

Dr Surinder Babbar

Quality Report

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Date of inspection visit: 10 August 2017
Date of publication: 20/10/2017

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Surinder Babbar (The Courtland Surgery) on 18 January 2017. The overall rating for the practice was inadequate and the practice was placed in special measures for a period of six months. The full comprehensive report on the 18 January 2017 inspection can be found by selecting the 'all reports' link for Dr Surinder Babbar (The Courtland Surgery) on our website at www.cqc.org.uk.

This inspection was undertaken following the period of special measures and was an announced comprehensive inspection on 10 August 2017. Overall the practice is now rated as requires improvement. Prior to the publication of this report the practice submitted an application to cancel its registration which has been accepted by the CQC.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.

- The practice had clearly defined and embedded systems to minimise risks to patient safety and had recently had all staff trained in safeguarding, chaperoning, infection control and fire training.
- All electrical equipment had been portable appliance tested (PAT), a new boiler had been installed, there had been recent Legionella and Control of Substances Hazardous to Health (COSHH) risk assessments.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day, however long waiting times for appointments were mentioned on the day and in the national patient survey and the CQC comment cards.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice had not proactively acted feedback from patients, which it acted on.
- The provider was aware of the requirements of the duty of candour and they had recently trained all staff so they understood the requirements.

However if the provider had still been registered there were areas of practice where the provider needed to make improvements.

In addition the provider must:

- Continue to develop an ongoing programme that demonstrates continuous quality improvements to patient care in a range of clinical areas. This may include clinical audit.
- Consider developing a practice website.
- Assess, monitor and improve patient's waiting times in view of the low patient survey results.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems to minimise risks to patient safety and had recently had all staff trained in safeguarding, chaperoning, infection control, fire training.
- All electrical equipment had been portable appliance tested (PAT), a new boiler had been installed, there had been recent Legionella and Control of Substances Hazardous to Health (COSHH) risk assessments.
- There was an effective system in place to ensure patient safety alerts were disseminated and acted upon.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

Requires improvement



- We viewed 35 patient records and found that the provider maintained accurate, complete and contemporaneous patients' records. There was consistency in quality of the recording of patient's consultations and delivery of care and treatment.
- Data from the Quality and Outcomes Framework showed patient outcomes were at or below average compared to the national average. For example; The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control was 80% compared to the Clinical Commissioning Group (CCG) and national averages of 76%.

Summary of findings

- The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less was 72% compared to the CCG average of 81% and the national average of 83%.
- Staff were aware of current evidence based guidance.
- The practice had not completed any two cycle clinical audits but at the time of inspection they had completed the first cycle of a clinical audit.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice comparable to others for several aspects of care. For example, 85% of patients said the GP was good at listening to them (CCG average 85%; national average 89%) and 95% of patients said they had confidence and trust in the last GP they saw (CCG average 93%; national average 95%).
- Patients we spoke with on the day said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. This was echoed in the CQC comment cards and the national GP patient survey, For example, 83% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 80%; national average 85%).
- Information for patients about the services was available in the waiting room and interpretation services were available.
- The practice did not have a website, but it did offer online access for booking appointments.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality and the practice had portable screens in the consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Patient notes were stored in a locked room in a non-patient area on the first floor.
- The practice had identified 1% of its patients as carers.

Summary of findings

Are services responsive to people's needs?

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

- The practice told us they reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. Patients on the unplanned admissions register and children under the age of 16 were offered same day appointments.
- The national GP patient survey showed that 72% of patient said they could get an appointment to see or speak to someone the last time they tried (CCG average 76 % national average 84%).
- 83% say the last GP they saw or spoke to was good at involving them in decisions about their care (CCG average 78% national average 82%).
- The practice had made adaptations to the property to assist disabled patients. For example, there was an accessible toilet with an emergency cord for patients to alert staff in the event of an emergency.
- There was also a hearing loop installed.

Information about how to complain was available and was in line with recognised guidance and contractual obligations for GPs in England. For example, the full address of the Parliamentary and Health Service Ombudsman (PHSO) was included in the policy and the practice leaflet. Although the practice had reported that no written complaints had been received in the past 12 months they had received 11 verbal complaints, which were logged in a complaints book. These were shared with staff but not with other stakeholders.

Requires improvement



Are services well-led?

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

- The practice did not have a clear vision but did have a strategy to merge with another local practice.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of good quality care. This included arrangements to monitor and improve quality and identify risk.

Requires improvement



Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour, we saw examples that confirmed that the practice complied with these requirements (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- Staff we spoke with told us they felt supported by management and felt able to make suggestions and raise concerns. Informal practice meetings were held but there was no formal minute taking or system in place to share information.
- The practice had an active patient participation group (PPG) and the practice were responsive to their feedback and some proposals submitted had been acted upon.

Summary of findings

The six population groups and what we found

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

Older people

The provider is rated as requires improvement for effective, responsive, and good for safe and caring and well-led. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice kept two, 20-minute appointments slots free per day specifically for the over 75 year olds.
- 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.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

The practice offered personalised care to meet the needs of the older people in its population. The healthcare assistant telephoned those patients over the age of 75 who were known to be vulnerable once a month to check on their care.

Requires improvement



People with long term conditions

The provider is rated as requires improvement for effective, responsive, and good for safe and caring and well-led. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- The lead GP was the lead for chronic disease management and patients at risk of hospital admission were identified as a priority.

Requires improvement



Summary of findings

- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 55% which was lower than the national average 78% with a practice exception reporting of 14% (national 12%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 73% (national average 78%) with a practice exception reporting of 9% (national 9%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 77% (national average 80%) with a practice exception reporting of 9% (national 13%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The provider is rated as requires improvement for effective, responsive, and good for safe and caring and well-led. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice told us that all children under the age of 16 would be able to access an appointment on the same day.
- The practice had achieved its target rate of 90% in one of four childhood immunisations and 87% in the remaining three and had achieved its target for childhood immunisation rates given to five year olds which ranged from 92% to 95% (CCG average ranged from 72% to 84% and national average from 88% to 94%).
- The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 81%.

Requires improvement



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies. Patients had access to baby change facilities and a breast feeding room was available if requested.

Working age people (including those recently retired and students)

The provider is rated as requires improvement for effective, responsive, and good for safe and caring and well-led. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a 'Commuter's Clinic' on Monday, Tuesday and Wednesday from 6.30pm to 7pm for working patients who could not attend during normal opening hours.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74.
- The practice was proactive in offering appointments on-line and the patient we spoke with on the day told us this was easy and convenient.

Requires improvement



People whose circumstances may make them vulnerable

The provider is rated as requires improvement for effective, responsive, and good for safe and caring and well-led. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice was responsible for four care homes and held monthly meetings with care home managers to discuss patients on the unplanned admission register.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Requires improvement



Summary of findings

- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The provider is rated as requires improvement for effective, responsive, and good for safe and caring and well-led. The evidence which led to these ratings affected all patients including this population group. There were, however, examples of good care.

- The practice carried out advance care planning for patients living with dementia.
- The percentage of
- Performance for mental health related indicators was above the national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the preceding 12 months was 100% (national average 89%) with an exception reporting of zero percent; national 13%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption recorded in the preceding 12 months was 100% (national average 89%) with an exception reporting rate of zero percent (national 10%).

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017 and results showed the practice performance was for the most part comparable with local and national averages. Three hundred and fifty seven survey forms were distributed and 99 were returned. This represented 3% of the practice's patient list and a 28% completion rate.

- 48% (previously 51%) of patients found it easy to get through to this practice by phone compared to the CCG average of 51% (previously 53%) and a national average of 71% (previously 73%).
- 72% (previously 81%) of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% (previously 77%) and the national average of 84% (previously 85%).
- 70% (previously 74%) of patients described the overall experience of this GP practice as good compared to the CCG average of 74% (previously 73%) and the national average of 85%.

- 58% (previously 61%) 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 66% (previously 65%) and the national average of 77% (previously 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. Responses indicated patients felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect, two of the cards also mentioned excessive waiting times.

We spoke with 1 patient during the inspection, this patient was enthusiastic and happy with the care received. They felt that waiting times were sometimes too long and told us and they thought staff were approachable, committed and caring and involved them in their treatment and care.

Areas for improvement

Action the service MUST take to improve

However if the provider had still been registered there were areas of practice where the provider needed to make improvements;

- Continue to develop an ongoing programme that demonstrates continuous quality improvements to patient care in a range of clinical areas. This may include clinical audit.
- Consider developing a practice website.
- Assess, monitor and improve patient's waiting times in view of the low patient survey results

Dr Surinder Babbar

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Surinder Babbar

Dr Surinder Babbar, also known as The Courtland Surgery, is located at 62 Courtland Avenue, Ilford, Essex, IG1 3DP. The practice provides NHS primary care services to approximately 3,000 patients through a Personal Medical Services (PMS) contract (an alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract). The practice is part of NHS Redbridge Clinical Commissioning Group (CCG).

The practice is registered to carry out the following activities;

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

The practice operates from a converted residential property with access to three consulting rooms on the ground floor. The first floor is accessed via stairs. All patient services were on the ground floor.

The practice has a larger than average proportion of adults on its patient list in the age ranges 0-4, and 25-39. The

practice population is in the fifth most deprived decile in England (one being most deprived and 10 being least deprived). People living in more deprived areas tend to have a greater need for health services.

The practice is registered as an individual with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures; treatment of disease; disorder or injury; maternity and midwifery services; family planning and surgical procedures.

The practice staff comprises one principal male GP doing 10 sessions per week. The team is supported by a healthcare assistant (24 hours per week), a practice manager and two reception staff. The practice had recently employed a practice nurse to undertake the cervical screening programme approximately two hours per week.

The practice leaflet indicated that the premises are open from 9am to 6.30pm Monday to Friday. Extended hours are provided on Monday, Tuesday and Wednesday from 6.30pm to 7pm.

The practice provides a range of services including chronic disease management, smoking cessation, sexual health, cervical smears, childhood immunisations and travel advice and immunisations.

When the surgery is closed, out-of-hours services are accessed through the local out of hours service or NHS 111.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Surinder Babbar on 18 January 2017 under Section 60 of the Health

Detailed findings

and Social Care Act 2008 as part of our regulatory functions. The practice was rated as inadequate for providing safe and well led services and was placed into special measures for a period of six months.

We also issued a warning notice to the provider in respect of good governance and informed them that they must become compliant with the law by 1 March 2017. The practice provided evidence of compliance with the legal requirements on 28 February 2017. The full comprehensive report on the 18 January 2017 inspection can be found by selecting the 'all reports' link for Dr Surinder Babbar on our website at www.cqc.org.uk.

We undertook a further announced comprehensive inspection of Dr Surinder Babbar on the 10 August 2017. This inspection was carried out following the period of special measures to ensure improvements had been made and to assess whether the practice could come out of special measures.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 August 2017. During our visit we:

- Spoke with a range of staff (GP, practice manager and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited all practice locations
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

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

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

Are services safe?

Our findings

At our previous inspection on 18 January 2017, we rated the practice as inadequate for providing safe services as patients were at risk of harm because systems and processes were not in place to keep them safe.

These arrangements had significantly improved when we undertook a follow up inspection on 10 August 2017. The practice is now rated as good for providing safe services.

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of the last inspection the practice had fitted an alarm in the accessible toilet facility that would alert staff in the event of an emergency.
- The practice also monitored trends in significant events and evaluated any action taken.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that the GP provided reports where necessary for other agencies.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GP, nurse and HCA were trained to child safeguarding level three and administration staff to level one.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice manager was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical

Are services safe?

commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The healthcare assistant (HCA) was trained to administer vaccines and medicines against a Patient Specific Prescription (PSD) or direction from a prescriber (A PSD is a written instruction, signed by a GP, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).

We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 18 January 2017, we rated the practice as inadequate for providing effective services as the arrangements in respect of alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA), clinical audits and patient record keeping needed improving.

These arrangements had significantly improved when we undertook a follow up inspection on 10 August 2017, however some issues required further attention?. The provider is now rated as requires improvement for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%

The overall exception reporting rate for the clinical domains was higher than the CCG and national averages (practice 11%; CCG 8%; national 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).

QOF data for 2015/16 showed:

- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months was 55% which was lower than the national average of 78% with a practice exception reporting of 14% (national 12%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 73% (national average 78%) with a practice exception reporting of 9% (national 9%).
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 77% (national average 80%) with a practice exception reporting of 9% (national 13%).
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 72% which was lower than the national average of 83% with a practice exception reporting of 3% (national 4%).
- Performance for mental health related indicators was above the national averages. For example, the percentage of patients (42 patients on the register) with schizophrenia, bipolar affective disorder and other psychoses who have had a comprehensive, agreed care plan documented in the preceding 12 months was 100% (national average 89%) with an exception reporting of zero percent; (national 13%).
- The percentage of patients (42 patients on the register) with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 100% (national average 89%) with an exception reporting of zero percent (national 10%).
- The percentage of patients (10 patients on the register) diagnosed with dementia who had had their care reviewed in a face-to-face meeting in the last 12 months was 100% (national average 84%) with a practice exception reporting of zero percent (national 7%).

There was evidence of quality improvement including clinical audit:

Are services effective?

(for example, treatment is effective)

- There had been two clinical audits commenced in the last two years, none of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included. The practice has done the first cycle of a Chronic obstructive pulmonary disease (COPD) audit as they realised that their incidence for the practice was 12 out of 3000 patients and the CCG average indicates that it should be 49. Their aim was to identify undiagnosed COPD patients and institute the appropriate care plans. This was done by identifying all patients over 40 years of age who smoked and were not diagnosed with COPD setting up a dedicated clinic and invite them by appointment to the practice. The first cycle identified 71 patients who fit the criteria who had not previously been diagnosed. These patients would be given stop smoking advice, medication and rehabilitation as needed and would be managed in accordance with NICE guidelines. The second audit cycle would be in six months.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions, the HCA had recently had immunisation training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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.

- We viewed a sample of 35 recent patient records and found that the provider maintained accurate, complete and contemporaneous patients' records. There was consistency in quality of the recording of patient's consultations and delivery of care and treatment, Patient referrals had been done in a timely manner.
- The practice had a system to follow-up two-week wait referrals to ensure the patient had received an appointment.
- We saw evidence that investigation and test results were reviewed and actioned.
- From the documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff told us they worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that the practice met with the palliative care team every three months. The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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 were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 78% and the national average of 81%. The practice had undertaken a smear audit and there were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

We reviewed childhood immunisation rates for the period 1 April 2015 to 31 March 2016 and found that the practice had achieved the target rate of 90% in one of four childhood immunisations and 87% in the remaining three. The practice had achieved its target for childhood immunisation rates given to five year olds which ranged from 92% to 95% (CCG average ranged from 72% to 84% and national average from 88% to 94%).

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

Are services caring?

Our findings

At our previous inspection on 18 January 2017, we rated the practice as requires improvement for providing caring services as there was no carer's register.

These arrangements had significantly improved when we undertook a follow up inspection on 10 August 2017. The provider is now rated as good for providing caring services.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

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

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one patient during the inspection and they told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required. They also mentioned that waiting times could sometimes be long.

Results from the 2017 national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 86% and the national average of 89%.

- 76% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 86%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 78% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 86%.
- 89% of patients said the nurse was good at listening to them compared with the CCG average of 84% and the national average of 91%.
- 87% of patients said the nurse gave them enough time compared with the CCG average of 84% and the national average of 92%.
- 92% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 94% and the national average of 97%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 83% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful compared with the CCG average of 78% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

Results from the 2017 national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

Are services caring?

- 83% of patients said the last GP they saw was good at explaining tests and treatments which was the same as the CCG average and comparable to the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 83% and the national average of 90%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 78% and the national average of 85%.

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

- Staff told us that interpretation 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. Patients were also told about multi-lingual staff who might be able to support them.
- The practice had recently installed a hearing loop.

- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 16 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 18 January 2017, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of patient waiting times and access to appointments.

While these arrangements had shown some signs of improvement when we undertook a follow up inspection on 10 August 2017 some areas still required improvement. The practice is still rated as requires improvement for providing responsive services.

Responding to and meeting people's needs

The practice told us they engaged with the Clinical Commissioning Group (CCG) to work on identified improvements to patient services:

- The practice offered a 'Commuter's Clinic' on Monday, Tuesday and Wednesday from 6.30pm to 7pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel immunisations available on the NHS as well as those only available privately.
- The practice had made some adaptations to the property to assist disabled patients. For example, there was an accessible toilet with an emergency cord for patients to alert staff in the event of an emergency.
- There was no handrail available to assist patients up the newly installed ramp at the main entrance.
- The practice had installed a hearing loop.
- The practice had a baby change facility and posters in the waiting indicated breast feeding facilities were available if requested.

Access to the service

The practice was open from 9am to 6.30pm Monday to Friday. Extended hours are provided on Monday, Tuesday

and Wednesday from 6.30pm to 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the 2017 national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 70% and the national average of 76%.
- 48% of patients said they could get through easily to the practice by phone compared to the national average of 71%.
- 72% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 76% and the national average of 84%.
- 60% of patients said their last appointment was convenient compared with the CCG average of 68% and the national average of 81%.
- 49% of patients described their experience of making an appointment as good compared with the CCG average of 58% and the national average of 73%.
- 19% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 43% and the national average of 58%.

The practice were aware of the low survey results and increased the number of available appointments by opening all day, they had previously been closed between 12:30pm and 2:30pm.

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

The practice had a system to assess:

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

For home visits patients had to call in the morning before 10:30 and the GPs triaged the calls to make an informed decision on prioritisation according to clinical need In cases where the urgency of need was so great that it would

Are services responsive to people's needs?

(for example, to feedback?)

be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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. There was a section in the practice leaflet which explained the process and who to escalate a complaint to.

We looked at 11 verbal complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency with dealing with the complaint. Although these complaints were logged in a book and discussed at meetings there was evidence that lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, the practice had identified that most of these complaints were about prescriptions or appointments, as a result the practice changed their opening hours to provide more appointments. Failsafe's were introduced when secondary care changed patients medication, to ensure that the changes were appropriate and in line with best practice and current guidelines.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 18 January 2017, we rated the practice as inadequate for providing well-led services as there was no vision or strategy for the practice, no overarching governance structure and no clear leadership arrangements.

We issued a warning notice in respect of these issues and found arrangements had significantly improved when we undertook a follow up inspection of the service on 10 August 2017. The practice is now rated as good for being well-led.

Vision and strategy

The practice had a strategy to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement but this was not displayed and staff did not know it or understand their values.
- The practice had a clear strategy and was planning to merge with a nearby practice to maintain continuity of service for its patients.

Governance arrangements

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that: There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example the nurse was employed specifically to undertake the cervical screening programme. Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- The practice held small informal meetings 4 days per week to discuss the day's clinic, these were noted in a meetings book. They also held a monthly meeting which provided an opportunity for staff to learn about the performance of the practice.

- There was not a programme of continuous clinical and internal audit to monitor quality and to make improvements. The practice had undertaken two audits in the last six months, neither of which were completed.
- The practice had failed to reduce patient waiting times and improve low patient satisfaction survey results.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

They told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP was approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal but not written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted monthly meetings with the four nursing homes they provided GP services to.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Requires improvement 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

proposals for improvements to the practice management team. For example, the practice had recently installed an accessible ramp at the main entrance.

- The NHS Friends and Family test, complaints and compliments received
- Staff through meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.