect; patients rated the practice lower than others for some aspects of care. This included the extent to which patients felt involved in decisions about their care and the extent to which the GP explained tests and treatments. There was no evidence of how the practice had sought to improve this performance.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services. There was evidence of how it had responded to the needs of its local population (such as longer appointments for those who needed them and the provision of a Saturday clinic). Feedback from patients reported that access to a named GP and continuity of care was available quickly. Urgent appointments were also usually available the same day. However, we also noted that the practice was not equipped to meet the physical access needs of patients with impaired mobility.

Summary of findings

Are services well-led?

Inadequate 

The practice is rated as inadequate for being well-led as there are areas where improvements must be made. Governance arrangements were ad hoc and did not always operate effectively. For example, the practice lacked an effective system for identifying, capturing and managing risks such as infection prevention risks and those relating to expired medical emergency medicines. The practice had not proactively sought feedback from patients and did not have an active patient participation group (PPG). There was limited recognition of the benefit of a staff appraisal process in that annual performance reviews took place but were not recorded. There was a leadership structure in place. Staff told us that they felt supported by the GP and that he was approachable and listened.

Summary of findings

The six population groups and what we found

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

Older people

Inadequate

The practice is rated as inadequate for the care of older people. Care and treatment of older people did not always reflect current evidence-based practice, and some older people did not have care plans where necessary. Longer appointments and home visits were available for older people when needed.

The practice is rated as inadequate for providing safe, effective and well-led services; and requires improvement for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

People with long term conditions

Inadequate

The practice is rated as inadequate for the care of people with long-term conditions. The GP had the lead role in chronic disease management. Longer appointments and home visits were available when needed. However, not all these patients had a personalised care plan or structured annual review to check that their health and care needs were being met. We were told that multi-disciplinary team meetings took place approximately every two months but these were informal and record keeping was limited or absent.

The practice is rated as inadequate for providing safe, effective and well-led services; and requires improvement for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates for the standard childhood immunisations were mixed. For example, immunisation rates at 12 months were 90% whereas rates at five years varied from 68% to 87%. Regular health visitor meetings took place and a health visitor we spoke with was positive about the GPs' knowledge of patients. Appointments were available outside of school hours. However, the practice's lack of baby changing facilities and narrow corridors hindered access.

The practice is rated as inadequate for providing safe, effective and well-led services; and requires improvement for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

Working age people (including those recently retired and students)

Inadequate

The practice is rated as inadequate for the care of working-age people (including those recently retired and students). The age profile of patients at the practice is mainly those of working age, students and the recently retired. The practice offered Saturday extended opening hours for appointments and patients could book appointments and order repeat prescriptions online. Health promotion advice was offered but there was limited accessible health promotion material available through the practice.

The practice is rated as inadequate for providing safe, effective and well-led services; and requires improvement for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

People whose circumstances may make them vulnerable

Inadequate

The practice is rated as inadequate for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability.The practice worked with multi-disciplinary teams in the case management of vulnerable people but meetings were informal and rarely minuted. It had told vulnerable patients about how to access various support groups and voluntary organisations. Most 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.

The practice is rated as inadequate for providing safe, effective and well-led services; and requires improvement for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

People experiencing poor mental health (including people with dementia)

Inadequate

The practice is rated as inadequate for the care of people experiencing poor mental health (including people with dementia). The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. The GP had received training on how to care for people with mental health needs. Ninety percent of people experiencing poor mental health had received an annual physical health check.

Summary of findings

The practice is rated as inadequate for providing safe, effective and well-led services; and requires improvement for providing caring services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was generally performing above local and national averages. There were 390 responses and a response rate of 16%.

- 90% find it easy to get through to this surgery by phone compared with a CCG average of 70% and a national average of 73%.
- 92% find the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 83% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 81% and a national average of 85%.
- 83% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 81% and a national average of 85%.
- 97% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 92%.
- 87% describe their experience of making an appointment as good compared with a CCG average of 68% and a national average of 73%.
- 66% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 59% and a national average of 65%.
- 71% feel they don't normally have to wait too long to be seen compared with a CCG average of 51% and a national average of 58%.

Areas for improvement

Action the service MUST take to improve

- Review systems in place for monitoring and improving patient outcomes including cervical screening uptake.
- Ensure that risk assessments take place regarding Control of Substances Hazardous to Health (COSHH).
- Ensure an automated external defibrillator (AED) is available on the premises or undertake a risk assessment if a decision is made not to have an AED on the premises.
- Ensure there are formal governance arrangements in place for use of GP locums at the practice.
- Undertake a risk assessment of the practice's decision to carry a limited range of emergency medicines; and introduce a system of checking expiry dates of emergency medicines.
- Take action to address identified IPC concerns (such as an absence of annual audits, lack of cleaning schedules for clinical equipment and lack of a building cleaning schedule).
- Undertake a programme of clinical audit so as to drive improvements in patient outcomes.

Action the service SHOULD take to improve

- Reconvene Patient Participation Group (PPG) meetings, so as to identify and act on patients' views about the service.
- Develop an action plan in light of low patient satisfaction on involvement in decisions about their care and treatment.
- Introduce a system of regular fire drills.
- Provide training for staff undertaking chaperone duties.

Dr Aman Raja

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, a practice nurse specialist adviser and a practice manager specialist adviser.

Background to Dr Aman Raja

Dr Aman Raja (also known as Parklane Medical & Surgical Services) is located in Haringey, North London. The practice has a patient list of approximately 900. Twenty percent of patients are aged under 18 and 4.5% are 65 or older. Forty one percent of patients have a long- standing health condition, whilst 12% have carer responsibilities.

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 staff team comprises one GP (male), a practice manager and administrative/reception staff. Reciprocal arrangements were in place with a female GP based opposite the practice, for situations

where a female patient wanted to be seen by a female GP and vice versa. The practice holds a General Medical Service (GMS) contract with NHS England. This is a contract between general practices and NHS England for delivering primary care services to local communities.

The practice's opening hours are:

- Monday, Wednesday and Friday 9:30am - 7.00pm
- Tuesday: 9am - 6.30pm
- Thursday 9am - 12.00pm
- Saturday11:30am - 1:30pm.

Appointments are available at the following times:

Monday, Wednesday, and Friday: 9:30am-11:30am and 4pm-6pm

Tuesday: 9.00am -11.30am and 4pm -6:30pm

Thursday 9.00am -11.30am

Saturday: 11.30am 1.30pm

Outside of these times, we were told that cover is provided by Barndoc, an out of hours provider.

The practice is registered to provide the following regulated activities which we inspected: treatment of disease, disorder or injury, diagnostic and screening procedures, surgical procedures, family planning, maternity and midwifery services.

Why we carried out this inspection

We inspected this location in February 2014 using our old methodology and identified concerns regarding vaccines management and infection prevention and control. We inspected again in January 2015 and noted that although these issues had been addressed, new concerns had emerged regarding medical emergency medicines, pre-employment checks and fire safety.

The inspection which took place on 8 October 2015 was planned as a focussed follow up inspection to check whether the provider was now 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. However, because the provider had not

addressed the concerns identified in January 2015 and other concerns came to light during this inspection, we widened the scope of the inspection to a full comprehensive inspection.

How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 October 2015. During our visit we spoke with a range of staff including the GP, practice manager and administrator. We also spoke with a health visitor who had attended the practice. We observed how people were being cared for and reviewed the personal care or treatment records of patients.

Inadequate

Are services safe?

Our findings

Safe track record and learning

Systems and processes were not in place to ensure patients were kept safe. We did not see evidence that learning from significant incidents was formally shared with staff (for example at minuted team meetings) and used to improve safety at the practice. Staff told us they would inform the practice manager of any incidents and we noted that the practice did not have a log book for recording accidents or incidents. We could not be assured that staff were aware of what constituted a concern, incident or near miss. There was also no evidence of a system in place to ensure that, where appropriate, complaints were treated as significant events and actions taken to improve safety.

The practice did not have effective systems and processes in place to manage and monitor risks to patients, staff and visitors to the practice. For example, we identified concerns regarding emergency medicines provision and infection prevention and control. The practice could therefore not demonstrate a consistent safe track record over the long term.

Overview of safety systems and processes

We looked at the practice's systems, processes and protocols to keep people safe and noted the following:

- Arrangements were in place to safeguard adults and children 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 GP was the lead member of staff for safeguarding. They attended safeguarding meetings when possible and always provided reports where necessary for other agencies. A health visitor we spoke with was positive about the GPs' knowledge of patients. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a staff member would act as a chaperone, if required. All staff who acted as chaperones had received a disclosure and barring service check (DBS). These 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. However, chaperone training had not been provided and staff were unaware of chaperoning principles such as active and passive chaperoning. The practice did not have a chaperoning protocol.
- At our January 2015 inspection, we noted that the provider had not undertaken a fire risk assessment. We asked the practice to take action. At this inspection, we noted that a fire risk assessment had taken place on 2 October 2015 and that the practice had subsequently purchased four new fire extinguishers and fire signage. However, there was no evidence that regular fire drills took place. We also noted that electrical equipment had not been checked and clinical equipment calibrated since July 2014. We brought this to the attention of the practice and shortly after our inspection we were sent confirmation that these checks had taken place. The practice was not undertaking risk assessments relating to Control of Substances Hazardous to Health (COSHH).
- We observed the waiting room and GPs treatment room to be clean and tidy. The GP was the infection prevention and control clinical lead and had received training in this role in the last 12 months. There was an infection control protocol in place. An annual infection prevention and control audit had been conducted in February 2014. At our January 2015 inspection we saw evidence of actions taken as a result of the audit such as replacement of flooring and open shelving in the minor surgery room which had posed infection risks. However, at this inspection, there was no evidence that some additional areas identified had been actioned. The practice's infection prevention and control audit had last been conducted in February 2014 and was therefore overdue by ten months.
- Appropriate standards of cleanliness and hygiene were not being followed. Cleaning equipment was not colour coded or stored securely and was also in a poor state of repair. Staff toilets did not have paper towels and patient toilets were in a poor state of repair. The curtains in one of the treatment rooms were dirty and there was no cleaning schedule in place. The flooring in one of the two treatment rooms was in a poor state of repair; in that it was not fitted flush to the edges of the room; thus leaving space for the collection of dirt and bacteria.

Inadequate

Are services safe?

We also noted that hand gel was not available in the patient waiting room and that personal protective equipment such as gloves and aprons were not available in one of the treatment rooms.

The practice's sharps injury policy was out of date (for example listing contact details for the local Primary Care Trust which was abolished in 2013). The practice did not have a cleaning schedule in place for specific equipment such as nebuliser or a building cleaning schedule.

- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- At our January 2015 inspection, we noted that there was no evidence of DBS, references, proof of address or confirmation that the practice's newest member of staff had been inducted in infection control/prevention, the practice's clinical system or other key areas. At this inspection, we noted that DBS checks were on file for all members of staff. We were told that no new members of staff had joined the practice since our January 2015 inspection. However, the staff member's references were still not on file.
- The practice did not have a policy in place governing the use of locum GPs and practice nurses. We were told that locums had not been used since 2014 but we noted that the GP was shortly to go on a period of extended sick leave which would necessitate locum cover.
- Arrangements were in place for day to day planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place to ensure that enough staff were on duty. However, shortly before our inspection we were advised that the GP would be taking a leave of absence for more than 28 days. There were no arrangements in place to ensure adequate clinical staffing cover during this period of absence.

Arrangements to deal with emergencies and major incidents

At our January 2015 inspection, we identified concerns with how the practice dealt with medical emergencies. There was no emergency oxygen on the premises, the range of emergency drugs was limited and there were no systems in place for checking expiry dates. We asked the practice to take action.

At this inspection we noted that emergency oxygen was available. However, the range of emergency drugs was still limited and the provider had still not undertaken a risk assessment of this decision. For example, child immunisations were taking place but in the absence of injectable Hydrocortisone and Chlorphenamine. Adrenaline was available but due to expire at the end of October 2015. There was no evidence that the practice were aware that expiry was imminent or that new stock had been ordered. Department of Health guidance on the management of adverse events following immunisation contained in the 'Green Book' states that an anaphylaxis pack (normally containing Adrenaline) must always be available whenever vaccines are given. We also noted that one of the emergency medicines (Voltaren) did not have an associated needle or syringe to administer it.

The practice did not have an automated external defibrillator (AED) – a portable electronic device that delivers an electrical shock to attempt to restore a normal heart rhythm. We noted that this decision had not been risk assessed.

We also noted that the emergency medicines kit included Kenalog; an intra articular muscular steroid drug. We were told that this was being used instead of hydrocortisone but we noted that Kenalog was not an emergency drug recommended by the UK Resuscitation Council and further noted that Kenalog was not recommended to be administered to children under six years old. The practice told us that it would immediately cease using Kenalog as an emergency medicine. A diagram in one of the two treatment rooms on how to treat anaphylactic shock was out of date (for example recommending adrenaline dosages which were inconsistent with latest UK Resuscitation Council guidelines). Shortly after our inspection we were advised that a range of emergency medicines had been purchased.

Emergency medicines and equipment were not stored in one, easily accessible location. Some were stored on the first floor away from patient treatment areas but not all

Inadequate

Are services safe?

staff were aware of their location. All the medicines we checked were in date although there was no system in place for checking expiry dates. All staff had received annual basic life support training in the last 12 months.

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. However, it did not include provision for instances where the GP was unable to work at the practice for extended periods.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

We were told that the practice used National Institute for Health and Care Excellence (NICE) guidelines to inform how care and treatment was delivered. However, records showed that care and treatment did not always reflect current evidence-based guidance, standards and best practice during assessment, diagnosis and when people were referred to other services.

For example, our GP specialist advisor looked at the record of a paediatric patient who had attended the practice with a recurring urinary tract infection (UTI). National Institute for Health and Care Excellence (NICE) best practice guidelines on UTIs in children recommend that infants and children who have had a UTI should undergo ultrasound within 6 weeks. However, the record showed that the patient had attended the practice five times before being referred.

Our GP specialist advisor looked at four other records which all highlighted that clinical management did not did not take account of current evidence based guidance. Records were also brief with minimal evidence recorded.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) a system intended to improve the quality of general practice and reward good practice. However, we could not be assured that QOF data was being used to monitor and improve patient outcomes. For example, we were told that QOF performance across a range of clinical areas was discussed at quarterly meetings but these meetings were not minuted and there was no evidence of how improvement areas were identified and monitored. We also saw that on the day of our inspection, practice staff could not retrieve QOF performance data kept on its clinical software system. After our inspection we looked at the latest available QOF data (2012/13) which highlighted that the practice had achieved 86% of the total number of points available. The data showed:

- 97% percent of patients on the practice's diabetes register had had a foot examination and risk classification in the last 12 months.
- 97.4% of patients on the practice's hypertension register had had their blood pressure checked in the last 9 months.
- 83% of patients on the practice's asthma register had received an asthma review in the preceding 15 months.
- All of the patients on the practice's diabetic register had received flu vaccine compared with the locality average of 87%.

There was some evidence that audits were carried out to demonstrate improved patient outcomes. At our January 2015 inspection, records showed that during April 2014 – January 2015 the practice undertook a minor surgery audit to determine the prevalence of post-operative infection. The results showed that none of the thirty four patients audited had acquired an infection.

The GP had undertaken two additional audits since January 2015; both of which showed positive outcomes regarding post-operative infection rates. However, there was no evidence of a systematic programme of completed clinical audit cycles or evidence that audits were driving improvement in performance to improve patient outcomes.

Effective staffing

We looked at staff members' skills, knowledge and experience to deliver effective care and treatment. We noted the following:

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. No new staff had joined the practice since our January 2015 inspection.
- There was limited recognition of the benefit of an appraisal process for staff. For example, although we were told that all staff had had an appraisal within the last 12 months these were not recorded.
- Staff received training that included: safeguarding, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, there were no formal systems in place regarding identifying and monitoring staff training needs. The GP had been revalidated in January 2015.

Inadequate

Are services effective?

(for example, treatment is effective)

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.

All relevant information was shared with other services in a timely way, for example when people were referred to other services. However, we noted that the practice was faxing hospital referral letters but not undertaking routine audits of whether they arrived.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We were told that multi-disciplinary team meetings took place approximately every two months with district nurses and end of life care nurses. However, these meetings were generally informal and record keeping was limited or absent. A health visitor had attended the practice on the day of our inspection. They spoke positively about joint working and information sharing.

Consent to care and treatment

We were told that patients' consent to care and treatment was always sought in line with legislation and guidance; and that when providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance.

However, records showed that the GP had not received training regarding the relevant consent and decision-making requirements of legislation and guidance relating to the Mental Capacity Act 2005.

There was also no evidence that the process for seeking consent was being monitored through records audits; to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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 had a screening programme. The practice's uptake for the cervical screening programme was 60% which was below the CCG average of 76% and the national average of 77%. The practice could not explain this difference in patient outcomes or tell us how it was working to improve performance in this area. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test but we could not be assured that this was happening.

Childhood immunisation rates for the vaccinations given were generally comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and five year olds from 67% to 87%. Flu vaccination rates for the over 65s were 74%. These were also comparable to CCG and national averages.

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

Requires improvement

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatment. We noted that consultation and treatment room doors were closed during consultations and that 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.

Results from the national GP patient survey showed patients were generally happy with how they were treated and this was with compassion, dignity and respect. Performance was comparable to local and national averages regarding satisfaction scores on patient consultations with the GP. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 81% and national average of 87%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%.
- 75% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 92% patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey we reviewed showed low patient satisfaction on the extent to which the GP explained tests and treatments; and the extent to which the GP involved patients in care and treatment decision making. For example:

- 75% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 88%.
- 65% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%.

At our January 2015 inspection we noted similarly low patient satisfaction regarding patients' decision making in their care and treatment. There was no evidence of how the practice had worked to improve performance. At this inspection, there was also no evidence of steps taken to improve performance.

Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 12% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice was part of a CCG funded federation of local practices which provided Saturday clinics.

There was some evidence that services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Longer appointments were available for those who needed them such as those with long-term conditions, those with several health issues to discuss and those with a learning disability
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Urgent same day appointments were routinely offered.

However, reasonable adjustments had not been made to remove barriers to people accessing the service. The reception desk did not have a lowered section to accommodate wheel chair users. Patient toilets were small and not wheelchair accessible. A hearing loop was not available. There was no evidence that a disability access audit had been undertaken to improve access.

Access to the service

The practice is open between 9:30am and 7.00pm Monday, Wednesday and Friday; 9am and 6.30pm Tuesday; 9am and 12.00pm Thursday and 11:30am and 1.30pm on Saturday. Appointments are available from 9:30am to 11:30am and 4pm to 6pm (Monday, Wednesday, and Friday), 9.00am and 11.30am and 4pm and 6:30pm (Tuesday), 9.00am and 11.30am (Thursday) and 11.30am to 1.30pm (Saturday). Outside of these times, cover is provided by an out of hours provider.

Results from the national GP patient survey showed that patient satisfaction on accessing care and treatment was above local and national averages. For example:

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 90% patients said they could get through easily to the surgery by phone compared to the CCG average of 70% and national average of 73%.
- 87% patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 66% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 59% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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. 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 such as posters displayed in reception and a patient information leaflet. However, the practice could not demonstrate a formal system to ensure that complaints were used to improve the service. We were told that the practice had not received any complaints since our January 2015 inspection. The practice told us that it had acted on the single complaint received in 2014; however this was not documented.

Are services well-led?

Inadequate

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

Our findings

Vision and strategy

The practice had a vision to deliver good quality, patient-centred care and treatment. We spoke with a range of staff including receptionist, practice manager and GP; all of whom spoke of a patient-centred approach to delivering care. However, we did not see evidence of a business plan or strategy document.

Governance arrangements

The arrangements for governance and performance management did not always operate effectively. For example:

- The practice lacked an effective system for identifying, capturing and managing risk (such as infection prevention risks and those relating to expired medical emergency medicines).
- Staff meetings were ad hoc and not minuted.
- There was limited written evidence of how the practice monitored and improved patient outcomes. For example, QOF performance data was unavailable at the time of our inspection and it was unclear how it was being routinely used to improve patient outcomes.
- Some staff were unaware of how to recognise concerns, incidents or near misses. We therefore could not be assured that the practice was identifying and adequately managing significant issues threatening the delivery of safe and effective care.

Leadership, openness and transparency

Staff told us that ad hoc team meetings were held and that there was an open culture within the practice. However, these team meetings were not minuted. Staff said they felt respected, valued and supported by the GP and involved in discussions about how to run and develop the practice. They told us that the GP 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

There was minimal evidence of engagement with people who used services, staff or the public. The practice could not demonstrate that it was proactively gaining patients' feedback. We were told that the practice's patient participation group (PPG) had not met during 2015.

Staff told us that the small size of the team meant that staff feedback took place through informal discussions and/or ad hoc meetings which were not recorded. They added that they would not hesitate to give feedback and discuss any concerns or issues with colleagues and/or the GP. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** **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. They had failed to identify and act on the risks associated with:** • performance on cervical screening being below local and national averages; • continuing to provide only a limited range of emergency medicines at the practice without a risk assessment of this decision; • continuing to fail to implement a system for checking expiry dates of emergency medicines; • continuing to fail to undertake an annual infection prevention and control audit; had failed to introduce building and clinical equipment cleaning schedules and were continuing to fail to undertake a risk assessment into its decision not to keep an automated external defibrillator on the premises. **This was in breach of Regulation 12(1)(2)(a)(b)(g)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** **The provider had failed to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk due to the lack of governance systems and managerial oversight at the practice.**

This section is primarily information for the provider

Enforcement actions

The provider had failed to ensure that formal arrangements were in place governing the safe use of locums at the practice; had failed to undertake risk assessments regarding Control of Substances Hazardous to health (COSHH); had failed to implement a systematic programme of clinical audit to assess, monitor and drive improvements in the quality and safety of the services provided; and had failed to put in place formal systems to ensure that learning from significant incidents was shared with staff.

This was in breach of Regulation 17 (2) (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.