Dr Kumar

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Kumar on 16 March 2016. Overall the practice is rated as good. The practice is rated as good for each of the domains and population groups.

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

- The practice ensured that when things went wrong that these were investigated and learning was shared with staff.
- Staff were trained and had access to procedures and information to help safeguard adults and children from risks of abuse and neglect.
- There were systems for assessing and managing risks to patients and staff. These included risks associated with fire, infection control, premises and equipment.
- Medicines were stored securely and checked regularly to ensure that they were in date. The practice had suitable equipment and a range of medicines to use in the event of a medical emergency. However GPs did not carry any emergency medicines when they carried out home visits.
- The arrangements for dealing with repeat prescriptions were not clearly defined and we saw that a small number of patients who were prescribed medicines such as warfarin without a record of the appropriate blood checks having been carried out and checked.
- There was a detailed business continuity plan to deal with untoward incidents that may affect the day to day running of the practice.
- Staff were recruited robustly with all of the appropriate checks carried out to determine each person's suitability and fitness to work at the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Data showed that the practice performance for monitoring and treating patients with long term conditions was similar to other GP practices.
- Information was shared with staff and other healthcare professionals appropriately to ensure a coordinated approach to patients care and treatment.

Summary of findings

- There were procedures in place for obtaining patients consent to care and treatment and staff were aware of and followed these.
- Clinical audits and reviews were carried out to monitor and improve patient care and treatment.

- Staff were supported and received role specific training to meet the needs of patients and there was a system for staff appraisal.
- Patients said they were treated with dignity and respect and they were involved in their care and decisions about their treatment. They said that staff were helpful, polite and courteous. This was also supported by the results from the most recent GP patient survey.
- The practice sought to identify patients who were carers and to support them as appropriate.
- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to promptly and apologies given to patients when things went wrong or their experienced poor care or services.
- The practice offered a range of appointments including face to face, telephone and online consultations.
- Late evening appointments were available on two evenings each week.
- Some patients had reported delays in waiting to be seen and the practice had reviewed its appointments system to help address these issues.
- The practice was accessible to patients with mobility difficulties, 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 regularly monitored and reviewed the services offered and carried out a range of audits and reviews to improve the quality and safety of its services.
- Practice policies and procedures were appropriate and kept under review.
- The practice proactively sought feedback from staff and patients, which it acted on.

There were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Review the arrangements for managing repeat prescriptions to ensure that there is a consistent approach to reviewing them before these are issued.
- Review the arrangements for managing medical emergencies that may occur when GPs carry out home visits and have available medicines as deemed necessary.
- Review the arrangements for identifying patients who are carers.

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?

Good

The practice is rated as good for providing safe services.

- Information about safety was recorded, monitored, appropriately reviewed and addressed.
- There were systems in place to monitor safety and to act when things went wrong. Lessons were learned and communicated with staff to support improvement.
- Patients were protected against the risk of abuse and neglect. Staff were trained and had access to appropriate policies and procedures to assist them to report any concerns.
- Risks to patients and staff were assessed and managed. There were a number of risk assessments in place, which were regularly reviewed and appropriate actions taken as needed.
- Medicines were stored safely and checks were carried out to ensure that there were sufficient medicines available.
- The procedures for repeat prescribing were unclear and some patients were issued repeat prescriptions for medicines without the appropriate reviews having been carried out.
- GPs did not keep a range of medicines to treat patients when they carried out home visits.
- There were arrangements in place to maintain the practice premises and equipment.
- Staff were recruited with all of the appropriate checks carried out including proof of identify, employment references and Disclosure and Barring Services (DBS) checks.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality for the management of the majority of long term conditions and disease management such as heart disease, dementia and diabetes.
- Exception reporting in relation to the monitoring and management of some long term conditions was higher than GP practices locally and nationally.
- Patients were offered a range of health promotion screening services and advice.
- Information was shared between staff and other health care professionals to help ensure that patients received coordinated care and treatment.

Summary of findings

- Where areas for improvements were identified the practice acted promptly to address these.
- Staff referred to and used guidance from the National Institute for Health and Care Excellence and other local and national initiatives to assess and treat patients.
- A system of audits and reviews were in place to monitor and improve outcomes for patients.
- Staff were supported and received training relevant to their roles and the needs of patients.

Are services caring?

Good

The practice is rated as good for providing caring services.

- The results from the national GP patient survey which was published in January 2016 showed that patients were happy with how staff at the practice treated them and the practice performance was similar to other GP practices both locally and nationally for several aspects of care.
- Patients who we spoke with and those who completed comment cards also told us that staff at the practice were kind and caring.
- Patients said they were treated with dignity and respect.
- Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially.
- The practice had a dedicated room where patients could speak in private should they wish to.
- Patients told us that they received information about their treatment in a way which they could understand and that they were given time during their appointment to ask questions.
- Patients said that they were involved in making decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- 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.

Summary of findings

- Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available.
- Patients told us that they had access to appointments that suited them.
- Extended hours and late evening appointments were available.
- Home visits and telephone consultations were provided as needed. The practice facilitieswere well equipped to treat patients and meet their needs. Disabled access toilets and baby changing facilities were available.
- Information about how to complain was available and easy to understand.
- Complaints were received and investigated promptly.
- The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations.
- Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- It had a clear vision and ethos to put patients first. They also had a strategy which included plans for the future to meet the increase in patient demand.
- The practice had a range of practice specific policies and procedures which staff had access to assist them in their roles and responsibilities.
- Published guidance and relevant legislation was followed by staff to keep people safe and to improve outcomes for patients.
- Risks to patients and staff were assessed and managed through a process of assessments and reviews.
- Audits and reviews were carried out to monitor and improve services.
- Information about the practice was available to staff and patients.
- There was a clear leadership structure within the practice and staff felt supported by management.
- The practice proactively sought and acted on feedback from staff and patients and was introducing a virtual patient group to increase patient's engagement.

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

Good

The practice is rated as good for the care of older people.

- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice offered proactive, personalised care to meet the needs of the older people. For example;
- The practice offered home visits and rapid access to telephone advice and appointments for those with enhanced needs.
- Weekly GP visits were carried out to a local care home to review patients and monitor changes to their healthcare needs.
- GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for patients who were identified as being at increased risk including those with dementia and those receiving end of life palliative care.

People with long term conditions

Good

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

- GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD).
- The practice performance for the management of these long term conditions was similar to or higher than other GP practices nationally. For example;
- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 74% compared to the national average of 77%
- The percentage of patients whose blood pressure was managed within acceptable limits was 82% compared to the national average of 83%.
- The percentage of patients with asthma who had a review within the previous 12 months was 73% compared to the national average of 75%.
- Patients at risk of unplanned hospital admission were identified as a priority and regular multi-disciplinary tem meetings were held to review and plan for any changing needs.
- Longer appointments and home visits were available when needed. All these patients had a named GP and a structured

annual review to check that their health and medication needs were being met. For those people 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

Good

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

- The practice offered same day appointments for children. Appointments were available outside of school hours.
- Post-natal and baby checks were available to monitor the development of babies and the health of new mothers.
- 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 similar to other GP practices for all standard childhood immunisations. For example;

  The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was 96% compared to the CCG percentage at 97%. The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was the same as the CCG percentage of 94%.
- 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.
- Information and a range of sexual health and family planning clinics were available.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- The appointment system was flexible and reviewed to meet the needs of patients. For example appointments were staggered following comments that some patients had to wait too long to be seen.
- Late evening appointments were available two evenings each week.

Summary of findings

- Telephone consultations were available as required.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS health checks.

People whose circumstances may make them vulnerable

Good

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

- Staff undertook safeguarding training and the practice had a dedicated safeguarding lead.
- The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability.
- The practice proactively promoted annual health checks for patients with learning disabilities and nurses had received specific training to support these patients. Home visits were available for these reviews as needed.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This helped to ensure that patients whose circumstances made them vulnerable were supported holistically and that patients who were at a higher risk of unplanned hospital admissions were supported to and treated in their home.
- 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)

Good

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

- The practice reviewed and monitored patients with dementia and carried out face-to-face reviews.
- Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs. For example;

  The percentage of patients with a mental health disorder, who had a comprehensive care plan in place was 98% compared to the national average of 88%.

Summary of findings

86% of patients with a mental health disorder had a record of their alcohol consumption compared to the national average of 89%.

- Longer appointments and home visits were provided as required.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. There were 113 responses from 299 surveys sent out which represented 38% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 86% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 81% found it easy to get through to this surgery by phone compared with a CCG average of 71% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average and a national average of 85%.
- 96% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 84% described their experience of making an appointment as good which compared with the CCG average of 70% and the national average of 73%.
- 41% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 70% and a national average of 65%.
- 41% felt they did not normally have to wait too long to be seen compared with a CCG average of 63% and a national average of 58%.
- 77% of patients would recommend the practice to someone new compared with a CCG average of 72% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards all of which were positive about the standard of care received, access to appointments and staff helpfulness and attitude. We also spoke with four patients on the day of the inspection.

Patients commented positively about the practice saying that they were very happy with the treatment that they received. Patients said that they could get appointments that suited them, usually on the same day when needed and told us that access to appointments had improved in recent months. Patients also spoke very positively about the GPs and nurses. They told us that staff were professional and knowledgeable. Patients told us that GPs and nurses listened to them and spent time explaining tests and treatments in a way that they understood.

Areas for improvement

Action the service SHOULD take to improve

- Review the arrangements for managing repeat prescriptions to ensure that there is a consistent approach to reviewing them before these are issued.
- Review the arrangements for managing medical emergencies that may occur when GPs carry out home visits and have available medicines as deemed necessary.
- Review the arrangements for identifying patients who are carers.

Dr Kumar

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 advisor.

Background to Dr Kumar

Dr Kumar is located in a purpose built medical centre in a predominantly residential area of Shoeburyness, Southend in Essex. The practice provides services for 6901patients.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is similar to the national average for younger people and children under four years of age, those of working age and those recently retired, and for older people aged over 65 years. Economic deprivation levels affecting children, older people are slightly higher than the practice average across England. Life expectancy for men and women is similar to national averages.

The practice patient list is higher than the national average for people who have long standing health conditions. It has a lower than the national average for working aged people in employment or full time education and higher numbers of working age people that are unemployed.

The practice is managed two GP partners who hold financial and managerial responsibility. The practice has one salaried GP, one locum GP and one GP registrar (Dr Kumar is a training practice and employs qualified doctors who are training to become GPs. These are called GP registrars). In total, two male and two female GPs work at the practice. The practice also employs four practice nurses. These nurses are shared with the second GP practice, separately registered with the care Quality Commission, which is located within the surgery premises. The clinical team are supported by a practice manager and a team of receptionists and administrators.

The practice is open from 8am and 6.30pm on weekdays. Appointments are available between 8.10am and 12.20pm; and between 3.30pm and 6pm. Late evening appointments are available up to 8.30pm two evenings each week. These are usually available on Monday and Tuesday evenings but may vary due to bank holidays or when the practice closes early for time to learn sessions. In these instances late evening appointments are available on Wednesday evenings. Any changes to the late opening times are advertised on the practice website and throughout the practice.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We inspected Dr Kumar as part of our comprehensive inspection programme 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. This inspection was planned to check whether the provider was 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.

Detailed findings

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.

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 March 2016. During our visit we spoke with a range of staff including the GPs, nurses, practice management and reception / administrative staff. We also spoke with four patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

Good

Are services safe?

Our findings

Safe track record and learning

The practice staff referred to and used information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance as part of their processes for monitoring and improving safety. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medicines and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medicines from use in certain patients where potential side effects or risks are indicated. We saw that alerts were received; reviewed and shared with the staff team and acted upon appropriately. We saw that patients' medicines were reviewed and changed where required. Alerts were kept and accessible to staff to refer to as needed.

The practice had systems in place for investigating and learning from when things went wrong so as to minimise recurrences. All staff we spoke with were aware of these procedures how to report safety incidents. Staff we spoke with told us the practice had an open and transparent approach to dealing with significant safety events. Through discussion with GPs we found that safety incidents were investigated and that learning from these was shared with other GPs. We looked at a sample of the 21 significant events which had been reported during the previous 12 months and saw that these had been investigated and learning was shared with staff. Records in respect of these events and the learning from these were available and accessible to staff via the practice computerised shared system. These incidents had been appropriately reviewed to ensure that learning was imbedded within the practice.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse. The practice had safeguarding policies and procedures in place, which included contact details for the local safeguarding teams. Staff had undertaken role specific training including level 3 safeguarding children training for clinical staff. Those staff who we spoke with were able to demonstrate that they understood and fulfilled their roles and responsibilities to recognise and report any signs of abuse or neglect. One of the GP partners was the identified GP lead to oversee safeguarding and they attended local safeguarding meetings whenever this was possible. GPs always provided reports where necessary for other agencies.
- The practice had procedures in place for providing chaperones during examinations. Notices were displayed in the waiting area and in consulting rooms to advise patients that chaperones were available, if required. Chaperone duties were carried out by nursing and reception staff all of whom had received a disclosure and barring check (DBS). (These 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).Staff had undertaken chaperone training and those who we spoke with were aware of their roles and responsibilities.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. One practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place and regular infection control audits had been carried out. Staff received infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.
- Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines we saw were in date and records showed that these were checked regularly.
- Medicines which required cold storage including vaccines were handled and stored in line with current guidelines. Fridge temperatures were monitored and recorded to ensure that they remained within the acceptable ranges for medicines storage.

Good

Are services safe?

- The procedures for dealing with repeat prescriptions were unclear. We saw that some patients were issued with repeat prescriptions for medicines such as anticoagulants, without first having a review / blood test. The practice were aware of this issue and were reviewing their procedures to address this.
- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed six staff files including those for the most recently employed staff. We found that the recruitment procedures were followed. Evidence that the appropriate recruitment checks including proof of identification, references, qualifications, registration with the appropriate professional body where appropriate and Disclosure and Barring Service checks had been undertaken prior to employment.
- New staff undertook a period of induction which was tailored to their roles and responsibilities. This included an opportunity for new staff to familiarise themselves with the practice policies and procedures.

Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff.
- Risks to the health and safety of patients and staff were assessed and there were management plans in place to mitigate these.
- All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly.
- The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. An external assessment had been conducted to identify risks in relation to legionella.
- The risk of fire had been recently assessed and there was appropriate fire safety equipment including extinguishers located throughout the practice. The fire risk assessment highlighted some areas for improvements including ensuring that fire exits were clearly signposted. These improvements were being carried out at the time of our inspection.
- Arrangements were in place for planning and monitoring the number and skill 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. Staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

There were policies in place for dealing with medical emergencies and major incidents. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction). Emergency medicines, oxygen and a defibrillator were available and accessible to staff. Staff told us that they checked the medicines and equipment weekly and records were maintained in respect of these checks.

All staff received basic life support training, which was updated annually. Staff who we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency.

We found that GPs did not keep a range of medicines to treat patients when they carried out home visits. There was no risk assessment in place to support this decision. We discussed this with the GP partners and they assured us that they would address the issue.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff. Copies of the plan were kept off site so that they could be used in the event that staff could not gain access to the premises.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice referred to and used current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines when assessing and treating patients. The practice had systems in place to ensure all clinical staff were kept up to date with any changes in these and carried out reviews and audits to ensure that these guidelines were followed.

GPs had clinical lead roles in areas such as women's health, respiratory diseases, cardiac conditions, mental health and depression. Information was shared during weekly clinical meetings and special meetings as required.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 74% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 87% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 75% compared to the national average of 81%
- The percentage of patients with diabetes who had a foot examination and risk assessment within the preceding 12 months the same as the national average at 88%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performance for the treatment of patients with hypertension (high blood pressure) was as follows:

- The percentage of patients whose blood pressure was managed within acceptable limits was 82% compared to the national average of 83%.
- The percentage of patients who were identified as being at risk of stroke (due to heart conditions) and who were treated with an anticoagulant was 100% compared to the national average of 98%.

The practice performance for monitoring and treating patients with a respiratory illness was as follows:

- The percentage of patients with asthma who had a review within the previous 12 months was 73% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 83% compared with the national average of 90%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were similar to GP practices nationally. For example:

- The percentage patents with a mental health disorder, who had a comprehensive care plan in place was 98% compared to the national average of 88%.
- 86% of patients with a mental health disorder had a record of their alcohol consumption compared to the national average of 89%.
- 94% of patients who were diagnosed with dementia had a face to face review within the previous 12 months. The national average was 84%.

The practice exception reporting was higher for some clinical conditions than other GP practices nationally and locally. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls patients fail to attend reviews or where treatments may be unsuitable for some patients. This avoids GP practices being financially penalised where they have been unable to meet the targets a set by QOF.

We discussed the higher rate of exception reporting with both GP partners. They told us that patients would be

Good

Are services effective?

(for example, treatment is effective)

exempted from the QOF data where they had failed to attend appointments and reviews. However they said that staff continued to follow up and to ensure that patients were reviewed.

The practice used clinical audits to monitor and make changes to patient care and treatment as part of its quality monitoring and improvement. All relevant staff were involved to improve care and treatment and people's outcomes. We looked at a sample of completed audits which had been completed within the previous 12 months.

One audit reviewed the practice performance for the uptake of flu vaccinations in patients over 65 years. The audit identified those patients who had not attended invites for their vaccination and reviewed the arrangements for providing this. The audit was reviewed and reviewed the arrangements for providing this. The audit was reviewed and showed an increase in the uptake for relevant patients.

Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines. The practice performance for prescribing medicines such as second line antibiotics, non-steroidal anti-inflammatory medicines and hypnotics (anti-depressant type medicines) was similar to GP practices nationally.

Effective staffing

Staff were trained and supported to carry out their roles and responsibilities and to meet the needs of patients.

The practice had an induction programme for newly appointed members of staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality and helped new staff to familiarise themselves with the practice policies and procedures. We saw that all new non-clinical members of staff undertook a four week period of 'shadowing' experienced staff so as to help familiarise themselves with the practice policies and procedures.

- Staff we spoke with told us that they had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities. This included ongoing support, one-to-one meetings, appraisals, guidance and mentoring.
- Staff training included safeguarding, fire safety, infection control, chaperone duties, information governance and confidentiality.
- Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations.
- Staff underwent an annual appraisal of their performance from which training and development needs were identified and appropriate training was planned.
- Staff also underwent role specific competency assessments to help ensure that they were performing their roles and responsibilities in line with the practice procedures.
- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). We saw that the GPs and nurses undertook refresher training courses to keep their continuous professional development up to date and to ensure that their practice was in line with best practice and current guidance.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital.

Good

Are services effective?

(for example, treatment is effective)

We saw evidence that multi-disciplinary team meetings took place on a monthly basis. The care and treatment of patients who were receiving palliative care, those who were identified as being at risk of unplanned hospital admission and other vulnerable patients was discussed and reviewed. We observed a multi-disciplinary team meeting and the GPs demonstrated a good understanding of patients changing needs and information was shared appropriately with the other professionals present to ensure that these needs were met.

We saw that patient records and care plans were routinely reviewed and updated so as to ensure that appropriate and relevant information was available to all the agencies involved in patients care and treatment.

Consent to care and treatment

The practice had policies and procedures around obtaining patients consent to treatment. These procedures referred to current legislation and guidance including the Mental Capacity Act 2005 and Gillick competency.

Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and nurses we spoke with were aware of their responsibilities to determine parental responsibilities when providing care and treatment for children. They also demonstrated that they understood and followed Gillick competency and Fraser guidelines when treating children under 16 years.

We saw that written consent was obtained before GPs carried out treatments such as joint injections. Written consent forms were scanned and stored in the patients' electronic records. Patients we spoke with told us that they were provided with detailed information about the procedures including intended benefits and potential side effects before they consented to their treatment. We saw that where verbal consent was obtained for treatments and procedures that this was recorded correctly within the patients' medical record.

Supporting patients to live healthier lives

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. These included patients in the last 12 months of their lives, patients with learning disabilities and mental health conditions, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice encouraged patients to participate in the national screening programmes:

- The practice's uptake for the cervical screening programme for 2014/15 was 70%, compared to the local CCG average of 73% and the national average of 74%.
- The percentage of female patients aged between 50 and 70 years who had been screened for breast cancer was within the previous 3 years was 65% compared to the local CCG average of 63% and the national average of 72%.
- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer was 52% compared to the local CCG of 63% and the national average of 72%.
- The percentage of patients aged between 60 and 69 years who were screened for bowel cancer was 52% compared to the local CCG average of 53% and national average of 58%.

There was a policy to offer text and telephone reminders and follow up for patients who did not attend for health screening appointments.

Childhood immunisation rates for the vaccinations were:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was 96% compared to the CCG percentage at 97%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was the same as the CCG percentage of 94%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 99% compared to the CCG percentage at 95%.

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

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff were mindful when speaking on the telephone not to repeat any personal information. The practice had a dedicated quiet room were patients could speak confidentially to staff if they wished to do so.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 28 patients CQC comment cards we received were positive about the service they received. Patients said they were happy how they were treated by GPs and nurses. Patients commented that GPs were caring and that they listened to them and gave them ample time during appointments.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 81% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 84% said the GP gave them enough time which compared to the CCG average of 83% and the national average of 87%.
- 88% said they had confidence and trust in the last GP they saw compared to the CCG of 93% and national average of 95%
- 81% said the last GP they spoke to was good at treating them with care and concern. This was the same as the CCG average and compared to the national average of 85%.
- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 86% patients said they found the receptionists at the practice helpful compared to t the CCG of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Each of the four patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments. Patients said that they felt listened to and that clinical staff answered any questions they had in relation to their treatment. They also told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the 28 comment cards we received was also positive and patients said that they were able to be involved in making decisions about their care and treatment.

Results from the national GP patient survey, which was published on 7 January 2016, showed that:

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

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including counselling services, advice on alcohol and substance dependency, cancer support and bereavement services.

The practice identified patients who were also a carer. There was a practice register of all people who were carers and this accounted for 0.58% of the practice population. This was lower than the national practice average of 1-2%.The practice regularly reviewed patients who were carers and encouraged patients who were to inform the practice.

Good

Are services caring?

This information was used on the practice's computer system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. We were invited to attend the palliative care meeting, which was held on the afternoon of our visit. During this we observed that the GPs and nurses had a good awareness of the needs of patients and their families and that appropriate support including telephone consultations and home visits to check on the welfare of patients and their families were carried out. GPs told us that they following bereavement, families were offered an appointment or a home visit as needed.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and ensure flexibility, choice and continuity of care. For example;

- The practice was working with the local CCG to review and improve its prescribing practices.
- The practice aimed to meet the needs of its patient population and offered flexibility in appointments and offered pre-bookable, next day and same day appointments where possible.
- There were longer appointments available for patients including those with dementia or a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available each day for children and those with serious medical conditions.
- The practice reviewed comments, complaints and the results from patient surveys and adapted the appointments system to take these into account.
- Accessible facilities were available.

Access to the service

The practice was open between 8am and 6pm on weekdays. Late evening appointments up to 8.30pm were available on Monday and Tuesday evenings. Daily appointments with GPs were available between 8.10am and 12.30pm; and between 3.30pm and 6pm.

Results from the national GP patient survey, which was published on 7 January 2016 showed that:

- 84% of patients described their experience of making an appointment as good which was the same as the CCG and compared to the national average of 73.
- 41% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and the national average of 65%.
- 70% of patients were satisfied with the practice's opening hours compared to the CCG of 74% and national average of 75%.
- 74% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and the national average of 73%.

We discussed the low patient survey scores for waiting times and we saw that the practice had taken steps to address this by staggering appointments so that patients did not have to wait too long.

Patients who we spoke with and those who completed CQC comment cards told us that they were happy with access to appointments and they said that they did not have to wait too long to be seen. A number of patients who completed comment cards told us that they were always given enough time during their appointments and that they never felt hurried or rushed.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information to assist patients should they wish to raise concerns or make a complaint was available and accessible. This information was available on the practice website, in a complaints leaflet and in the practice patient information leaflet. The information described the complaints procedure and the timeframe for responding to concerns raised. It also advised patients how they could escalate their concerns should they remain dissatisfied with the outcome of how their complaint was handled

We looked at a sample of the complaints received since April 2015. We saw that these had been acknowledged, investigated and responded to within the complaints procedure timeline. We saw that all complaints had been investigated and that a full explanation and an apology was given to patients when things went wrong or their experience fell short of what they expected.

There were procedures in place for discussing, reviewing and sharing learning from the outcome of complaints investigations. Complaints were reviewed and discussed at clinical and other staff meetings.

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 and ethos, which was described in their Statement of Purpose, the patient leaflet and on the practice website. The practice mission statement was: 'to put you, the patient first'. Staff were clear about the vision and their responsibilities in relation to this.

The practice had a strategy that included planning for the future. This included plans for recruiting staff to meet increased patient demand and the proposed future move to new premises.

Information about the practice was available to staff and patients.

Governance arrangements

The practice had an overarching governance framework to support the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and accountability.
- Staff were supported and trained to fulfil their roles and responsibilities within the practice team and to meet the needs of patients.
- The GP and nurses had lead roles and special interests in a number of long term conditions and health promotion to improve treatments and outcomes for patients.
- Practice specific policies and procedures were available to all staff. These policies were regularly reviewed and amended so that reflected any changes in legislation and guidance.
- The quality of services provided was monitored and improved where required through a system of clinical audits, reviews and benchmarking against local CCG performance criteria.
- Risks to patients and staff were identified and managed through systems of monitoring and learning from when things went wrong.

Leadership, openness and transparency

GPs and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that GPs were approachable and caring.

A range of clinical and non-clinical practice meetings were held on a regular basis during which staff could raise issues and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and informal comments and received. Patient Participation Group (PPG) had up until recently met with the practice on a regular basis. The practice was introducing a virtual PPG to help increase patients numbers and overall engagement.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that all patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

We saw that the practice had an open culture where patients could make comments and suggestions and hat these were acted upon to improve their experiences of using the service.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.