

# Dr Nisha Pathak

## Quality Report

Primary Care Centre  
6 High street  
West Bromwich  
B70 6JX  
Tel: 0121 612 2500  
Website:

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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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Nisha Pathak practice on 23 March 2016. Overall the practice is rated as requires improvement.

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

- Patients said they found it difficult to make an appointment with a named GP which affected continuity of care, the practice was endeavouring to improve access and continuity of care and we saw evidence that they were recruiting an additional GP. Urgent appointments were available the same day.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However the learning from significant events was not consistent.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and improvements were made as a result of complaints and concerns. However the complaint response letter did not contain information signposting patients to other agencies if they were unhappy with the response received from the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice manager had a comprehensive understanding of the performance of the practice, However staff were not involved in discussions about the performance of the practice.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider must make improvement are:

- The provider must ensure that appropriate medicines are available in case of emergencies when undertaking procedures and that prescriptions are managed and stored securely.
- The provider must ensure that patient information is recorded appropriately to enable access to up to date accurate information to support care and treatment.

The areas where the provider should make improvement are:

- The provider should consider communicating the practice vision and strategy with staff.
- The provider should ensure the business continuity plan includes emergency contact numbers for staff.
- The provider should improve access to a named GP to enable continuity of care.

- The provider should consider the administration staffing levels to ensure there are enough staff to provide the necessary services to patients.
- The provider should ensure learning from all significant events is documented to prevent further occurrence and improvements are made.
- The provider should consider contacting families that have suffered a bereavement to provide support and advice.
- The provider should consider providing information on how to escalate complaints that are not satisfactorily resolved.
- The provider should ensure all staff have regular appraisals of their performance, and development needs identified

**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.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example, blank prescription stationery were not securely stored and the practice did not maintain a log of prescription stock numbers.
- The practice had not ensured that appropriate medicines were available in the case of emergencies.
- The practice did not ensure that information in relation to care and treatment was accessible in order to deliver patients' care safely.
- There was an effective system in place for reporting and recording significant events. However not all significant events were discussed 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

**Requires improvement**



### Are services effective?

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

- Staff had the skills, knowledge and experience to deliver effective care and treatment. However not all staff had received appraisals or had personal development plans.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Requires improvement**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice above average 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.

## Are services responsive to people's needs?

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

- Data from the national GP patient survey showed patients rated the practice above average 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.

**Requires improvement**



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- All staff had received inductions but not all staff had received regular performance reviews, or had the opportunity to provide feedback through practice meetings and they did not feel involved and engaged to improve how the practice was run
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it.

**Requires improvement**



# 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 requires improvement for the care of older people.

The provider was rated as requires improvement for the delivery of safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 premises were accessible to patients with mobility difficulties.

**Requires improvement**



### People with long term conditions

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

The provider was rated as requires improvement for the delivery of safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- 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 was 98.5% which was above the national average of 89%.
- Longer appointments and home visits were available when needed.
- Patients had an annual review to check their health and medicines needs were being met. However patients told us on the day of the inspection that access to a named GP was not always available.

**Requires improvement**



### Families, children and young people

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

**Requires improvement**



# Summary of findings

The provider was rated as requires improvement for the delivery of safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- 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.
- The practice's uptake for the cervical screening programme was comparable to the CCG and national average.
- There was limited availability for appointments outside of school hours.
- The premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses.

## **Working age people (including those recently retired and students)**

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

The provider was rated as requires improvement for the delivery of safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The practice offered an online appointment booking service.
- The practice offered full range of health promotion and screening that reflects the needs for this age group.
- The age profile of patients at the practice is mainly those of working age, students and the recently retired but the services available did not fully reflect the needs of this group, the practice did not offer a telephone triage service and extended or normal hours were limited

**Requires improvement**



## **People whose circumstances may make them vulnerable**

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

The provider was rated as requires improvement for the delivery of safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



# Summary of findings

- The practice held a register of patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice 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.

## People experiencing poor mental health (including people with dementia)

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

The provider was rated as requires improvement for the delivery of safe, effective, responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- Performance for mental health related indicators was 88.5% which was below the national average of 93%.
- The practice 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Requires improvement**





# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was below the local and national averages in many areas. 398 survey forms were distributed and 90 were returned. This represented a 23% response rate.

- 73% 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 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 54% 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 78%.

- 73% of patients found it easy to get through to this practice by phone compared to the national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 61 comment cards, 46 were positive about the standard of care received, 15 raised concerns about the waiting times and the ability to get an appointment.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Three patients stated that it was difficult getting an appointment and that they had to wait a long time to be seen.

## Areas for improvement

### Action the service **MUST** take to improve

- The provider must ensure that appropriate medicines are available in case of emergencies when undertaking procedures and that prescriptions are managed and stored securely.
- The provider must ensure that patient information is recorded appropriately to enable access to up to date accurate information to support care and treatment.

### Action the service **SHOULD** take to improve

- The provider should consider communicating the practice vision and strategy with staff.
- The provider should ensure the business continuity plan includes emergency contact numbers for staff.
- The provider should improve access to a named GP to enable continuity of care.

- The provider should consider the administration staffing levels to ensure there are enough staff to provide the necessary services to patients.
- The provider should ensure learning from all significant events is documented to prevent further occurrence and improvements are made.
- The provider should consider contacting families that have suffered a bereavement to provide support and advice.
- The provider should consider providing information on how to escalate complaints that are not satisfactorily resolved.
- The provider should ensure all staff have regular appraisals of their performance, and development needs identified

# Dr Nisha Pathak

## 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 Nisha Pathak

Dr Nisha Pathak is a long established practice located in West Bromwich. The practice have approximately 2600 patients. The practice population had a higher than average number of patients in the 25 to 29 age group. National data indicates that the area does have high levels of deprivation. The premises are shared between two GP practices.

Services to patients are provided under a General Medical Services (GMS) contract used when services are agreed locally with a practice which may include additional services beyond the standard contract. The practice has expanded its contracted obligations to provide enhanced services to patients. An enhanced service is above the contractual requirement of the practice and is commissioned to improve the range of services available to patients.

The clinical team includes one GP and a practice nurse. The GP and the practice manager form the practice management team and they are supported by a team of receptionists who cover reception and administration duties. The practice uses regular locum doctors.

The practice is open for appointments from 9.30am to 12.30pm and 1pm to 3pm Mondays, 9am to 11.30am and

1pm to 3pm Tuesdays, 9.30am to 12am and 2.30pm to 4.30pm and 6.30pm to 8pm Wednesdays, 9am to 12am Thursdays and 9.30am to 2.30pm Fridays. There is no telephone triage at the practice although the GP will take some phone calls. The practice has an agreement with another local practice to see patients with minor ailments, between 2pm to 3pm on Saturdays. When the practice is closed patients are directed to the 'walk in centre' or 111 out of hours.

## 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.

## 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 23 March 2016. During our visit we:

Spoke with a range of staff, GP, practice nurse, practice manager and reception staff and we spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members

# Detailed findings

- 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 staff used an electronic system to record incidents, this was linked directly to the clinical Commissioning Group (CCG). 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 reviewed seven significant events that had occurred in the last year and there was some evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology. However two of the events had no learning outcomes documented. For example, there was a delay in referring a patient for investigations and we did not see documented evidence that this incident had been discussed to ensure improvements were made, however staff told us that the process had been reviewed.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed.

### Overview of safety systems and processes

The practice had 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. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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. The GP and practice nurse were trained to the appropriate level in child safeguarding.

- 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.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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. 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 practice had systems for the management of vaccines. The vaccination fridges were well ventilated and secure and vaccinations were stored within recommended temperatures and temperatures were logged in line with national guidance.
- Processes were in place for handling repeat prescriptions which included the review of blood results before issuing prescriptions for high risk medicines.
- The practice had conducted one medicines audit in the last year, with the support of the local CCG pharmacy teams. There were CCG initiated audits planned.
- Blank prescription stationary was not securely stored and the practice did not maintain a log of prescription stock numbers.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

The hand written consultation notes following visits to patients at home were scanned into the computer system by the reception staff and the practice manager entered these into the computerised patient record system

## Are services safe?

including the medicines component. The medicines information was not transferred into the medicines element of the system. Therefore not enabling a clear audit trail of changes made.

### 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. The practice had up to date fire risk assessments and 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 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 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.
- The defibrillator and oxygen were shared with another practice that shared the premises, there was documented evidence of regular checks. There were adult and children's masks available. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The GP undertook intrauterine device insertion, but there was no Atropine available on the premises and no risk assessment had been undertaken.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan did not include 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.

### 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 99.2% of the total number of points available. Exception reporting was 6.8% compared to the local and national average of 8%. (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 was 98.5% which was above the national average of 89%.
- Performance for mental health related indicators was 88.5% which was below the national average of 92.8%.
- Performance for dementia related indicators was 100% which was better than the national average of 94.5%, however exception reporting for this indicator was 18.2% which was approximately 10% higher than the CCG and national averages.

The practice had completed two clinical audits in the last two years, these were completed audits but we did not see evidence where improvements were made, implemented and monitored.

### 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 completed the diabetic PITSTOP course (this is a programme of training for injectable therapy).
- 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.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work and the GP had support for revalidating. Not all staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training
- The staff morale was low as the regular use of locums and unavailability of the GP created discontent with the patients, this impacted on front line staff.
- There was a rota system in place for reception staff, however some staff told us that there had been occasions when there was not enough staff to cover the rota, due to the reduction in staff hours and staff leaving. The practice had recently recruited new staff but they had not yet completed their induction.

### 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.

# Are services effective?

## (for example, treatment is effective)

- 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 on-going 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 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 82%, which was comparable to the national average of 82%, with an exception rate of 8.7%. 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. National data from March 2015 highlighted that breast cancer screening for 50 to 70 year olds was 80% compared to the CCG average of 69% and the national average of 72%. Bowel cancer screening rates for 60 to 69 year olds was 35% compared to the CCG average of 47% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 30% to 100%, the Meningococcal Meningitis Group C bacteria vaccine was 30% compared to the CCG average of 41% and five year olds from 84.6% to 94.9%.

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 46 patient Care Quality Commission comment cards we received were positive about the care and treatment received. Patients said the 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. The PPG indicated that getting appointments and seeing their own GP was the main concern at the practice. We saw evidence that the practice were actively trying to recruit another GP. Comment cards highlighted that staff responded compassionately when patients 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.

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and a national average of 85%.

However results from the survey were below average for the following indicators.

- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to CCG average of 87% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 81% 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:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and a national average of 82%.

However results from the survey were below average for the following indicators.

- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and a national average of 85%.

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



## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. The GP and staff were multilingual. We saw notices in the reception areas informing patients this service was available.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 61 patients as carers (2.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The new patient questionnaire identified carers. All carers were contacted with an offer to receive the influenza vaccine.

We were informed that the GP does not routinely contact families that had suffered bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had a high prevalence of patients with diabetes, the practice nurse had undertaken additional training and all patients that did not attend appointments were contacted.

- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open for appointments from 9.30am to 12.30pm and 1pm to 3pm Mondays, 9am to 11.30am and 1pm to 3pm Tuesdays, 9.30am to 12am and 2.30pm to 4.30pm and 6.30pm to 8pm Wednesdays, 9am to 12am Thursdays and 9.30am to 2.30pm Fridays. There was no telephone triage at the practice although the GP did take some phone calls. The practice had an agreement with another local practice to see patients with minor ailments, between 2pm to 3pm on Saturdays. When the practice was closed patients are directed to the 'walk in centre' or 111 out of hours.

In addition to pre-bookable appointments could be booked up to four 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 the local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and a national average of 78%.
- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and a national average of 73%.

However results from the survey showed,

- 73% 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 85%.
- 71% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 54% 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 78%.

People told us on the day of the inspection that it was difficult to get appointments when they needed them and that access to a named GP was not always available although urgent appointments were usually available the same day. The practice had an active patient participation group that met.

Appointment times were limited therefore we reviewed the data in relation to attendance at A&E. When compared to other local practices of a similar size we noted that there was a higher than average number of patients accessing A&E. There had been an average of 99 attendees per month compared to between 70 and 78 from other similar practice.

### 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, there were summary leaflets available.

We looked at three complaints received in the last 12 months and found that they were satisfactorily handled, dealt with in a timely way with openness and transparency.

# Are services responsive to people's needs?

(for example, to feedback?)

Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, there was a concern raised about the attitude of clinical staff because they would not prescribe antibiotics. As a result the practice had displayed additional information in the waiting area and provided

educational leaflets for patients, to explain when the use of antibiotics was appropriate. However the complaint response letter did not contain information signposting patients to other agencies if they are unhappy with the response received from the practice.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a vision, strategy and mission statement, this was displayed in the waiting area. Some staff were not aware of their responsibilities in relation to the strategy as they were not involved in discussion regarding developments or continuous improvements proposed for the practice. There was a leadership structure and staff told us that they felt supported by the practice manager

### Governance arrangements

The practice had governance arrangements that outlined the structures and procedures in place.

- There was a staffing structure and staff were aware of their own roles and responsibilities. However staff had not had any input into the vision and strategy.
- Practice specific policies were implemented and were available to all staff.
- The practice manager had a comprehensive understanding of the performance of the practice, however staff had not been involved in these discussions.
- There were arrangements for identifying, recording and managing risk
- The practice had a planned programme of continuous clinical and internal audit initiated by the CCG.

### Leadership and culture

Staff told us they prioritised safe, quality and compassionate care, the practice manager was approachable and staff worked well as a team. However, morale was low as the regular use of locums and unavailability of the GP created discontent with the patients, this impacted on front line 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 practice 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.

Staff told us the practice previously held regular team meetings, but they had not held a meeting since January. Messages were sent via the system and one to one conversations.

- Staff told us they could raise any issues with the practice manager and felt confident in doing so.
- Staff said they felt respected, valued and supported, particularly by the practice manager. Staff told us that they were not involved in discussions about how to run and develop the practice.

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

The practice encouraged feedback from patients and had an active patient participation group (PPG).

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, and submitted proposals for improvements to the practice management team. For example, we saw minutes of meetings where the PPG had raised concerns regarding access to appointments and continuity of care, the practice were actively seeking to recruit a salaried GP.
- Not all staff had received annual appraisals and staff meetings had declined. Staff told us they would not hesitate to discuss any concerns or issues with colleagues and the practice manager. Staff told us they did not feel involved and engaged to improve how the practice was run.

### Continuous improvement

The practice was endeavouring to improve access and continuity of care. The GP had convened with the local federation to assist in the management of access and had initiated the recruitment of an additional GP.

## 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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to:</p> <ul style="list-style-type: none"><li>• Ensure appropriate medicines are available in case of emergencies when undertaking procedures.</li><li>• Ensure that prescriptions are managed and stored securely.</li></ul> <p>This was in breach of regulation 12(2)(b)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to:</p> <ul style="list-style-type: none"><li>• Ensure patient information is recorded appropriately to enable access to up to date information to support care and treatment.</li></ul> <p>This was in breach of regulation 17 (2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>