

Dr Rajesh Pandey

Quality Report

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

Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		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 of Dr Rajesh Pandey on 8 December 2015. The practice was rated as inadequate overall and in safe, well-led and requires improvement in effective and responsive and good in caring. We issued warning notices against Regulation 11 (Need for consent), Regulation 12 (safe care and treatment), Regulation 17 (good governance), and Regulation 19 (fit and proper persons employed). We undertook a focused follow up inspection on 6 April 2016 to check progress against the warning notices and saw evidence of improvements. A second comprehensive inspection was undertaken on 31 August 2016. The practice was rated as good in all domains and overall.

During this inspection we noted many areas of significant improvement in patient care.

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

- The practice had taken action to address risks and make improvements. Improvements were seen in recruitment, infection control, engagement with patients, fire safety, the use of equipment and the management of incidents.
- Improvements were seen in relation to the management of medicines.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. There was evidence of discussion and learning, however the system was still being embedded and evidence of reviews was limited.
- There was evidence of patients receiving an apology when things went wrong and a patient apology template was available.
- Data showed patient outcomes were comparable to the national average. There was evidence of audits being carried out to drive improvements to patient outcomes.
- Staff generally had training and appraisals with personal development plans to support them to carry out the duties of their roles and we saw improvements in this area. There was evidence of clinical staff training

Summary of findings

to improve patient outcomes and experience and the practice manager had commenced a practice management course. However, one member of staff had received no mandatory training and no appraisal.

- There was evidence of effective multi-disciplinary working and engagement with other services.
- Patients said they were treated with compassion, dignity and respect.
- The practice had taken action to improve engagement with patients through the development of a PPG (patient participation group). Improvements had been implemented as a result of this engagement. Action, including additional GP training had been taken by the practice to improve patient experience of GP consultations as a result of the national GP patient survey.
- The practice had a number of policies and procedures to govern activity, but they did not always reflect practice within the service.
- The practice had improved safeguarding training and had developed a child safeguarding policy. There was also a safeguarding vulnerable adult's policy in place.
- The practice provided flexible appointments, including extended hours and walk in appointments.

- The practice had a complaints policy in place although there was no record of verbal complaints and only one written complaint that had been received by NHS England. Information for patients on how to complain was included in a patient information leaflet.
- There was evidence of improved communication and action taken as a result of concerns raised.

The areas where the provider should make improvements are:

- Ensure that all significant events and complaints including verbal complaints and subsequent actions are recorded and reviewed and that all staff participate in the end to end process.
- Ensure that policies used are aligned with practice.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service and the hard work the practice had undertaken to make improvements following their previous inspection.

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



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, the process was managed closely by the practice manager who completed the relevant record rather than the person reporting the incident. There was evidence of discussions in team meetings and learning being used to improve safety.
- The practice had safeguarding children and vulnerable adult's policies in place and there was evidence that clinical staff had access to appropriate external contacts and were aware of how to raise concerns outside of the practice.
- There were improvements made to how risks were assessed within the practice and action taken to address these. For example in terms of fire safety, infection control and medicines management.
- Improvements had been made to safeguarding within the practice and staff had received relevant safeguarding training, however there was no safeguarding policy specific to vulnerable adults although staff had access to the relevant external contact information relating to this.
- The practice had purchased a defibrillator and oxygen was available within the practice. Staff had been trained in dealing with emergencies including basic life support.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- 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 with the exception of one member of the administrative team.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Summary of findings

- Improvements had been made to how informed consent was made and recorded within the practice. The GP had attended specific training in this and a policy had been developed.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparably to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had worked towards identifying patients who were carers and were working towards developing specific areas of support for them; there was information available for carers.

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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had carried out a disability access assessment and as a result had taken action that included widening a ramp into the practice to ensure better access for disabled patients.
- Information about how to complain was available in the form of a poster and information for patients on expected response timelines was included in the practice information leaflet. There were limited complaints to demonstrate learning and how this was shared.

Good



Are services well-led?

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

- Improvements had been made consistently across all areas identified during a previous inspection.

Good



Summary of findings

- Policies and procedures had been adopted from an external provider although these did not always reflect the practice being undertaken.
- Significant events were recorded and learning identified, however these were recorded in an incident book with the significant event record being completed by the practice manager at the point when the incident was discussed at a staff meeting.
- There were minimal complaints within the practice. There was no evidence of verbal complaints, comments and feedback being recorded or reviewed.
- One member of the administrative team had not received any mandatory training or an appraisal.
- The practice had made improvements in their risk management, health and safety, infection control and medicines management systems and processes.
- The practice had developed a patient participation group with five members that was active and engaged. There was evidence of improvements having been made as a result of this.
- Communication with staff had improved within the practice with regular meetings taking place. Staff told us they felt listened to and were happy with the progress the practice was making to improve.
- Action had been taken to improve the systems, processes and culture within the practice with clear evidence of improvement. The practice had ensured that training opportunities were accessible to improve both clinical practice and the management and leadership of the practice. They had engaged with external organisations and agencies to make the necessary improvements.

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 practice is rated as good for the care of 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.
- The practice carried out annual reviews for patients over the age of 75 to help avoid hospital admissions.

Good



People with long term conditions

The practice is rated as good for the care of 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 diabetes related indicators at 86.9% was similar when compared to the national average of 89.2%. This was slightly improved compared with the previous year's result of 83.7%.
- 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

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

Good



Summary of findings

- The practice's uptake for the cervical screening programme was 77.5%, which was comparable to the CCG average of 76.9% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Working age people (including those recently retired and students)

The practice is rated as good for the care of 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.
- There were extended hours appointments available once a week between 6.30pm and 8.00pm that could be accessed by this group of patients after work.

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group including travel immunisations.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including 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 practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

Good



Summary of findings

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Performance for mental health related indicators at 100% was better compared to the national average of 92.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. 290 survey forms were distributed and 109 were returned. This represented 4% of the practice's patient list.

- 94% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 85% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 70% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards which were all positive about the standard of care received. We were told that staff were caring, compassionate and friendly and that the GP was understanding and involved them in their care.

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

Dr Rajesh Pandey

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 and a practice manager specialist adviser.

Background to Dr Rajesh Pandey

Dr Rajesh Pandey offers general medical services to people living and working in Hastings.

Dr Rajesh Pandey is a single handed practice with one GP providing 10 sessions a week and locum cover for holiday and training cover. There are approximately 2700 registered patients.

The surgery is open from 08:00am to 6:30pm Monday to Friday. Appointments are available via a walk in service between 8.45am and 10.30am from Monday to Friday and appointment only sessions on a Monday, Tuesday, Thursday and Friday from 4.00pm to 6.00pm. Extended hours surgery appointments are available between 6.30pm and 8.00pm on a Tuesday by appointment.

There is a full time practice manager, a part time practice nurse working four hours a day, four days a week between 8.30am and 12.30pm, and four administrative/reception staff.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

83 Priory Road,

Hastings,

East Sussex,

TN34 3JJ.

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

The practice population has a marginally higher number of patients under the age of 18 and fewer patients over the age of 65 compared with the England average. The practice population also has a slightly higher number of patients compared to the national average with a long standing health condition, those with health related problems in daily life and those claiming a disability allowance. The practice population has more than twice the levels of unemployment compared to the national average.

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 had previously been inspected in December 2015 where they were found to be inadequate in safe and well led services and overall, requires improvement in effective and responsive services and good

Detailed findings

in caring. A focussed inspection to follow up on warning notices issued after the December 2015 inspection had been carried out in April 2016 and some improvements noted during this process.

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 31 August 2016. During our visit we:

- Spoke with a range of staff including the GP, practice manager, nurse and reception staff 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

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was an incident book accessible to all staff where incidents were recorded. Staff knew their responsibilities for reporting incidents and near misses and there was a notable improvement in the recording of incidents since a previous inspection in December 2015. Significant events were recorded and learning identified, however these were recorded in an incident book with the significant event record being completed by the practice manager at the point when the incident was discussed at a staff meeting.
- There was no section on the form that supported the recording of notifiable incidents under the duty of candour although we did see evidence of apologies being given when things went wrong. (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). The practice also had in place a patient apology template they used when providing written apologies.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of individual significant events and we saw that each event had a review date to indicate that they would be reviewed within the year. We did not see evidence of this review as the process was newly implemented and not yet embedded within the practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an error relating to the administration of an immunisation had been appropriately reported and an

apology had been given. In addition a reflective statement had been recorded and as a result the practice had increased the appointment time allocated to staff involved in the administration of immunisations.

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. There were child safeguarding and vulnerable adults policies in place. Policies were accessible to all staff via the computer system although on the day of inspection it took time to locate where they were stored in the system. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. In the case of vulnerable adults clinical staff had access to the relevant contact numbers although these were not included in a policy within the practice. The GP was the lead member of staff for safeguarding. The GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. During the December 2015 inspection it was identified that not all staff had received training in safeguarding. In August 2016 we saw that staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. The GP and practice nurse were trained to child protection or child safeguarding level 3.
- 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). This was an area of improvement since the December 2015 inspection where not all staff undertaking chaperone duties had received a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Significant action to improve cleanliness by reducing clutter within the practice had

Are services safe?

been taken since the December 2015 inspection and the cleaning contract had been increased with clear cleaning schedules in place. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. For example, they had arranged a visit with the CCG infection control lead who had advised the practice and the nurse was attending a local infection control forum. There was an infection control protocol in place and 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). Improvements had been made in terms of medicines storage since the December 2015 inspection with vaccinations fridges now locked and kept in the nurse's room as opposed to a patient accessible corridor. Processes were in place for handling repeat prescriptions which now also 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 were systems 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.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were 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. The practice had improved their fire safety systems since their previous inspection. There was an up to date fire risk assessment, staff had attended fire training and the practice carried

out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had developed 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). Since a focused follow up inspection in April 2016 the practice had taken action to address the issues raised in their legionella risk assessment that had been undertaken in January 2016. The practice had made improvements since December 2015 in relation to clinical equipment having been replaced so as to ensure it was fit for purpose and risks associated with the use of the old equipment had been subsequently effectively managed.

- 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. For example, reception staff would cover for each other and there was some holiday cover for the nurse. This was an area that the practice was working on to improve due to the challenges of finding GP cover.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had purchased a defibrillator and there was now oxygen available on the premises 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.

Are services safe?

- 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 were 96.2 % of the total number of points available. Exception reporting was comparable to local and national average. (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 2014/15 showed:

- Performance for diabetes related indicators at 86.9% was similar when compared to the national average of 89.2%. This was slightly improved compared with the previous year's result of 83.7%.
- Performance for mental health related indicators at 100% was better compared to the national average of 92.8%.
- Performance for asthma related indicators at 100% was similar when compared to the national average of 97.4%.
- Performance for dementia related indicators at 76.9% was worse when compared to the national average of 94.5%.

There was evidence of quality improvement including clinical audit.

- There had been one clinical audit completed in the last year. This was a two cycle audit with a third cycle planned for later in the year. Results to date had led to improved monitoring of patients receiving diuretic therapy in primary care. The practice had plans for further clinical audits to begin later in the year and had taken part in a CCG led emergency cancer presentation audit that was aimed at improving cancer detection rates in the local area.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the action to improve the quality of patient records.

Information about patients' outcomes was used to make improvements such as taking action to improve dementia screening in line with national guidelines.

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. The practice nurse had attended relevant training in a number of areas including cervical cytology, childhood immunisations and ear syringing.
- 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 with clinical staff.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Improvements had been made since December 2015 and staff had access to appropriate training to meet their learning needs and to

Are services effective?

(for example, treatment is effective)

cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. Most staff had received an appraisal within the last 12 months, this included personal development plans. However, one member of staff working in a summariser role for a few hours a week had not received an appraisal or attended mandatory training.

- Most 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.

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a bi-monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice worked closely with the local substance misuse service to run a clinic based at the practice.

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. There was evidence of discussions around best interest decision making for patients who did not have capacity and the GP had a good understanding of Deprivation of

Liberty Safeguards (Deprivation of Liberty Safeguards are a set of checks that aims to make sure that any care that restricts a person's liberty is appropriate and in their best interests).

- 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.
- During the December 2015 inspection it was identified that informed consent for minor procedures such as joint injections was not sought or recorded. Since then the GP had attended training around consent and appropriate record keeping and had adopted a consent policy and record for use within the practice. However, at the time of the August 2016 inspection joint injections were not being undertaken and the practice had no current plans to recommence.

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 and general lifestyle issues. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77.5%, which was comparable to the CCG average of 76.9% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to

Are services effective?

(for example, treatment is effective)

under two year olds ranged from 97% to 100% compared with the CCG average of 91% to 96% and five year olds from 89% to 96% compared with the CCG average of 92% to 96%.

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 28 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 two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The GP had attended a learning module on effective consulting in order to improve their consultation scores in relation to the GP patient survey.

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.
- Care planning templates were used that included sections for discussions with patients and carers.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 32 patients as carers (1% of the practice list). The practice manager had

undertaken a carer's course and was in the process of developing support for patients who are carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them. This call was followed by a patient consultation at a flexible time 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 a combination of walk-in service and appointment based services on a daily basis to meet patient's needs.
- Extended hours surgery appointments are available between 6.30pm and 8.00pm on a Tuesday by appointment
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice had improved disabled access to the surgery since the December 2015 inspection. For example, they had undertaken a disability access risk assessment and as a result had widened the ramp at the entrance to the building, reduced the depth of steps out of the building and had created a more accessible space within the nurse's room.
- The practice hosted a substance misuse clinic at the practice on a fortnightly basis where patients registered with the practice could be reviewed by a substance misuse specialist nurse.

Access to the service

The surgery is open from 08:00am to 6:30pm Monday to Friday. Appointments are available via a walk in service between 8.45am and 10.30am from Monday to Friday and appointment only sessions on a Monday, Tuesday, Thursday and Friday from 4.00pm to 6.00pm. Extended hours surgery appointments are available between 6.30pm and 8.00pm on a Tuesday by appointment. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were 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.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 94% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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 a system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that posters in the waiting area informed patients how to complain and there was a practice information leaflet that included information about response timelines.

We looked at one complaint received in the last 12 months and found that this had been made to NHS England. The practice had worked closely with NHS England through the process of review and action taken as a result included the GP undertaking additional training to improve their record keeping. This showed that lessons were learnt from individual concerns and complaints although there were limited complaints for analysis of trends to be undertaken.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice did not yet have a documented strategy in place although they had begun the process of discussing the future of the practice, particularly around additional clinical support and ways that this may be introduced.
- Other goals that the practice had identified included enhancing patient involvement through the effective use of the patient participation group, involving staff by learning through shared experience and focusing on disease prevention and health promotion.

Governance arrangements

The practice had improved their overarching governance framework since the December 2015 inspection to support the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was being developed and used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions, for example in relation to fire safety and control of substances hazardous to health.
- Training for lead roles was now up to date, for example in relation to safeguarding and infection control.
- Regular staff meetings took place. These were minuted and included discussions around significant events, infection control, safe management of medicines, information governance and fire safety.
- The practice had improved the confidentiality of patient records by providing locked cupboards.

However, there continued to be some areas where ongoing work was required to continue to improve governance systems and processes;

- Policies and procedures accessed through external providers did not always reflect what was taking place within the practice. For example, the significant event policy did not reflect the action taken by the practice and the reporting form in use was different from the form attached to the policy.
- The process for managing significant events had improved since the previous inspection; however this was an area that needed further work for it to be embedded within the practice. For example, staff did not routinely complete incident reporting forms as this was undertaken by the practice manager. This meant that an opportunity for reflection could be missed.
- While there was evidence of a complaints process within the practice they did not have a process in place for how they addressed and recorded complaints that were dealt with satisfactorily in person at the time they were made. We were given an example of when this type of complaint had occurred but there was no record of this which meant it would not necessarily be included in the identification of trends within the practice.

Leadership and culture

Staff told us the GP and practice manager were approachable and took the time to listen to all members of staff and that there had been improvements in terms of action taken as a result of concerns. Staff consistently told us that a significant amount of progress had been made in terms of making improvements within the practice. The practice had identified areas for improvement and this had included areas where the leadership of the practice could improve. As a result the GP had accessed specific areas of training to improve aspects of the clinical functions of the practice and the practice manager was in the process of beginning a practice management course. Communication had improved within the practice and staff told us they felt listened to and involved.

We saw evidence of patients being informed of incidents and apologies given. The practice had a duty of candour policy in place although this was not linked directly to their significant event policy. (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). While duty of candour references were not included in the significant event reporting form or in the procedure/toolkit used by the practice there was a separate patient apology template for use within the practice. However, not all staff

Are services well-led?

Good 

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

were aware of the process for patient apologies within the practice.. The practice encouraged a culture of openness and honesty. There was evidence that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal or 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 GP 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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and feedback received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the practice had implemented the use of name badges for all staff following a suggestion from the PPG.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and staff informed us they felt this was an area that had improved within the practice. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team had taken action to address areas identified for improvement in a previous inspection. There were a number of areas where the practice had taken part in local initiatives to improve outcomes for patients. For example in relation to their hosting of a regular substance misuse clinic and their participation in a CCG led audit of emergency cancer presentations to improve cancer detection rates within the area.