Dr Vishnu Parmar

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	Good
Are services safe?	Good
Are services effective?	Requires improvement
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Vishnu Parmar on 19 September 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the September 2016 inspection can be found by selecting the 'all reports' link for Dr Vishnu Parmar on our website at www.cqc.org.uk.

This inspection was an announced focused inspection carried out on 24 August 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 19 September 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection. Overall the practice is now rated as good.

Our key findings were as follows:

- Staff delivered care and treatment in line with evidence based guidance and local guidelines. Most of the patient outcomes were generally in line with or above local and national averages.
- The practice had a comprehensive understanding of the practice performance including areas for improvement.
- Clinical audits were undertaken and showed improvements in the quality of care provided to patients.
- Feedback from patients was strongly positive about the care they had received, interactions with staff and access to the service. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The overarching governance framework had been strengthened to support the delivery of the practice vision and good quality care. Risks to patients were assessed and an action plan was in place to monitor improvements to the premises.

Summary of findings

- The practice offered dispensing services to patients who lived more than one mile (1.6km) away from their nearest pharmacy. Arrangements for managing medicines in the practice minimised risks to patient safety.

There were also areas of practice where the provider needs to make improvements.

The areas where the provider should make improvement are:

- Continue to review and improve on the practice performance and patient outcomes.
- Continue to make improvements in childhood immunisation performance.

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?

Good

- Medicines including vaccines and emergency medicines were stored safely and effective systems were in place to monitor and ensure stock levels were sufficient.
- The practice maintained a log of patient safety alerts received and the actions taken in response to each alert. Patient searches were undertaken in response to medicine related alerts, with proactive follow-up to ensure patients were reviewed and kept safe.
- Risks to patients were assessed and reviewed on an on-going basis. A maintenance plan had been implemented and improvements had been made within the practice.

Are services effective?

Requires improvement

The practice is rated as good for providing effective services.

- The 2016/17 data from the Quality and Outcomes Framework showed the practice had achieved 89% of the total number of points available compared to the local average of 98% and the national average of 96%. This had been achieved with a lower exception reporting rate when compared to the previous year.
- Systems were in place to ensure that clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice had implemented positive changes to drive improvement to some of the patient outcomes. This included periodic reviews of its QOF data including areas of low QOF performance and high exception rates.
- Additionally, the recall system for inviting patients for health reviews had been strengthened.
- Clinical audits undertaken within the practice demonstrated improvement in the quality of clinical care.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Screening rates for cervical cancer, breast cancer and bowel cancer were in line with local and national averages.

Are services well-led?

Good

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

Summary of findings

- The practice had a clear vision to deliver patient care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this, and had contributed to the development of the practice's business plan.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity. We found most of these policies were implemented in practice by staff with the exception of maintaining accurate records for controlled drugs.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate on-going arrangements for identifying, recording and managing risks, and implementing mitigating actions.
- The practice proactively sought feedback from staff and patients, and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.

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

Good 

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

- The practice offered proactive and personalised care to meet the needs of the older patients in its population. Home visits and urgent appointments were available for those with enhanced needs.
- Monthly multi-disciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- We however noted that nationally reported data showed outcomes for conditions commonly found in older people, excluding rheumatoid arthritis remained below local and national averages.

People with long term conditions

Requires improvement 

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

- Further improvements were still required in relation to some long term conditions such as heart failure and diabetes. Performance for diabetes related indicators was 82% which was below the CCG average of 94% and the national average of 91%. The level of exception reporting was lower than local and national averages.
- Clinical staff had lead roles in managing patients with long-term conditions and those patients identified as being at risk of hospital admission were identified as a priority.
- All these patients had a named GP and there was a system to recall patients for 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 social care professionals to deliver a multidisciplinary package of care.
- Patients had good access to GP appointments and feedback from patients was consistently positive about their experience in obtaining an appointment quickly and a time that was convenient to them.

Summary of findings

Families, children and young people

Good

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

- Immunisations were carried out in line with the national childhood vaccination programme. Published data showed the uptake rates for the vaccines given to under two year olds ranged from 63% to 94%. Lower values were achieved for three out of four vaccines - pneumococcal conjugate booster vaccine (62.5%), haemophilus influenza type b and meningitis C booster vaccine (87.5%) and measles, mumps and rubella (87.5%).
- A flexible appointment system ensured that children could be seen on the same day when this was indicated and outside of school hours.
- Patients we spoke with on the day and feedback received from our comment cards, showed young people were treated in an age-appropriate way and were recognised as individuals.
- The premises were suitable for children and baby changing facilities were provided.

Working age people (including those recently retired and students)

Good

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

- The practice was proactive in offering online services including appointment booking and online prescription services.
- A range of health promotion and screening services were available to this age group. The uptake rates for cervical cancer screening, bowel cancer screening and breast cancer screening were in line with local and national averages.
- Additional services were offered to facilitate patient access including minor surgery and joint injections.
- Telephone consultations were available each day for those patients who had difficulty attending the practice due to work commitments for example.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including carers. The practice had identified 2% of their patient list as carers and offered support including annual flu vaccinations.

Summary of findings

- The practice worked with multi-disciplinary teams in the case management of vulnerable people and informed patients how to access various support groups and voluntary organisations.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. Patients were kept under close review by the practice in conjunction with the wider multi-disciplinary team
- Longer appointments could be booked to ensure sufficient time was available to discuss individual care and support needs.

People experiencing poor mental health (including people with dementia)

Requires improvement

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

Published data showed:

- 100% of patients on the practice's mental health register had a comprehensive care plan documented in their records compared to a CCG average of 92% and national average of 90%. However this was achieved with an exception reporting rate of 33%which was above the CCG average of 20% and national average of 13%.
- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 9% below the CCG and national averages. Exception reporting rates were in line with CCG and national averages.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Information was available for patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed the practice was performing above local and national averages. A total of 250 survey forms were distributed and 118 were returned. This represented a 47% response rate and equated to 6% of the practice's patient list.

- 96% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 86% and the national average of 85%.
- 98% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 99% of patients found it easy to get through to this practice by phone compared to the CCG average of 67% and the national average of 71%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 79% and the national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards and eight contained positive feedback about the standard of care received. Staff were described as being friendly, caring, committed and professional. Patients felt access to the service was efficient and ensured their care needs were met timely. The less positive comments related to appointments not being confirmed, processing of prescriptions and not always feeling listened to.

We spoke with four patients during the inspection including a member of the patient participation group. Patients commented that the environment was clean, staff treated them with dignity and respect, and that they were extremely satisfied with the high standards of care they had experienced. Patients spoke positively about the ease of accessing appointments and continuity of care.

Areas for improvement

Action the service SHOULD take to improve

- Continue to review and improve on the practice performance and patient outcomes.
- Continue to make improvements in childhood immunisation performance.

Dr Vishnu Parmar

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Vishnu Parmar

Dr Vishnu Parmar also referred to as Overseal Surgery provides primary medical services to approximately 1 900 patients through a general medical services contract (GMS). The practice has been providing services since 1910 and is situated in the rural village of Overseal in Swandlincote, Derbyshire. Services are delivered from a detached and extended bungalow. The practice offers dispensing services to patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy.

The number of older patients within the practice is above the local average and the number of children and young people is below the local average. The level of deprivation within the practice population is below the national average; with the practice population falling into the eighth most deprived decile. Income deprivation affecting children and older people is below the local and national averages.

Dr Vishnu Parmar (male GP) works closely with the clinical team which comprises of a salaried female GP (on leave at the time of inspection), a female practice nurse and a practice employed pharmacist (part-time). The clinical team is supported by a practice manager and a team of reception staff who also have dual roles as dispensers.

The practice is open between 8am and 6.30pm Monday to Friday. GP appointments (pre-bookable) are available from 9am to 12pm every morning and 4pm to 6pm daily with the exception of Thursday afternoons. GP appointments are for on the day urgent appointments on Thursday afternoons.

The practice has opted out of providing out-of-hours services to its own patients. When the practice is closed patients are directed to Derbyshire Health United (DHU) via the 111 service.

We previously inspected this practice on 29 May 2013 and identified the practice was not meeting the required standards in relation to medicines, assessing and monitoring the quality of service provision.

We carried out a re-inspection on 14 November 2013 and found these standards had been met. A comprehensive inspection under the new methodology was carried out on 19 September 2016 and the practice was rated requires improvement.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Vishnu Parmar on 19 September 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as requires improvement. The full comprehensive report following the inspection on 19 September 2016can be found by selecting the 'all reports' link for Dr Vishnu Parmar on our website at www.cqc.org.uk.

We issued two requirement notices in respect of safe care and treatment and good governance. We requested the practice to provide us with an action plan to inform us how they were going to address the issues of concern. An action plan was subsequently received.

Detailed findings

We undertook a follow up focused inspection of Dr Vishnu Parmar on 24 August 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Southern Derbyshire clinical commissioning group to share what they knew. We carried out an announced visit on 24 August 2017. During our visit:

- We spoke with a range of staff (a GP, the practice nurse, the practice manager, administrative and dispensary staff).
- We spoke with four patients who used the service including a member of the patient participation group.
- We observed how patients were being cared for in the reception area.
- We looked at information the practice used to deliver care and treatment plans.
- We reviewed 11 comment cards where patients 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.

Good

Are services safe?

Our findings

At our previous inspection on 19 September 2016, we rated the practice as requires improvement for providing safe services because the arrangements for medicines needed improvement. This included reviewing patients affected by alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA), auditing controlled drugs and stocking recommended emergency medicines. In addition, the practice had not fully implemented the planned improvements for the premises and environment. A requirement notice was issued in respect of these issues.

We found the above arrangements had improved when we undertook a follow up inspection of the service on 24 August 2017.

Safe track record and learning

The practice had a system in place to distribute and review patient safety alerts and all staff were aware of this and the related policy. This included systems to ensure that staff had read MHRA alerts and related updates.

- Records reviewed showed searches were undertaken on the clinical system to identify any affected patients and a review of their medicines was arranged to ensure their safety.
- Actions taken in response to alerts were logged centrally and communicated to all staff.
- Records reviewed showed changes to medicines were acted upon to ensure patients received amended prescriptions in line with clinical recommendations.
- Some alerts were also used to inform the selection of audit topics within the practice. We saw evidence of repeated clinical audit cycles showing some improvement in patient care and management of medicines.

Overview of safety systems and process

Medicines management

Arrangements for managing medicines in the practice minimised risks to patient safety. This included the processes of obtaining, prescribing, handling, storing, security and disposal of medicines. For example:

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Systems were in place to deal with any medicines alerts or recalls, and records were kept of any actions taken.
- Medicines requiring refrigeration were managed safely and in accordance with national guidance.
- Signed and up-to-date patient group directions were in place to allow the practice nurse to administer medicines in line with legislation.
- The practice worked closely with the local clinical commissioning group (CCG) medicines management team and directly employed one pharmacist. We saw evidence of regular medicine audits undertaken to ensure prescribing was in line with best practice guidelines.
- Records reviewed showed systems were in place to monitor patients prescribed high-risk medicines to ensure any necessary monitoring and blood tests had been done in accordance with recommended guidance.

There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and were undertaking continuing learning and development. Dispensary staff undertook medicine use reviews with patients and an example was given where this review has improved a patient's concordance with their therapy.

Dispensary staff showed us standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw evidence of the regular review of these procedures and confirmation that staff had read the content.

- Records reviewed showed medicines dispensed were not always recorded accurately and stock checks undertaken by staff had not always identified this discrepancy. For example, some of the medicines collected by patients were not always recorded in the controlled drugs book, but we saw evidence this was done on the patient records we reviewed.
- Immediate and appropriate action was taken by the practice in response to our findings during the inspection to ensure the safety of patients. This included reviewing the specific patient records, stock check for CDs, cross referencing with invoices received and liaising with the CD accountable officer.

Good

Are services safe?

- There were arrangements in place for the destruction of controlled drugs. Staff were aware of how to raise concerns with the controlled drugs accountable officer in their area.
- Controlled drugs were stored in a secure and lockable cupboard, access to them was restricted and the keys were held securely.
- The practice had carried out audits to monitor controlled drugs (for example unusual prescribing, quantities, dose, formulations and strength).

Monitoring risks to patients

At our previous inspection, we found the practice had assessed and identified risks to the delivery of safe care with input from the CCG; and a plan detailing the improvements to be made was in place.

At this inspection we found most of the improvement areas had been completed. We observed that improvements to the flooring, lighting, furniture and décor had been made within the practice. A schedule was also in place for uncompleted work and monitored by the management team on an ongoing basis.

- Procedures were in place to identify, manage and monitor risks to the safety of patients, staff and visitors to the practice. There was a health and safety policy in place and a poster identifying the local health and safety representatives was displayed.
- The practice had up to date fire risk assessments and carried out fire drills.
- Electrical equipment was regularly checked to ensure it was safe to use and clinical equipment was calibrated to ensure it was working properly.
- A range of risk assessments were in place to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

Arrangements were in place to enable the practice 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 had up to date training in basic life support and / or cardio pulmonary resuscitation. A first aid kit and accident book was available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- There was business continuity plan in place to provide a framework and response plan for major incidents such as power failure or building damage. Copies of the plan were held off-site and the plan included emergency contact numbers for suppliers and key members of staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 19 September 2016, we rated the practice as requires improvement for providing effective services as some areas required strengthening to enhance patient care. We found:

- The practice did not always monitor that current evidence based guidance was followed through risk assessments, audits and random sample checks of patient records.
- Published data showed some clinical indicators were below local and national averages.
- Patients' needs were assessed but as exception reporting was high in some areas not all patients received care and treatment in line with current evidence based guidance.
- Although some clinical audits had been undertaken, there was limited evidence of quality improvement.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection on 24 August 2017. However, further improvements were still required in relation to outcomes for some population groups specifically people with long term conditions and people experiencing poor mental health including dementia. The provider remains rated as requires improvement for providing effective services.

Effective needs assessment

Clinicians we spoke with considered relevant and current evidence based guidance and standards in the delivery of care and treatment. This included the local clinical commissioning group (CCG) guidance and the National Institute for Health and Care Excellence (NICE) best practice guidelines.

- Improvements had been made to ensure the practice had a programme in place to monitor that these guidelines were followed through audits, random sample checks of patient records and risk assessments.
- The practice had systems to keep relevant staff up to date and updates were discussed in practice meetings.

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 2016/17 published results showed the practice had achieved 89% of the total number of points available compared with the CCG average of 98% and the national average of 96%.

The practice had an overall exception reporting rate within QOF of 11% which was in line with the CCG (11%) and national averages (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.

Published data from 2016/17 showed:

- Performance for diabetes related indicators was 82% (91% in 2015/16) which was below the CCG average of 94% and the national average of 91%. This was achieved with an exception reporting rate of 9% which was below the CCG average of 14% and the national average of 11%.
- Performance for indicators related to hypertension was 100% which was above the CCG average of 99% and the national average of 97%. This was achieved with an exception reporting rate of 2% which was below the CCG average of 5% and the national average of 4%.
- Performance for mental health related indicators was 100% (87% in 2015/16) which was above the CCG average of 96% and the national average of 94%. The exception reporting rate for mental health related indicators was 29% which was above the CCG average of 15% and the national average of 11%.
- Performance for dementia related indicators was 90% (100% in 2015/16) which was below the CCG average of 99% and the national average of 97%. The exception reporting rate for dementia related indicators was 7% which was below the CCG and national averages of 10%.
- As part of our September 2016 inspection, we reported lower QOF points were achieved for four specific conditions. At this inspection, we found some improvements had been made. For example, peripheral arterial disease (increase from 88% to 100%), secondary

Requires improvement

Are services effective?

(for example, treatment is effective)

prevention of coronary heart disease (increase from 87% to 96%), osteoporosis (remained the same at 67%) and heart failure (decrease from 69% to 35% as a result of the number of eligible patients on the register).

Records reviewed showed the practice had reviewed all QOF registers and a report had been produced on the findings including areas of low QOF performance and high exception rates, with the aim of driving improvement to patient outcomes.

We saw that there were measures in place to reduce exception reporting rates and to encourage as many patients as possible to attend for reviews. This included implementing an improved recall system with additional hours allocated to designated staff to carry out the follow-ups, as well as ensuring that appropriate read coding of reviews had been recorded or amended on patient records. The practice staff also reviewed the QOF registers periodically and carried out relevant audits to ensure care and treatment was in line with recommended guidance.

There was evidence of quality improvement including clinical audit:

- We reviewed nine clinical audits undertaken in the last 12 months.
- Three of these were completed audits where areas for improvement had been identified and a re-audit undertaken to review if changes had been effective. For example, a second cycle audit had been completed to ensure safe and effective prescribing of non-steroidal anti-inflammatory drugs. The second audit showed action had been taken to ensure risks were minimised to 15 patients. This included stopping the medicines if assessed as not being appropriate and prescribing other medicines to prevent gastrointestinal adverse effects. Additionally, the practice included a flag on the respective patient records to ensure the prescribing clinician was aware of risks associated with the medicines.
- Records reviewed showed the practice were low prescribers of hypnotic medicines although the prescribing rate was above the CCG and national rates.

Effective staffing

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

- Newly appointed staff were provided with role specific induction programmes. This covered topics such as safeguarding, health and safety, information governance and confidentiality. One staff member spoke positively about the induction provided to prepare them for their role.
- Staff had access to a range of training to meet their learning needs and to cover the scope of their work. This included face to face and online training, as well as support through regular staff meetings, supervision and mentoring.
- Staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence. Arrangements were in place to ensure updates were undertaken as required.
- Staff told us that they received an annual appraisal within the last 12 months, and records reviewed confirmed this. The appraisal included a review of the previous year's performance, the setting of objectives and the identification of learning for the forthcoming year.

Coordinating patient care and information sharing

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

- This included care plans, medical records, investigation and test results.
- The practice shared relevant information with other services, for example when referring patients to other services and the out of hours service.

Staff worked together with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan on-going care and treatment. This included the community matron, district nurses and a care coordinator employed by Derbyshire Community Health Services.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis to discuss vulnerable patients, including those at risk of hospital admission, falls, people receiving palliative care and patients aged 65 and over considered frail.

Requires improvement

Are services effective?

(for example, treatment is effective)

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. Appropriate policies and protocols were in place to support staff in seeking consent in line with legislation.
- Written consent was sought for procedures where appropriate. For example, written consent was sought from patients when having minor surgery, excisions and injections
- Clinical staff undertook assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.
- Where there were concerns about a patient's capacity to consent to care or treatment clinicians undertook mental capacity assessments and recorded the outcome.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted or referred to relevant services as required.
- Patients were referred into locally based services to help them stop smoking, and into community based schemes to support weight loss. Self-referral information was provided within the surgery.
- 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

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and the national average of 81%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- Data for breast cancer screening showed that 73% of eligible patients had attended in the last 36 months compared with the CCG average of 76% and the national average of 70%.
- Data for bowel cancer screening showed that 60% of eligible patients had attended for screening in the last 30 months compared to the CCG average of 59% and the national average of 55%.

Immunisations were carried out in line with the national childhood vaccination programme.

- The uptake rates for the vaccines given to under two year olds ranged from 63% to 94% which was lower than the target percentage of 90% or above. We were made aware of the low numbers of children within the practice population which impacted on the data and challenges involved in overcoming diverse personal and cultural beliefs regarding immunisation of children.
- Lower values were achieved for three out of four vaccines - pneumococcal conjugate booster vaccine (62.5%), haemophilus influenza type b and meningitis C booster vaccine (87.5%) and measles, mumps and rubella (87.5%).

Are services well-led?

Good

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

Our findings

At our previous inspection on 19 September 2016, we rated the practice as requires improvement for providing well-led services. We found:

- Staff were committed to the delivery of high quality care and promoting good outcomes for their patients but this had not been achieved for all patients and exception reporting was high in some areas.
- The overarching governance framework needed to be strengthened to ensure a comprehensive understanding of the practice performance was maintained and areas of under-performance were addressed.
- Clinical audit was not driving significant improvements at the practice and there was limited evidence of external peer review, best practice sharing with other surgeries and innovation.

We issued a requirement notice in respect of these issues and found arrangements had been improved when we undertook a follow up inspection of the service on 24 August 2017. The practice is now rated as good for being well-led.

Vision and strategy

- The practice had clear values which focussed on the "provision of general medical service in a traditional family setting" and treating patients with fairness and respect. Staff were engaged with these values and proud of being a well-established practice, maintaining high levels of staff retention and delivering continuity of care.
- The practice team had contributed to the development of the practice business development plan which covered areas such as service development, communication, staffing and improvement areas.
- The leadership team met regularly to discuss their strategy and plans for the future. This included joint working with other practices and the future sustainability of the leadership. Succession planning had been considered in light of the primary GP considering reducing their working hours with a view of retirement and the salaried GP working part-time hours.

Governance arrangements

The practice had strengthened internal governance arrangements which supported the delivery of patient care.

- There was clear understanding about the performance of the practice and this was kept under regular review. For example, designated staff were allocated lead responsibilities to monitor the Quality Outcomes Framework (QOF) performance and practice meetings were held which provided an opportunity for staff to learn about the performance of the practice.
- The practice had audited the exception reporting rates for clinical indicators assessed as part of QOF and were able to explain the action taken to mitigate risks to patients and / or rationale for doing do so. This included non-attendance by some patients for health reviews despite a number of invitations and proactive follow-up by telephone. Additionally, some of the QOF indicators appeared low and exception reporting figures were high due to the small patient numbers on the registers. However, further improvements were still required in relation to QOF performance.
- The practice reviewed and acted upon performance information available from their clinical commissioning group (CCG) and their locality area.
- Clinical and internal audit was being used to benchmark and monitor the quality of care as well as to drive improvements to ensure patient safety.
- There was a clear staffing structure and most staff were aware of their own roles and responsibilities.
- Practice specific policies were reviewed and updated periodically. As a result of our inspection findings, policies relating to the recording of controlled drugs were updated to ensure staff maintained accurate records.
- Ongoing arrangements were in place for identifying, recording and managing risks in relation to the premises and environment, including regular review of the maintenance plan.
- We saw documented evidence that allowed for lessons to be learned and shared, following significant events and complaints.

The leadership team acknowledged they were a small team and this impacted on their availability and ability to attend

Are services well-led?

Good

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

regular meetings facilitated by the CCG. However, the practice was engaged with local network and place based meetings and received support from the primary care quality team within the CCG.

Leadership and culture

Discussions held with the GP, practice nurse and practice manager (leadership team) and evidence reviewed demonstrated significant improvements had been made since our last inspection to improve the delivery of care and ensure the smooth running of the practice.

- There was a clear leadership structure and staff felt valued by the management. Staff told us the clinicians and practice manager were approachable and took the time to listen to their views.
- Staff told us that there was an open culture within the practice and they felt confident to raise any issues for discussion at the team meetings. They told us issued raised were acted upon with feedback provided if there were any delays.
- Records reviewed showed regular team meetings were held for all staffing groups and minutes were available to view.
- Staff told us they felt involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients and staff

The practice valued feedback from patients and staff. It sought their feedback and engaged them in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG), surveys and the friends and family test survey. Although a PPG was in place, the practice had struggled to recruit additional members despite advertisements and efforts to speak to individual patients about the group.
- The current PPG comprised of three members. One of the PPG members we spoke with was very positive about their engagement with practice staff and receptiveness to proposals submitted for improvements.
- The practice had gathered feedback from staff through meetings, general discussions, appraisals and a staff survey. The survey results for 2017 showed most staff were satisfied in their roles and improvement areas had been discussed with them.
- The practice had also undertaken a practice improvement programme resulting in changed layout within the practice which saved staff time and created efficiencies.