

Dr N Niranjana's Practice

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?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

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 Niranjani's Practice (Victoria Medical Centre) on 11 and 18 May 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Niranjani's Practice (Victoria Medical Centre) on our website at www.cqc.org.uk.

We rated the practice good for providing a caring and responsive service and requires improvement for providing an effective and well led service. The practice was found inadequate for providing a safe service and was issued with requirement notices for regulation 12 HSCA (RA) Regulations 2014, safe care and treatment due to a lack of staff training for areas such as safeguarding and chaperoning. The practice also received a requirement notice for regulation 17 HSCA (RA)

Regulations 2014 good governance due to no significant events recording procedure, no adult safeguarding policy and infection prevention and control procedures were in need of update.

We carried out an announced comprehensive inspection at Dr Niranjani's Practice (Victoria Medical Centre) on 16 January 2017. Overall the practice was rated as requires improvement. The practice received requirement notices for Regulation 12 (safe care and treatment) and Regulation 17 (good governance) HSCA (RA) Regulations 2014 due to the absence of a defibrillator without an appropriate risk assessment in place, not putting plans in place to address poor patient outcomes, and not identifying and supporting carers.

We carried out a further announced comprehensive inspection on 11 October 2017. Overall the practice is rated as good.

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

Summary of findings

- Some risks to patients were not always being managed effectively. For example, the practice had purchased a defibrillator since the last inspection in January 2017 but had not trained staff in its use.
- There was a system for recording significant events; however we were not assured that all events were being recorded. The GP gave an example of an event where a fax to hospital for a patient referral had gone missing but this was not recorded in the significant events log.
- Data showed some outcomes for patients with diabetes and mental health were low compared to the national average. There was evidence of some improvement however and the practice had produced an action plan to ensure further improvement.
- When we inspected in January 2017 there was no schedule in place for the cleaning of handheld clinical equipment such as spirometer, nebulizer or ear irrigator. This has still not been implemented.
- The practice had a system in place to identify and support patients who were also carers but numbers were low.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were carried out. Patients always received an apology.
- Clinical audits had been carried out, and there was evidence that they were driving improvements to patient outcomes.

- Patients said they were treated with compassion, dignity and respect. They felt cared for, supported and listened to.
- Information about services was available in formats where everybody would be able to understand or access it
- The practice had a number of policies and procedures to govern activity.

The areas in which the practice must make improvements are:

- Ensure care and treatment is provided in a safe way to patients

The areas where the provider should make improvements are:

- Continue to monitor and improve outcomes for patients with diabetes and mental health, and the number of children receiving childhood immunisations.
- Ensure carers are identified and that systems are put in place to support them.
- Continue to look at ways to improve the scores from the national patient survey by making improvements

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 requires improvement for providing safe services.

Requires improvement



- Some risks to patients were not always assessed and managed. For example, the practice had purchased a defibrillator since the last inspection in January 2017 but had failed to train staff in its use. The use of the defibrillator had not been integrated into the existing practice emergency procedures. We were advised after the inspection that training would take place in February 2018.
- Portable electrical equipment testing was in need of renewal and at the time of inspection there was no log of the cleaning of handheld clinical equipment. We were provided with evidence after the inspection of a cleaning log implemented in November 2017.
- There was a system in place for reporting and recording significant events. However we were not assured that all significant events were being recorded.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed some outcomes for patients with diabetes and mental health conditions were lower than the national average. The practice had produced an action plan to address this and some improvement had been noted.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

- The practice had a system in place to identify and support patients that were also carers. However the practice had identified less than 1% of patients as carers which had remained unchanged since our last inspection in Jan 2017
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. However some had fallen since the last national survey and CQC inspection. For example, 76% (compared to 90% previously) of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 86%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

Good



Summary of findings

- There was an understanding of the practice performance and a governance framework in place. The practice was aware of the low outcomes for diabetes and mental health conditions and had put a plan in place to improve patient outcomes. .
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities and were working towards it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had a system in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken. However there was some confusion over the recording of some significant events.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had recently developed a virtual patient participation group (PPG) who were currently working on a questionnaire to be used as the basis for improvement in the practice.

Summary of findings

The six population groups and what we found

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

Older people

The provider was rated as good for providing services to older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients were signposted to local exercise and slimming groups to help maintain their ongoing health.

Good



People with long term conditions

The provider was rated as good for providing services to people with long term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for some diabetes related indicators were below the CCG and the national average. 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.

Good



Families, children and young people

The provider was rated as good for providing services to families, children and young people

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were lower than the national benchmark of 90% for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 79% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

The provider was rated as good for providing services to working age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services including booking appointments and requesting repeat prescriptions.
- A full range of health promotion and screening that reflected the needs for this age group was available.

Good



People whose circumstances may make them vulnerable

The provider was rated as good for providing services to people whose circumstances may make them vulnerable.

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

Good



People experiencing poor mental health (including people with dementia)

The provider was rated as good for providing services to people experiencing poor mental health (including people with dementia).

Good



Summary of findings

- Performance for mental health related indicators were mixed compared to the CCG and to the national average. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 86%, compared to the CCG average of 91% and the national average of 90%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 86%, compared to the CCG average of 80% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing in line with local and national averages. Three hundred and fifty six survey forms were distributed and 109 were returned. This represented 2% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 64% 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 62% national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and the national average of 85%.

- 79% 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 68% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. Patients commented that they were happy with the service provided and they were treated with dignity and respect by the caring and professional staff.

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

Areas for improvement

Action the service **MUST** take to improve

- Ensure care and treatment is provided in a safe way to patients.

Action the service **SHOULD** take to improve

- Continue to monitor and improve outcomes for patients with diabetes and mental health, and the number of children receiving childhood immunisations.

- Ensure carers are identified and that systems are put in place to support them.
- Continue to look at ways to improve the scores from the national patient survey by making improvements

Dr N Niranjn's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr N Niranjn's Practice

Dr N Niranjn's Practice (also known as Victoria Medical Centre) is a practice located in the London borough of Barking and Dagenham. The practice is part of the NHS Barking and Dagenham Clinical Commissioning Group (CCG) which is made up of 40 practices. It currently holds a General Medical Service (GMS) contract and provides NHS primary care services to 4435 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The practice does not have a large older population (5% compared to the local average of 15%) and 64% of the population is under the age of 18 (compared to the local average of 52%). The practice is situated within a purpose built health centre. Consulting rooms are on two levels with stairs and a lift available for those patients with impaired mobility or who have young children. There are currently five GPs (three male and two female) offering a total of 23 sessions per week, a practice nurse, clinical co-ordinator (who is also employed as a healthcare assistant), administrative staff and a practice manager.

The practice is open between 8am and 6.30pm on week days. Appointments are from 8.30am to 1.00pm every morning and 3.00pm to 6.30pm daily. Extended hours

surgeries are offered on Monday and Friday between 6.30pm and 7.30pm. The practice opted out of providing an out of hours service and refers patients to the local out of hours service or the '111' service.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services and the treatment of disease, disorder or injury.

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

Why we carried out this inspection

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

The practice was previously inspected in May 2015 and received an overall rating of requires improvement. We rated the practice good for providing a caring and responsive service and requires improvement for providing an effective and well led service. The practice was found inadequate for providing a safe service and was issued with requirement notices for regulation 12 HSCA (RA) Regulations 2014, safe care and treatment due to a lack of staff training for areas such as safeguarding and chaperoning. The practice also received a requirement

Detailed findings

notice for regulation 17 HSCA (RA) Regulations 2014 good governance due to no significant events recording procedure, no adult safeguarding policy and infection prevention and control procedures were in need of update. We were provided with an action plan by the practice that addressed the issues involved.

We carried out a second announced comprehensive inspection on 16 January 2017. Overall the practice was rated as requires improvement. The practice received requirement notices for Regulation 12 (safe care and treatment) and Regulation 17 (good governance) HSCA (RA) Regulations 2014 due to the absence of a defibrillator without an appropriate risk assessment in place, not putting plans in place to address poor patient outcomes, and not identifying and supporting carers.

We carried out a follow up inspection in October 2017 to check whether the service was now compliant. We found that the practice had done some work to fulfil the requirement but work was still needed.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2017. During our visit we:

- Spoke with a range of staff (GP partners, nurse, clinical coordinator, interim practice manager and administrative) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

When we inspected in January 2017 we rated the practice required improvement for providing a safe service. The practice had taken action to address the concerns from the previous inspection in May 2015 however we found other areas that required improvement. The practice did not have a defibrillator on site and had not produced a risk assessment to address the need for this, portable electrical equipment had not been tested and the practice did not have a log for the cleaning of handheld clinical equipment.

Whilst some of these arrangements had improved when we undertook a follow up inspection on 11 October 2017 we found other areas of concern. The practice is still rated as requires improvement for providing safe services.

Safe track record and learning

There was a system in place for reporting and recording significant events, however we were unsure as to whether it was being used effectively.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

When we reviewed the practice significant events folder we found that there had been none recorded since the last inspection in January 2017. There was evidence of sharing of significant events from 2016 in practice meeting minutes. When we asked staff about significant events recording we were not assured that all significant events were being recorded. We were informed by a member of clinical staff that an incident occurred where a fax sent to the hospital for a patient referral went missing. However, there was no

evidence that this had been reported and investigated through the practice reporting system. When asked about this there was some confusion between staff as to what had happened with the reporting of this incident.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Both child protection and adult safeguarding policies were available and were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All contact details were up to date. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3. Non clinical staff had received level 1 training.
- All staff who acted as chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check. DBS A notice in the waiting room advised patients that chaperones were available if required.
- The practice had some systems in place to maintain standards of cleanliness and hygiene. We observed the premises to be clean and tidy. At the inspection in January 2017 we viewed cleaning schedules for the cleaning of the premises but there was no cleaning schedule for the cleaning of hand held clinical equipment such as spirometer, nebuliser and ear irrigator. When we re inspected in October 2017 we found that a cleaning schedule had still not been put in place. When asked, the practice stated that this had not been done and that they would set up the system. We were provided with evidence following the inspection of a cleaning log commencing November 2017. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to

Are services safe?

keep up to date with best practice. The practice had an up to date infection control policy. Staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there was a system in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed personnel files for those employed since the last inspection on January 2017 and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

assessments and carried out regular fire drills. At the last inspection in January 2017 we found that portable electrical equipment had not been tested to ensure the equipment was safe. At the inspection in October 2017 we were shown evidence that these tests had been undertaken in March 2017 and were up to date. Clinical equipment was checked in March 2017 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice did not use bank staff but offered extra shifts to existing staff when needed.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- At the inspection in January 2017 we found that the practice did not have defibrillator available on the premises and had not carried out a risk assessment as to the impact of not having a defibrillator on site. When we inspected in October 2017 the practice had purchased a defibrillator, however not all staff had been trained to use it and there was no policy for its use. We were informed after the inspection that training in the use of the defibrillator would be taking place in February 2017.
- Oxygen was available with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met 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 showed that the practice achieved 84% of the total number of points available. The practice had a total exception rate of 3% compared to the Clinical Commissioning Group (CCG) average of 8% and the national average of 10% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2016/2017 showed:

- Performance for diabetes related indicators were below the CCG and the national average. For example:
 - The percentage of patients in whom the last blood sugar level was 64 mmol/mol or less was 85%, compared to the CCG average of 90% and the national average of 91%.
 - The percentage of patients in whom the last blood pressure reading was 140/80 mmHg or less was 71%, compared to the CCG average of 79% and the national average of 78%.

- The percentage of patients whose last measured total cholesterol was 5 mmol/l or less was 65%, compared to the CCG average of 75% and the national average of 79%.
- The percentage of patients with a record of a foot examination and risk classification was 89%, compared to the CCG average of 92% and the national average of 90%.
- Performance for mental health related indicators were mixed compared to the CCG and to the national average. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 86%, compared to the CCG average of 91% and the national average of 90%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 86%, compared to the CCG average of 80% and the national average of 84%.
- Performance for other health related indicators were comparable to the CCG and the national average. For example:
 - The percentage of patients with atrial fibrillation with CHADS2 score of 1 who were currently treated with anticoagulation drug therapy or an antiplatelet therapy was 82%, compared to the CCG average of 84% and the national average of 87%.
 - The percentage of patients with asthma who had an asthma review that included an assessment of asthma control using the RCP three questions was 79%, compared to the CCG average of 77% and the national average of 77%.
 - The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 85%, compared to the CCG average of 86% and the national average of 90%.

The practice was aware of the low scores and the GPs along with the clinical coordinator were currently meeting regularly to review the results in order to monitor an existing action plan and implement any

Are services effective?

(for example, treatment is effective)

further plans to improve the results. There had been a slight improvement in performance between the inspection in January 2017 and the inspection in October 2017 with the practice attaining 84% of QOF points in 2016/2017 compared to 80% in 2015/2016. We also found that improvement had been made to the two main areas of concern, diabetes and mental health indicators, since the inspection in January 2017. For example:

- The percentage of patients in whom the last blood sugar level was 64 mmol/mol or less was 85% (compared to 54% in 2015/2016).
- The percentage diagnosed with dementia whose care had been reviewed in a face to face review was 86% (compared to 50% in 2015/2016).

There was evidence of quality improvement including clinical audit.

- We saw evidence that there had been two clinical audits undertaken since the last inspection in January 2017, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit was undertaken to ensure that patients with COPD had been prescribed the correct inhaler, and if on the combination inhaler, whether a suitable alternative had been tried due to any adverse effects. In the first audit cycle (2015), 14 patients were identified as using the combination inhaler and none were reporting any adverse effects. When the audit was repeated in 2016, nine patients were identified with COPD. Three of the nine patients were stable and no changes made but were referred for smoking cessation, and two of the patients had a COPD exacerbation in the preceding 12 months so were kept on the combination inhaler. The remaining patients were on alternative medication. The audit highlighted the need to ensure that awareness was raised to ensure patients were receiving the correct COPD medication. It also highlighted the importance of ensuring inhaler technique and the referral for smoking cessation.

Effective staffing

Staff had the skills, knowledge and experience 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.
- 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.
- All staff had received appropriate training that included: safeguarding, child protection, chaperoning (for those on the practice chaperone list) 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.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients

Are services effective?

(for example, treatment is effective)

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

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

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 to the relevant service.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 79% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme

by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Latest figures showed that 61% of female patients attended the breast screening programme (compared to the CCG average of 60%), and 38% of patients attended the bowel screening programme (compared to the CCG average of 43%).

Childhood immunisation rates for the vaccinations given were below the national standard of 90% For example,

- The percentage of children aged 1 with a full course of recommended vaccines completed was 76%.
- The percentage of children aged 2 with the Measles, Mumps and Rubella (MMR) vaccination was 81%.
- The percentage of children age 5 who had received the MMR dose 1 was 88% (CCG average of 87%), and MMR dose 2 was 58% (CCG average of 72%).

The practice was aware of the low results for the childhood immunisations and had produced an action plan in order to improve these scores.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 35 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses; however the scores of the latest survey published in July 2017 have fallen for some of the questions asked. For example:

- 81% (compared to 87% previously) of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 85% (compared to 87% previously) of patients said the GP gave them enough time compared to the CCG average of 77% and the national average of 86%.
- 92% (compared to 89% previously) of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 91% and the national average of 95%.
- 76% (compared to 90% previously) of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 86%.

- 86% (compared to 88% previously) of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 77% (compared to 87% previously) of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

The practice was aware of the poor scores and had produced an action plan to address the concerns. This included implementing their own patient survey to gauge patient feedback. For example of the 11 patients that completed the survey in September 2017, 89% stated that they were involved in decisions about their care and treatment. The practice were continuing to evaluate the ongoing survey on a monthly basis.

Care planning and involvement in decisions about care and treatment

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

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

- 81% (compared to 89% previously) of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 72% and the national average of 82%.
- 81% (compared to 86% previously) of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 72% and the national average of 82%.
- 80% (same as previously) of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 85%.

Are services caring?

The practice was aware of the reduced scores and had produced an action plan to address the concerns. This included implementing their own patient survey to gauge patient feedback.

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

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

Patient and carer support to cope emotionally with care and treatment

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

At our inspection in January 2017 the practice could not identify the number of carers that they had at the practice due to patients not being coded on the system. When prompted, the practice could identify some individual patients who could be classed as carers but there was no register in existence. There were no services available to carers such as early flu vaccinations or health reviews. The practice agreed that this was an area of work that was in need of development and stated that they would put plans in place to identify and support carers. When we inspected in October 2017 the practice had identified 13 carers (less than 1% of the practice list) and were working on improving the number. The practice had started a carer's register and were offering flu vaccinations and routine health checks for carers in addition to referring carers to a local carer's forum.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered an extended hour's clinic on a Monday and Friday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for patients who would benefit from these.
- The practice operated a GP led triage system to enable patient's faster access to appointments and to help reduce admissions to accident and emergency.
- Patients with chronic conditions were offered health advice and if appropriate a referral to exercise and slimming groups.
- Female patients were booked with an appropriate GP to meet their cultural needs.
- Patients were able to book an appointment with the same GP which provided continuity of care.
- The practice met with working age patients for opportunistic health intervention which enabled patients to identify health issues at an early stage so they were managed before they escalated.
- An NHS psychiatrist held a clinic for patients on the mental health register.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice provided a full sexual health and contraception service.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm every morning and 3pm to 6.30pm daily. Extended hours surgeries were offered on Monday and Friday between 6.30pm and 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 76%.
- 61% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 71%.

The practice was aware of the low score for patients not being able to get through by telephone easily. In order to address this matter they had rearranged staff duty times to answer phones so more staff were available. We viewed evidence that the number of complaints regarding telephone access had reduced. Online booking of appointments is also now available.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- 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 including complaints leaflet and information on display in the practice.

At the inspection in January 2017 we looked at four complaints received in the last 12 months and found they were responded to in line with the practice policy. Lessons

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

were learnt 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. At the inspection in October 2017 we noted that no complaints had been recorded by the practice.

Are services well-led?

Good 

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

Our findings

When we inspected in January 2017 we found that the practice did not have a comprehensive understanding of practice performance and had failed to address low patient outcomes, particularly for patients with diabetes and mental health and failed to put a plan in place.

At our inspection in October 2017 we found that the understanding of practice performance had improved and systems had been put in place to identify and manage poor performance. Improvement was being monitored by the practice.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

At the inspection in January 2017 we found that the governance of the practice required further development. We could not be assured that there was a comprehensive understanding of practice performance as the practice had failed to address low patient outcome QOF scores, particularly for patients with diabetes and mental health conditions, and childhood immunisation results. There was no plan in place to improve the outcomes for these patients.

When we inspected in October 2017 we found that our concerns had been largely addressed, and noted that the practice were still working on some issues. Regular governance meetings were being held to ensure practice performance was addressed and plans for improvement were monitored.

- The practice was aware of the performance of the practice and had implemented systems to ensure that outcomes for patients improved.
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.

- Practice specific policies were implemented and were available to all staff.
- We saw that clinical and internal audit was used to monitor quality and to make some improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However we were not assured that all significant events had been appropriately recorded.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were 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

Are services well-led?

Good 

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

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

- When we inspected in January 2017 the PPG was currently developing a patient survey based on the national patient survey which was to be issued in February 2017. We found when we inspected in October

2017 that the questionnaire was being used on a monthly basis to capture the views of patients. The PPG was also organising social events based at the surgery to build relations between staff and patients.

- The practice had gathered feedback from staff through practice meetings and staff appraisals. 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.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to:</p> <ul style="list-style-type: none">• provide training to staff in the use of the defibrillator.• Identify and record significant events. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>