

# Dr Sunil Maiti (also known as Richmond Medical)

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Richmond Medical on 7 January 2016. Overall the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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 easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff employed by the practice. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate.
- Ensure all staff have the relevant training to carry out their role and responsibilities, for example, staff trained in phlebotomy receive appropriate updates. Ensure all staff receive supervision and appraisal within appropriate timescales.
- Ensure there is a system to monitor the traceability of the prescription paper used in the practice and ensure the prescription paper is stored safely.

# Summary of findings

In addition the provider should:

- Improve the availability of non-urgent appointments.
- Review and update the business continuity plan to take into account information technology based eventualities.
- Improve the sample drop off procedure to ensure the samples are kept in a safe place out of access to the public.

**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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed.
- The recruitment arrangements did not always include all the necessary employment checks for all staff employed by the practice. This included obtaining a Disclosure and Barring Service (DBS) check when appropriate.
- Staff did not always have the relevant training and updates and some staff had not received supervision and appraisal within the appropriate timescales.
- There was no system to monitor the traceability of the prescription paper used in the practice.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the local and national averages.
- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

**Good**



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of the 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 difficult to make some appointments, especially for on the day urgent appointments. Patients could not always make an appointment with a named GP. However, the practice had conducted an audit and had put actions in place to rectify this issue.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.

Good



- 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.

### People with long term conditions

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

Good



- 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 better than the national average for two of the five indicators and below the national average for the remaining three. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 69.78%, below the England average at 77.54%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 76.55% which was below the England average of 78.03%. The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 86.86% with the England average at 94.45%. The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 82.62% with the England average at 80.53%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92.41% with the England average at 88.3%.
- Longer appointments and home visits were available when needed.

# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

The 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.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the three RCP questions (01/04/2014 to 31/03/2015) was above the England average of 75.35% at 77.84%.
- 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 60.5% (March 2015), which was low compared to the CCG average of 74.2% and the national average of 74.3%. The staff told us this was due to the 50% of the local population being from black and minority ethnic (BME) communities who had difficulty in understanding some concepts relating to this screening programme. 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



## 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).

Good



# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

## People whose circumstances may make them vulnerable

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

Good



- 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 multi-disciplinary teams in the case management of vulnerable people.
- 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 good for the care of people experiencing poor mental health (including people with dementia).

Good



- 79.31% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months (01/04/2014 to 31/03/2015), which was comparable to the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 65.57%, which was below the England average of 88.47%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 56%, which was below the England average of 89.55%.



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of people 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 published on 2 July 2015 showed the practice was performing below the local and national averages (409 survey forms were distributed and 102 (25%) were returned). This represented 1.6% of the practice's patient list.

- 41% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 28% were able to get an appointment to see or speak to someone the last time they tried (CCG average 58%, national average 59%).
- 58% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 43% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. However, eight of the comment cards also had comments in relation to patients not being able to get through to the practice by telephone in the morning for on the day appointments and patients were not able to get convenient appointments.

We spoke with three patients during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring. However, all three patients confirmed they had problems getting through to the practice to make same day appointments.

## Areas for improvement

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

- Ensure recruitment arrangements include all necessary employment checks for all staff employed by the practice. This includes the need for a Disclosure and Barring Service (DBS) check when appropriate.
- Ensure all staff have the relevant training to carry out their role and responsibilities, for example, staff trained in phlebotomy receive appropriate updates. Ensure all staff receive supervision and appraisal within appropriate timescales.

- Ensure there is a system to monitor the traceability of the prescription paper used in the practice and ensure the prescription paper is stored safely.

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

- Improve the availability of non-urgent appointments.
- Review and update the business continuity plan to take into account information technology based eventualities.
- Improve the sample drop off procedure to ensure the samples are kept in a safe place out of access to the public.

# Dr Sunil Maiti (also known as Richmond Medical)

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

## Background to Dr Sunil Maiti (also known as Richmond Medical)

Richmond Medical is based in the Acorn Primary Health Care Centre in Accrington. It is part of the East Lancashire Clinical Commissioning Group (CCG) and has 6216 patients.

Information published by Public Health England rates the level of deprivation within the practice population group as one on a scale of one to 10. Level one represents the highest levels of deprivation and level 10 the lowest. Male and female life expectancy in the practice geographical area is 74 years for males and 79 years for females, both of which are below the England average of 79 years and 83 years respectively. The numbers of patients in the different age groups on the GP practice register were similar to the average GP practice in England.

The practice had a higher percentage (73.6%) of its population claiming disability allowance than the England average (50.3%).

The practice is based in an area with a high level of unemployment with large families in overcrowded and

poor housing. The practice has more than 50% of its patients from black, minority and ethnic communities as well as a high number of people from the travelling community.

The service is provided by three GP partners and two salaried GPs. The practice also employs a business development manager, an assistant practice manager, five nursing staff (including a healthcare assistant and a nurse for patients over the age of 75), and a number of reception / administrative staff who also cover other duties such as dealing with samples and drafting prescriptions.

The practice is based in a purpose built building with ramp access to assist people with mobility problems. There is plenty of parking including specific parking bays for people with disabilities. The practice has a number of consulting and treatment rooms used by the GPs and nursing staff as well as visiting professionals such as health visitors.

The surgery is open Monday to Friday between 8am and 6:30pm. There is provision for poorly children to be seen the same day. Out of hours is provided by the NHS 111 services.

The practice provides online patient access that allows patients to book appointments and order prescriptions.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as

# Detailed findings

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 7 January 2016.

During our visit we:

- Spoke with a range of staff including GPs, the business development manager, the assistant practice manager, a number of nursing staff (including the nurse for patients over the age of 75, CCG nurses responsible for the care homes and the practice nurse), the reception supervisor and a number of reception / administrative staff who also covered other duties.
- Observed how patients were being spoken with and dealt with by the practice staff.
- 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 a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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 relevant to their role. All the GPs were not trained to Safeguarding level 3 which is their required level of training.
- 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 check (DBS

check) (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- Prescription paper was stored unsecured near the fax machine and in the clinical and treatment rooms and accessible to all staff. There was no system to record the prescription pads or prescription paper. All the rooms were accessed by practice staff as well as external cleaning staff when the practice was closed which meant the practice could not account for any that may be misplaced or may go missing.
- We reviewed six personnel files and found appropriate recruitment checks had not always been undertaken prior to employment. For example, there were some missing references, qualifications, and the Disclosure and Barring Service checks were not available for two staff and one GP.
- Systems were 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.

## Are services safe?

- The sample collection point for urine and stool samples was on the floor underneath the reception desk in an unlabelled bin. This was out of view of the reception staff and accessible to anyone in the surgery especially young children who may not realise this was a sample bin.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

### 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.
- Most staff received annual basic life support (BLS) training and there were emergency medicines available in the treatment room. However, some staff, including GPs had not carried out BLS training in the last two years. A course was booked for February 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice IT system had been hacked in 2015 and data had been lost from the shared drive. This had not been raised as an incident by the practice and actions to prevent this from re-occurring were not reflected in the Business Continuity Plan.

# 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 peoples' 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 (2014/15) were 78.9% of the total number of points available, with 15.3% clinical exception reporting (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 better than the national average for two of the five indicators and below the national average for the remaining three. The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 69.78%, below the England average at 77.54%. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 76.55% which was below the England average of 78.03%. The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015), was 86.86% with the England average at 94.45%. The percentage of patients with diabetes, on the register,

whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 82.62% with the England average at 80.53%. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 92.41% with the England average at 88.3%.

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less (01/04/2014 to 31/03/2015) was comparable to other practices at 82.42% with the national average at 83.65%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 65.57%, which was below the England average of 88.47%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 56%, which was below the England average of 89.55%.

One of the GP partners told us the data from the QOF had exempted many patients and was not reflective of how the practice was performing. We saw a plan of action was in place to ensure the QOF data was a true representation of the work that was being undertaken. A local working group was used to review the progress of the QOF and other areas of performance.

### Clinical audits

- We were shown two clinical audits completed in the last two years, both of these were full audit cycles where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. Working with local commissioners the practice had taken action to bring about a reduction in unplanned admissions.

### Effective staffing

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



# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It 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 most relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Most staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs. However, not all staff had received an appraisal in the last 12 months. Some staff hadn't received an appraisal for two years, but, a change in management had occurred and appraisals had been scheduled in for all staff.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However, we found that a number of staff had not received their annual basic life support training, some GPs had not received their level 3 safeguarding training and a receptionist who also acted as the phlebotomist had not received any update training, supervision or competence checks for her role in the last three years. The business development manager also worked at another practice and no evidence of her training was kept at this practice.

### 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. The practice worked well with nurses from the CCG who supported the patients in the care homes and advised the surgery if any patients required additional interventions.

We saw evidence that multi-disciplinary team (MDT) meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated. The team met regularly for MDT discussions around palliative care.

### 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice also offered services for people who needed travel vaccinations, sexual health advice and immunisation advice.



# Are services effective?

(for example, treatment is effective)

- The practice's uptake for the cervical screening programme was 60.5% (March 2015), which was low compared to the CCG average of 74.2% and the national average of 74.3%. The staff told us this was due to 50% of the local population being from black and minority ethnic (BME) communities who had difficulty in understanding some concepts in relation to cervical and cancer screening. The practice demonstrated how they encouraged uptake of the screening programme by providing information in different languages and for those with a learning disability and they ensured a female sample taker was available.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages (01/04/2014 to 31/03/2015). For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 61.3% to 96% and five year olds from 65.3% to 96.8%.
- Flu vaccination rates for the over 65s (01/09/2013 to 31/01/2014) were 65.72%, and at risk groups 50.31%. These were below the CCG and national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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 17 Care Quality Commission patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group and two other patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey (July 2015) showed patients felt they were treated with compassion, dignity and respect. However, the practice was below the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 87%, national average 87%).
- 91% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 85%, national average 85%).
- 82% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).

- 76% said they found the receptionists at the practice helpful (CCG average 84%, national average 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey (July 2015) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. However, results were below the local and national averages. For example:

- 72% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 71% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. A number of GPs spoke other languages such as Hindi, Punjabi and Urdu.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room 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 16.6% of the practice list as carers (2014/2015). 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, their usual GP contacted them at their convenience.

# 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. For example:

- The practice had sufficient space and flexibility for the current number of patients being treated.
- The practice was accessible to patients with mobility difficulties and there were access enabled toilets and baby changing facilities. A hearing loop was available at the reception area for patients who required one. There was plenty of parking including specific parking bays for people with disabilities.
- The practice was working with the nurses from the Clinical Commissioning Group (CCG) who went into the local care and nursing homes on a routine basis. The GPs signposted any patients who required follow up to these nurses.
- Longer appointments were available for people with a learning disability.
- Home visits and telephone consultations were available for older patients / patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Around 50% of the practice population were none English speaking patients but access to online and telephone translation services was available if needed. Two GPs spoke Urdu which was the most common language after English.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

### Access to the service

The practice was open Monday to Friday between 8am and 6:30pm. Appointment times for the GPs were Mondays, Tuesdays, Thursdays and Fridays from 8:30am to midday and from 3pm to 5:30pm and Wednesdays from 8:30am to midday. Patients could express a preference for a particular doctor, however, if that doctor was not available, especially if booking an urgent appointment, an appointment with another doctor was offered. In addition to pre-bookable appointments that could be booked up to four weeks in

advance, urgent appointments were also available for people that needed them such as young children or the elderly. Out of hours cover was provided by the NHS 111 service. Online appointments and telephone consultation services were also available.

Results from the national GP patient survey (July 2015) showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 60% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 41% of patients said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 28% of patients said they always or almost always see or speak to the GP they prefer (CCG average 58%, national average 59%).

People told us on the day of the inspection they were not always able to get appointments when they needed them. One patient told us the phones were always engaged when they rang in the morning. Staff were aware of the access issues and were working with the CCG to improve access. An audit had been undertaken and the actions were currently being implemented such as increasing the number of telephone lines and looking at increasing the availability of online booking slots.

### 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.
- Information was available to help patients understand the complaints system in the form of patient leaflets.
- Staff confirmed they responded to patient's concerns, attempted to rectify the issue if able and offered them the opportunity to complain through the practice's procedure.

# Are services responsive to people's needs?

(for example, to feedback?)

- The practice had received five complaints between January 2015 and December 2015. We looked at two complaints received in the last 12 months. Records showed these were acknowledged, investigated and responded to appropriately.
- Lessons were learnt from the concerns and complaints and action was taken to as a result to improve the quality of care. Meeting minutes showed complaints were a standing item on the agenda.

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

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and 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 which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

A business development manager had been employed at the practice in February 2015 as the previous practice manager was ineffective and retired in April 2015. The business development manager had worked alongside the staff to remedy the failings found at the practice. An action

plan was in place to look at areas such as training, supervision and data collection. A schedule of meetings for the year had also been planned so staff knew in advance when and where to attend.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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 GPs, the business manager and the assistant manager all had an open door policy. Staff said they felt well supported at work and could approach their manager if they had any problems.
- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had

# Are services well-led?

Good 

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

worked with the local dementia team to promote patients' understanding about people living with dementia. The PPG had also linked in with the local community to work with patients with eczema.

- The national GP patient survey published in July 2015 contained many areas for improvement such as access to preferred GPs and appointment times which the practice had worked with the CCG to respond to.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area.

- The practice was working with the local CCG nurses to share information about patients in care homes to ensure a collaborative approach was taken.
- There was a good genetics register where the practice was working with the families to reduce congenital abnormalities.
- The practice was successful in putting a bid in for a pilot scheme to recruit clinical pharmacists to work in collaboration across ten other practices to improve the prescribing practices.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>We found the registered person did not assess the risks to securing prescription paper and ensuring all staff receive appropriate training to ensure the health and safety of service users whilst receiving the care or treatment and did not do all that was reasonably practicable to mitigate any such risks.</p> <p>This was in breach of regulation 12(2)(a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>Appropriate employment checks were not consistently carried out prior to staff commencing work.</p> <p>This was in breach of regulation 19(1)a,b,c(3).</p>