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

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We had previously inspected this practice under the pilot inspections undertaken in Greater Preston Clinical Commissioning Group in July 2014. A number of improvements were required and we issued compliance actions and a warning notice at that time.

We undertook an inspection of Dr Binoy Kumar on 17 February 2015 as part of our new comprehensive inspection programme and to determine the actions taken since the last inspection.

Our key findings were as follows:

- We found that there had been some improvements made since the last inspection, by which the practice could identify safety issues and take appropriate action
- Appropriate systems were in place for the management of medicines.
- The practice was clean and tidy and equipment was maintained appropriately
- Improvements had been made in the safe recruitment of staff
- The practice had an active Patient Participation Group (PPG). Feedback about the responsiveness of the practice to comments and suggestions was good.
- Feedback from patients about their care and treatment was consistently positive.

However, there were also areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure that there is appropriate equipment to respond to a medical emergency. Staff must have written guidance on how to respond to such emergencies.
- Ensure there are systems in place to effectively monitor the quality of care and clinical treatments and the service provision by way of clinical audit and regular reviews

In addition the provider should:

Summary of findings

- Ensure that medication reviews are undertaken consistently and recorded as required
- Ensure that all staff have regular appraisals in order to identify personal or professional development and monitor individual performance
- Ensure that staff receive training in the principles of the Mental Capacity Act 2005
- Ensure that staff training is effectively recorded and monitored
- Ensure policy guidance is current and readily available to staff, with a system to verify the staff's understanding of policies and procedures.

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?

Requires improvement

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

We found that there had been some improvements made since the last inspection, by which the practice could identify safety issues and take appropriate action. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

The practice had up to date child and vulnerable adult safeguarding policies and supportive protocols and procedures in place. Appropriate systems were in place for the management of medicines. The practice was clean and tidy and equipment was maintained appropriately. Staff confirmed they had received regular cardiopulmonary resuscitation (CPR) training. However there was no oxygen or defibrillator available for use on the premises during any medical emergency. This had been highlighted at the last inspection in July 2014. There was no risk assessment or explanation as to this decision, nor were policies or procedures available for staff to follow in the event of any health care emergency.

Are services effective?

Requires improvement

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

Some improvement had been made, however the practice did not have a system in place for completing clinical audit cycles.

No clinical audits had been undertaken by the GP to determine the effectiveness of treatments prescribed or management of clinical conditions. The practice closed every Thursday afternoon and this time was used for practical education training.

The practice did not maintain a record of completed training by staff; however we saw hand written training topics such as chaperone, safeguarding adults and children recorded on the front of staff files.

We did not see any updated policy in place that related to the taking of consent or updated guidance in place for staff in relation to the Mental Capacity Act 2005.

Are services caring?

Good

The practice is rated as good for providing caring services.

Summary of findings

Patients we spoke with said they felt involved in decisions about their own treatment. They told us they received full explanations about diagnosis and treatments and that staff listened to them and gave them time to think about decisions. Patients completed CQC comment cards to tell us what they thought about the practice. We received 18 completed cards and all except one, were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. One negative comment was made about the availability of emergency appointments.

Information packs were available for patients who had suffered bereavement and these signposted people to the different types of support that was available. Patients told us that the GP had been very supportive when they had suffered bereavement

Are services responsive to people's needs?

Requires improvement

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

We noted some improvement since the last inspection. We saw the practice's electronic records system was used to flag patients with additional needs or concerns, such as learning difficulties (LD), however when we randomly tested the system we found three patients were not flagged but had LD or a vulnerable adult diagnosis. The practice manager maintained a register of vulnerable patients and those patients with LD were included on this.

The practice had an active Patient Participation Group (PPG). We spoke with four members of the group and looked at their last meeting minutes. The practice manager and the GP attended the PPG meetings on a regular basis, where good information exchange took place. The PPG told us the practice listened to them and they were able to contribute views and suggestions that, if appropriate, were acted upon.

The GP had limited booked appointment times from 10.50 am to 14.00 and 16.30 to 17.30 each day (except Thursdays), where he would see a maximum of 20 routine patients a day. No provision was made for patients outside of these times. Patients were advised to contact NHS 111. We discussed the lack of availability of a GP when the practice opened at 9am. Staff told us if any emergency occurred they would ring 999. Patients we spoke with, comments on the CQC comment cards and patient survey results told us that it was not difficult getting through to the practice on the telephone for appointments. We received just one negative comment about availability of appointments.

Summary of findings

The practice provided services to patients from different ethnic and cultural backgrounds. An interpreter service, such as language line was not available at the practice. The secretary said they used Google on line translation service if needed.

Are services well-led?

Requires improvement

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

We noted some improvement since the last inspection.

Staff confirmed that they were unaware of any vision and strategy for the GP practice. There was no business plan in place. The practice had some policies and procedures in place to give staff guidance. There was no electronic shared hard drive for the location of policies or protocols. Policies were only available in paper copy.

The practice did not have formal arrangements for identifying, recording and managing risks, for example responding to emergency medical procedures.

We found that appraisals were outstanding for all staff.

Practice meetings were now documented and we saw that staff were able to make comments and issues at these meetings.

Staff we spoke with were not aware there was a whistleblowing policy in place however they did know what to do if they had to raise any concerns.

There was an active Patient Participation Group (PPG) in place and minutes from meetings and results of surveys demonstrated actions were taken when necessary. These were available on the practice web site.

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

Requires improvement

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

All patients over 75 years of age were identified by the practice. As this was a single handed practice all these patients were treated by the same GP. We saw that home visits were made to housebound elderly patients when requested. Home visits were recorded in a register and then the information transferred into the electronic patient record. Patients were also contacted if they had recently been treated by the out of hours service or accident and emergency department. We were informed that the practice had no patients resident in care homes on permanent basis, with just respite required very occasionally.

People with long term conditions

Requires improvement

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

The GP led on the services for all long term conditions, such as diabetes, chronic obstructive pulmonary disease (COPD) and chronic heart disease. Patients we spoke with, in this population group, confirmed that they received requests to come into the practice for a review of their condition on a regular basis. We saw that flags were used on the electronic records system to facilitate this. Care plans were in place for this population group and the practice was providing an enhanced service to prevent unplanned admissions to hospital.

Families, children and young people

Requires improvement

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

The practice had a high uptake of the child immunisation programme from 12 to 24 months, with 95-100% achieved in all vaccination types. The practice was slightly below the average Clinical Commissioning Group uptake for five years of age, but this had been recognised by the practice nurse. We were informed this was partly due to the transient nature of some of the practice population. We were told that patients were actively encouraged to ensure immunisation courses were completed. Information was available in the waiting rooms.

Information in regards to sexual health for young people was available and the female practice nurse led on the cervical smear

Summary of findings

programme. The practice acknowledged that the uptake of women undergoing cervical smears still remained an issue but we saw evidence that the practice sought every opportunity to raise awareness and encourage women to attend for smears. Those patients who did not attend for scheduled smears were always contacted to rearrange appointments.

Working age people (including those recently retired and students)

Requires improvement

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

Although the practice did not offer any extended hours we received no negative comments about this when speaking with patients or via the CQC comment cards. During discussion with patients we were told that the GP often worked late and that patients were never turned away, whatever time they attended the surgery. A range of health promotion and screening which reflected the needs for this age group was available.

People whose circumstances may make them vulnerable

Requires improvement

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

The practice maintained a register of those people whose circumstances made them vulnerable. This included patients with learning disabilities. We were told the practice offered longer appointments for those patients to ensure their needs were fully met. Checks were made each morning by the practice manager to ensure that none of the patients on the register had attended the out of hours service or accident and emergency. If they had the patients were contacted to ensure they did not need to be seen by the GP.

People experiencing poor mental health (including people with dementia)

Requires improvement

There are aspects of the practice that require improvement and therefore this impacts on all population groups.

Patients within this group received a recall for their annual physical health check. The practice worked with multidisciplinary community teams in the management of people experiencing poor mental health.

The practice provided an enhanced service with a view to facilitating timely diagnosis and support for people with dementia

Summary of findings

What people who use the service say

During the inspection we spoke with two patients, and four members of the patient participation group (PPG). We received 18 completed CQC comment cards. We also spoke with one patient and one carer for a patient by telephone, following our inspection visit. Patients whom we spoke with varied in age and population group. They included older people, those with long term conditions and those of working age.

All patients were very positive about the practice, the staff and the service they received.

They told us staff were helpful, caring and compassionate. Patients said they were always treated with dignity and respect and had confidence in the staff and the GP who cared for and treated them.

Patients told us staff gave them time, listened to them and nothing was too much trouble. They said that although the practice did not have any extended opening times, this was never an issue as the GP often worked late and never refused to see any patients, whatever time they arrived. Patients said they were treated as individuals and the GP was very professional and caring.

Patients told us the environment was always clean and maintained to a good standard.

The results of the national GP patient survey published in January 2015 told us that 83% of respondents said they found it easy to get through to the surgery by phone. 92% of respondents said the receptionist were helpful and 77% of respondents described their experiences of making an appointment good. All these responses were above the average response for the local Clinical Commissioning Group (CCG).

However the GP patient survey showed that the surgery scored slightly below the average for the local CCG in the following areas: 66% of respondents said the last GP they saw or spoke to was good at involving them in decisions, 76% of respondents said the last GP they saw or spoke to was good at listening to them and 75% of respondents described their overall experience as good.

Areas for improvement

Action the service MUST take to improve

- Ensure that there is appropriate equipment to respond to a medical emergency. Staff must have written guidance on how to respond to such emergencies.
- Ensure there are systems in place to effectively monitor the quality of care and clinical treatments and the service provision by way of clinical audit and regular reviews

Action the service SHOULD take to improve

- Ensure that medication reviews are undertaken consistently and recorded as required
- Ensure that all staff have regular appraisals in order to identify personal or professional development and monitor individual performance
- Ensure that staff receive training in the principles of the Mental Capacity Act 2005
- Ensure that staff training is effectively recorded and monitored
- Ensure policy guidance is current and readily available to staff, with a system to verify the staff's understanding of policies and procedures.

Dr Binoy 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 advisor and an additional CQC inspector.

Background to Dr Binoy Kumar

Dr Binoy Kumar (the provider), also known as St Pauls Surgery, provides primary medical services under a General Medical Services contract with NHS England. The practice is part of the Greater Preston Clinical Commissioning Group (CCG) and has 2068 registered patients.

The practice population of 65 years and above is lower at 9.4%, compared with the national average of 16.9% and has 4.7% of patients over 75 years compared with 7.7 % national average. The practice also has a slightly higher average of working age patients of 63.6% compared with 60.7% national average. The practice has a high percentage of patients for whom English is not their first language and an increasing number of patients from Eastern Europe.

The surgery is located close to Preston city centre and information published by Public Health England, rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice opens from Monday to Friday from 9am until 6pm with GP appointments starting at 10.50 am each day.

The practice is closed on a Thursday afternoon. When the practice is closed patients are advised to contact NHS 111. The out of hours service is provided by Preston Primary Care Centre, based at the local NHS hospital.

The practice staff includes; a GP, a practice nurse, one practice manager, one reception staff and a secretary. The practice are currently in the process of employing two additional reception staff.

The practice nurse works eight hours per week split over two days; Tuesday afternoon and Wednesday morning. Patients requiring nursing treatments outside these times are referred to the district nursing service.

The practice uses the same locum GP, when required to cover leave or sickness, for continuity of care and support for their patients. Other services run by the practice include a weekly baby clinic for childhood development checks and a fortnightly immunisation clinic.

Weekly ante-natal clinics are managed by the community midwives and a podiatry clinic is held monthly.

The practice provides telephone consultations, pre bookable consultations, urgent consultations and home visits.

The premises are purpose built and offer access and facilities for disabled patients and visitors.

The CQC intelligent monitoring placed the practice in band 3. The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP practice activity and patient experience including the Quality Outcomes Framework (QOF) and the National Patient Survey. Based on the indicators, each GP practice has been categorised into one of six priority bands,

with band six representing the best performance band. This banding is not a judgement on the quality of care being given by the GP practice; this only comes after a CQC inspection has taken place.

Why we carried out this inspection

The practice had previously been inspected in July 2014, as part of the pilot programme of GP inspections within the Greater Preston Clinical Commissioning Group. As a result of this inspection the practice was required to make improvements and compliance actions and a warning notice were issued. We reviewed what actions had been undertaken.

We carried out 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 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

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 the action plan submitted by the practice following the last inspection. We reviewed a range of other information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17th February 2015.

During our visit we spoke with all staff on duty, this included the GP, Practice Manager, Practice Nurse and Secretary, who was also undertaking reception duties on that day. We spoke with patients who used the service and members of the Patient Participation Group. We reviewed comments made by patients on the Care Quality Commission comment cards made available in the practice.

We saw how staff interacted with patients and managed patient information when patients telephoned or called in at the service. We saw how patients accessed the service and the accessibility of the facilities for patients with a disability. We reviewed a variety of documents used by the practice to assist staff to run the service. We reviewed a small random sample of electronic records to test the medication reviews and patient alerts.

Requires improvement

Are services safe?

Our findings

Safe track record

We found that there had been some improvements made since the last inspection, by which the practice could identify safety issues and take appropriate action. National patient safety alerts as well as comments and complaints received from patients were now used to identify issues that could affect either patient safety or that of the safe running of the practice. Staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

The practice had introduced a new governance policy designed to improve the service for patients and staff and ensure their safety and well-being.

We reviewed a range of information we held about the practice and asked other organisations such as NHS England and the Clinical Commissioning Group (CCG) to share what they knew. No concerns were raised about the safe track record of the practice. Information from the Quality and Outcomes Framework (QOF), which is a national performance measurement tool monitored by the CCG, showed that in 2013-2014 the practice was appropriately identifying and reporting significant events

Learning and improvement from safety incidents

The practice had improved the system in place for reporting, recording and monitoring significant events. Since our last inspection in July 2014 where we identified that systems to record and investigate significant events were not good enough, the practice had undertaken a review of three significant events. Staff were able to explain clearly the actions introduced following these events. It was confirmed that these actions had made systems more efficient.

We noted that actions taken and learning from incidents were discussed at practice meetings. These were now documented and available for all staff to review. The practice manager stressed that because the practice was small, any staff member who was not present at practice meetings, always received a verbal update.

Reliable safety systems and processes including safeguarding

The practice had up to date child and vulnerable adult safeguarding policies and supportive protocols and procedures in place. These provided staff with information about identifying, reporting and dealing with suspected abuse and any patients potentially at risk. The policies were easily available to staff in hard copy. Staff had access to contact details for both child protection and adult safeguarding teams. We saw evidence of such information displayed in all clinical, reception and administrative areas. The GP was the lead for safeguarding and had undertaken level three training as required. All other staff had received up to date training, at a level suitable to their role.

All staff we spoke with were knowledgeable about the types of abuse to look out for and how to raise concerns. Staff were made aware through an alert system on electronic records of vulnerable children and adults. Staff were able to comprehensively discuss two recent cases when appropriate and timely referrals had been made to the local authority and other health and social care professionals, when concerns had been raised, as per the practice policy.

The practice had a current chaperone policy. The practice manager confirmed that only staff who had received training in the role and responsibilities of chaperoning carried out this role. Evidence to demonstrate the delivery of this training did not record the content of this training. However the practice manager described in detail the training scenarios used. A chaperone policy notice was displayed in the reception area and in all treatment and consultation rooms.

Medicines management

Appropriate systems were in place for the management of medicines. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

The practice manager and secretary confirmed that all prescriptions were reviewed and signed by the GP before they were given to the patient, Both staff members also described how blank prescription forms were tracked through the practice and kept securely at all times. This was in accordance with national guidance. There was a

written protocol in place to manage uncollected prescriptions. The practice contacted patients on a weekly basis if these were not collected. This ensured the well-being of the patients.

Improvements had been made since the last inspection where any changes in medicines were required following discharge from hospital. Only the GP was responsible for all amendments and medicine changes.

Vaccines were managed appropriately, with the cold chain requirement met. This ensured that vaccines were stored and transferred correctly and maintained at the required temperature for use. Temperature checks on the vaccine fridge were undertaken and recorded daily.

We discussed with the GP how medication reviews were managed. Random review of medicine review alerts on the electronic system revealed that the medication reviews were outstanding. The GP insisted that the medicine review had been undertaken, however when the GP reviewed his electronic consultation notes, there was nothing documented to verify that this had been undertaken.

Cleanliness and infection control

All areas within the practice were found to be clean and tidy. We saw cleaning schedules were in place and the practice manager carried out regular monitoring checks to ensure the practice cleanliness was acceptable. Comments we received from patients indicated that they always found the practice to be clean and maintained to a good standard.

We saw the consultation and treatment rooms had adequate hand washing facilities. Instructions about hand hygiene were available throughout the practice with hand gels in clinical rooms. We found protective equipment such as gloves and aprons were available in the treatment/ consulting rooms. Couches were washable.

Clinical waste disposal contracts were in place and spillage kits were available. We noted sharps bins were kept out of reach of patients and were dated when commenced.

There was an infection prevention and control policy in place that had been reviewed in September 2014. This covered areas such as hand washing, protective equipment, clinical waste management, handling specimens and needle stick injuries. The GP was named as the lead for infection prevention and control (IPC).

A basic IPC audit and risk assessment had been undertaken by the GP, following an incident when an external waste management company had delivered the wrong coloured waste collection bags. This had been quickly identified by the practice and the incident was shared with other local GP practices to make them aware of the issue. We saw an IPC audit/checklist had been utilised in the past but this had not been maintained.

We saw current protocols for the safe storage and handling of specimens and for the safe storage of vaccines. These provided staff with clear guidance and were in line with current best practice.

Staff we spoke with understood their role in respect of preventing and controlling infection. For example reception staff could describe the process for handling submitted specimens. Although the IPC policy indicated that staff received IPC training on induction and then annual updates, we saw no recorded evidence that this training had taken place.

Records were available to indicate that risk of Legionella (a bacterium that can grow in contaminated water and can be potentially fatal) had been considered and assessed as low risk. This was to be reviewed annually. Staff informed us that actions were on –going to reduce the risk from potential sources of legionella infection; however records to demonstrate this were not available

Equipment

Staff we spoke with told us they had sufficient and suitable equipment to enable them to carry out diagnostic examinations, assessments and treatments.

We saw that equipment was in good condition and fit for purpose. All equipment was tested and maintained regularly and we saw equipment maintenance logs, contracts and other records that confirmed this. This included annual checks of fire extinguishers, portable appliance testing (PAT) and the annual calibration and servicing of medical equipment.

The practice had equipment in the waiting room to enable patients to self-check their weight and blood pressure. Instructions were clearly displayed, with advice to patients to speak with staff if they wanted to discuss the results.

Staffing and recruitment

Requires improvement

Are services safe?

The practice had updated and implemented a comprehensive recruitment policy since the last inspection. This reflected current recruitment and employment requirements. We reviewed the files of two people whose recruitment was on –going. The practice was currently awaiting the results of checks with the Disclosure and Barring Service (DBS). This would determine if candidates were able to work with potential vulnerable people. We saw that references had been obtained. The practice manager explained that once the DBS checks had been obtained the candidates would be invited back to present identification verification and other personal checks required before employment, as per policy.

We saw that the files contained an interview note template, although the candidates had been interviewed by the GP and practice manager, only one interview note template had been completed in each case, and this was not in sufficient detail to demonstrate the competencies required for the role.

The practice manager had worked in the practice for over 30 years; other staff within the practice had worked there for a number of years, with the last employee joining in April 2014. We reviewed four current staff files. We saw these contained contracts of employment, job descriptions, some training certificates, evidence of Criminal Records Bureau Checks or DBS. An induction programme checklist had also been completed.

The practice checked on the registration of nurses with the Nursing and Midwifery Council (NMC) and the General Medical Council (GMC) for the GP within the practice. Checks were also made for professional indemnity of the GP.

Staff told us there were always enough staff to maintain the smooth running of the practice and to keep patients safe, although they acknowledged that the commencement of the new receptionists would make things easier and more efficient. There was an arrangement in place for members of administrative staff, to cover each other's annual leave. On the day of the inspection one receptionist was on leave and so the secretary was also undertaking reception duties.

We were told annual leave for the GP was booked in advance to allow for appropriate cover by other regular locum GP, who was familiar with the practice.

Monitoring safety and responding to risk

The practice had improved the system for reporting, recording and monitoring significant events since the last inspection. We were told that incidents were reported at practice meetings and records were shown to us to demonstrate this. Systems were in place to ensure that medicines in use were in date and readily available. Staff confirmed they had received regular cardiopulmonary resuscitation (CPR) training and update training for this was arranged for later this year. A fire risk assessment and a basic legionella risk assessment were also available. Health and safety information was displayed for staff around the premises.

However the practice manager confirmed that a policy, procedure or risk assessment were not available for the management of medical and health care emergencies. It was explained that the rationale for this was that the team was small and staff knew to ring 999 for an ambulance. The lack of policy, procedure and risk assessment potentially put patients at risk from not receiving timely emergency medical treatment.

Both the practice manager and secretary confirmed that they covered each other duties in the event of unexpected absence. Procedures were in place to manage expected absences, such as annual leave, and unexpected sickness.

Arrangements to deal with emergencies and major incidents

The provision of emergency medicines for first line treatment had improved since the last inspection. Adrenaline and Benzyl penicillin (used as initial treatment for meningitis) was now readily available and in date. Checks were made and recorded.

There was no oxygen or defibrillator available for use on the premises during any medical emergency. This had been highlighted at the last inspection in July 2014. There was no risk assessment or protocol for the rational explaining this decision, nor were policies or procedures available for staff to follow in the event of any health care emergency. After discussion the GP assured us oxygen would be made available as soon as possible to reflect current guidance from professional bodies such as the Royal College of GPs (RCGP), the British Medical Association (BMA) and the Resuscitation Council UK.

A business continuity plan was in place to deal with a range of emergencies that may impact on the daily operation of the practice. Mitigating actions were recorded to reduce

Requires improvement

Are services safe?

and manage the identified risks. Risks identified included power failure, loss of telephony and IT services, staff absence and access to the building. The document also contained relevant contact details for external contractors. Arrangements were also in place with other local GP's in the event that the premises were unable to be used, to cause minimal disruption for patients.

The practice had carried out a fire risk assessment that included actions required to maintain fire safety. Records showed that staff were up to date with fire training and that they practised fire drills.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Patients we spoke with said they felt they received care appropriate to their needs. They told us they were involved in decisions about their care as much as possible. New patient health checks were carried out by the practice nurse and health checks and screenings were undertaken in line with national guidance.

There were no specialist clinics run by the practice as the GP led on all long term and complex medical conditions.

Care plans had been put in place in line with national guidelines for patients with long term conditions and for those patients who met the criteria to avoid unplanned admissions to hospital. This was part of local enhanced services provided at the practice.

The practice did not have any guidance in relation to the Mental Capacity Act 2005 or how the staff would assess the best interests of patients.

Management, monitoring and improving outcomes for people

We were told by the GP that multi-disciplinary meetings were held regularly in the past but due to reorganisation of other health professionals in the community, these had become infrequent. The practice manager explained that contact was made with the HV and district nurses whenever required and a file was maintained daily to ensure this contact was made to refer patients when needed.

We saw evidence that meetings were held monthly to discuss patients who were receiving palliative or end of life care.

The practice did not have a system in place for completing clinical audit cycles. No clinical audits had been undertaken by the GP to determine the effectiveness of treatments prescribed or management of clinical conditions. We found one review of asthma diagnosis and monitoring, but this was not a completed audit review or cycle to improve outcomes for patients. There was no plan in place for undertaking clinical audits in the future.

The GP acknowledged the continued low smear uptakes rates, citing this was longstanding and a cultural issue amongst a large proportion of their patients. We saw evidence that the practice was already contacting those who failed to attend for scheduled smear appointments and encouraging women to have a smear when attending the surgery for other reasons

Effective staffing

The GP practice team included one GP, a practice nurse, one practice manager, a secretary and two receptionists. At the time of this visit the practice was actively recruiting two reception staff. The practice nurse worked eight hours per week. These were split between Tuesday afternoon and Wednesday morning. Patients requiring nursing treatments outside these times were referred to the district nursing service.

Both the practice manager and secretary confirmed that they had received an annual appraisal in the last 12 months. However records of these more recent appraisals were not available in personal files

We looked at one induction training record for the latest recruited member of the reception team. This included mandatory training, role-specific training and some health and safety training.

The practice closed every Thursday afternoon and staff said this was used for practical education training. The practice did not maintain a record of completed training by staff; however we saw hand written training topics such as chaperone, safeguarding adults and children recorded on the front of staff files. The practice manager confirmed that this meant that training had been completed. The records available for chaperone training were copies of the practice policy signed on the front by the staff members. This indicated that the policy had been read but did not reassure us that training had been provided. The practice manager confirmed that this was the training record.

We saw evidence of up to date training certificates for information governance, basic life support and anaphylaxis training. We did not see training certificates for infection prevention and control or safeguarding children and adults.

Certificates of training demonstrated the practice nurse was appropriately trained and updated to undertake clinical checks such cervical cytology, immunisations and vaccination and spirometry (lung function tests).

Working with colleagues and other services

Requires improvement

Are services effective?

(for example, treatment is effective)

We were told the practice worked closely with other health care providers in the local area. The practice manager attended various meetings with other local GP practices. These meetings provided opportunities for supporting each other, sharing information and good practice and reviewing national developments and guidelines.

The weekly health visiting service had been recently withdrawn from the practice; however the practice staff contacted the health visitors once a week to provide relevant updates on the birth of new babies and clinical or safeguarding concerns.

Patients were also referred to external health professionals for phlebotomy (taking blood for tests) as this was not undertaken by the practice. When the practice nurse was not on duty patients were referred to the district nursing service for treatments such as change of dressing and wound checks.

Patients were also referred to the community mental health team when required. The GP also told us he was in regular contact with the community matron and also held monthly palliative care meetings with the community palliative care team

Patients we spoke with were aware of the arrangements for out of hours care. Patients were requested to contact the NHS 111 service. Out of hours care was provided by Preston Primary Care Centre based at the local NHS hospital. The GP also said that he referred patients suffering from suspected deep vein thrombosis (DVT) (a blood clot) to the DVT service managed by the out of hours service.

Information sharing

We found that staff had all the information the practice needed to deliver effective care and treatment to patients. All new patients were assessed and patients' records were set up, this routinely included paper and electronic records with assessments, case notes and blood test results. We saw that all letters relating to blood results and patient hospital discharge letters were reviewed on a daily basis by the GP. We found referrals were made to secondary care (hospital) in a timely way. Patients we spoke with also confirmed that when the GP had made referrals to other health professionals, these were received within an appropriate time scale.

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to coordinate, document and manage patients' care. All staff were fully trained on the system, and commented positively about the system's ease of use. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Information was received on a daily basis from the Accident and Emergency department and the out of hours service when patients attended. The practice manager then actioned any further contact with the patients if required.

Consent to care and treatment

We did not see any updated policy in place that related to the taking of consent or updated guidance in place for staff in relation to the Mental Capacity Act 2005. Staff we spoke with were able to explain how they would assure that patients gave consent prior to any treatment. The practice manager demonstrated an awareness of the Mental Capacity Act 2005 and records were available which showed that this was discussed with the staff team. The practice nurse also demonstrated an understanding of Gillick competencies. (These help clinical staff to identify children aged under 16 who have the capacity to consent to medical examination and treatment).

Health promotion and prevention

The practice offered a health check to all new patients registering with them. They offered a full range of immunisations for children, travel vaccines and flu vaccinations in line with current national guidance.

The practice supported patients to manage their health and well-being. The practice offered national screening programmes, vaccination programmes, long term condition reviews and provided health promotion information to patients. For older patients there was a shingles vaccination programme and a catch-up scheme for patient's 71-79years of age.

There was a range of information for patients in relation to health and wellbeing and also contacts for various health and social care services in the local community.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

Staff we spoke with were aware of the importance of providing patients with privacy and of the importance of confidentiality. There was a room available if patients wished to discuss something with them away from the reception area, however information advising patients of this was not displayed. The computers at reception were shielded by a screen and the level of the desk helped maintain patient confidentiality.

Consultations took place in purpose built rooms with an appropriate couch for examinations and screens to maintain privacy and dignity. The practice was able to offer breast feeding mums a private room when required. We observed staff were discreet and respectful to patients. Patients we spoke with told us they were always treated with dignity and respect.

The practice offered patients a chaperone prior to any examination or procedure. Information about having a chaperone was seen displayed in the reception area and all treatment and consultation rooms. Staff we spoke with were knowledgeable about the role of the chaperone and confirmed they had received training to undertake this role.

Care planning and involvement in decisions about care and treatment

Patients we spoke with said they felt involved in decisions about their own treatment. They told us they received full explanations about diagnosis and treatments and that staff listened to them and gave them time to think about decisions. However the results of the national GP patient survey published in January 2015 showed that only 66% of respondents said the GP they saw or spoke to was good at involving them in decisions. This was the below the CCG average of 81%.

Patients completed CQC comment cards to tell us what they thought about the practice. We received 18 completed cards and almost all were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect. We also spoke with two patients, four members of the patient participation group (PPG) and one carer as part of our inspection. All told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

The practice had a data protection and access to records policy that informed patients how their information was used, who may have access to that information, and their own rights to see and obtain copies of their records. Information was available for patients on the practice website and in leaflets.

Patient/carer support to cope emotionally with care and treatment

Patients were positive about the care they received from the practice. Patients we spoke with told us they had enough time to discuss things fully with the GP and most patients felt listened to and felt both the GP and practice nurse were empathetic and compassionate. They told us all the staff, including the practice manager and reception staff were compassionate and caring.

The GP was the lead for patients nearing the end of life. We saw one set of multi-disciplinary team meeting minutes from November 2014. These showed that the community palliative care nurse was invited but did not attend the meeting. The GP advised that it was an on-going problem getting the community health care team to attend meetings.

The practice's electronic recording system had sections where special notes were used to flag specific health care or social care needs of the patients. This information was used to inform out of hours services of any particular needs of patients who were coming towards the end of their lives.

Notices in the 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. One carer we spoke with confirmed they received good support from the practice.

Information packs were available for patients who had suffered bereavement and these signposted people to the different types of support that was available. Patients told us that the GP had been very supportive when they had suffered bereavement.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice had a good understanding of its patient population. The practice provided a number of enhanced services which included alcohol related risks, unplanned admissions, dementia assessments and services for patients with learning difficulties (LD).

We saw the practice's electronic records system was used to flag patients with additional needs or concerns, such as LD, however when we randomly tested the system we found three patients were not flagged but had LD or a vulnerable adult diagnosis. No data was found on the Quality Outcomes Framework (QOF) electronic register for LD. QOF is a national performance measurement tool. The practice manager maintained a register of vulnerable patients and those with LD were included on this.

The practice did not use the national chose and book system for referrals into secondary care (hospital). The GP explained the practice had its own electronic clinical system facility (Booking Management), once a referral was requested, this was transferred to the secretary to print off and send. We saw two such referrals made during the inspection.

The practice had an active Patient Participation Group (PPG). We spoke with four members of the group and looked at their last meeting minutes. The practice manager and the GP attended the PPG meetings on a regular basis, where good information exchange took place. The PPG told us the practice listened to them and they were able to contribute views and suggestions that, if appropriate, were acted upon. One example given was the waiting room chairs had been changed due to concerns about cross infection. These were now plastic chairs which could be cleaned easily.

Tackling inequity and promoting equality

The practice provided services to patients from different ethnic and cultural backgrounds. An interpreter service, such as language line was not available at the practice. The secretary said they used Google on line translation service if needed. The practice manager stated patients usually brought a carer to act as interpreter at appointments. Practice meeting minutes were available from January 2015 and these showed that there had been two different occasions where the patients had struggled to make their needs understood due to language difficulties. The outcome of the meeting was for the practice to consider the introduction of language line.

An equality and diversity policy was available. This had been reviewed in February 2015 Information to demonstrate clearly if staff had received training about equality and diversity issues was not available.

The building had disabled facilities including ramp access and toilet facilities. The GP and practice nurse consultation rooms were located on the ground floor and a vacant consultation room could be used by patients who required privacy for breast feeding or to discuss concerns privately with reception staff.

Access to the service

The practice was open Monday to Friday 9 am until 6 pm except Thursday afternoon when the practice closed for a half day. The GP had booked appointment times from 10.50 am to 14.00 and 16.30 to 17.30 each day (except Thursdays). We were informed that emergency slots were always allocated for 11 and 12 am and 17.40 and 17.50 each day when the surgery was open. We discussed the lack of availability of a GP when the practice opened at 9am. Staff told us if any emergency occurred they would ring 999.

Patients requiring nursing treatments outside the availability of the practice nurse were referred to the district nursing service. Information was available to patients about appointments on the practice website and in the practice information leaflet. This included who to contact for advice/appointments out of normal working hours when the practice was closed. The practice offered pre bookable and urgent (on the day) appointments, telephone consultations and home visits. Appointments could be made in person or by phone.

Patients we spoke with, comments on the CQC comment cards and patient survey results told us that it was not difficult getting through to the practice on the telephone for appointments. We did not receive any negative comments about availability of appointments.

The results of the national GP patient survey published in January 2015 told us that 83% of respondents said they found it easy to get through to the surgery by phone; 92% of respondents said the receptionist were helpful and 77%

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

of respondents described their experiences of making an appointment good. All these responses were above the average response for the local Clinical Commissioning Group (CCG).

Appointments were tailored to meet the needs of patients, for example those with long term conditions and those with learning disabilities, who would be offered longer appointments. Home visits were made to older patients and those vulnerable housebound patients when required and log of home visits made was available for us to view.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. This was the practice manager, although they did liaise with all relevant staff in dealing with the complaints on an individual basis. The complaints procedure was displayed in the patient waiting room.

The practice manager informed us that they had not received any complaints for a long time. Records of complaints showed the last one received was over 12 months ago. Records indicated that the practice had investigated responded appropriately. The practice manager said they had a "Niggle and Grumbles" book available to patients, kept at the front of reception. We saw the last comment to be recorded was in August 2014 and this was a positive comment. The comment previous to this was from August 2013.

Patients we spoke with were not aware of the complaints procedure. However they confirmed that they had no need to complain and if they did they felt confident to speak to the practice manager.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

Staff confirmed that they were unaware of any vision and strategy for the GP practice. There was no business plan although the practice manager advised that she had just been informed verbally by the GP of his plan for the next three years. The clinical governance policy stated that the practice would operate a three year strategic plan, based on patient needs and gear activity towards creating resources to achieve both immediate and longer term patient clinical needs. We were not presented with evidence to show any work towards this 3 year plan.

The GP was lead for all clinical aspects of the service including safeguarding, and infection control. The team was small and it was evident the staff understood and were clear about their roles and responsibilities and each worked to offer a friendly, caring service that was accessible to all patients.

Governance arrangements

The practice had some policies and procedures in place to give staff guidance. There was no electronic shared hard drive for the location of policies or protocols. Policies were only available in paper copy. Most had been reviewed by the addition of hand written review date in July 2014 and then some contained a typed review date of September 2014. Evidence to indicate that the policies had been assessed against new and changing best practice guidance was not available.

The GP had implemented a clinical governance policy which covered areas such as clinical audit (stating regular clinical audit would be undertaken), staff management, information governance, continued professional development and patient experience.

The practice used the Quality and Outcomes Framework (QOF) to measure its performance. The QOF data for this practice showed it was a high performer, achieving 881.5 out of a possible 897. QOF is a national performance standard.

We saw no evidence of clinical audits being completed, and there was no future programme suggesting what clinical audits would be undertaken.

The practice did not have formal arrangements for identifying, recording and managing risks, for example responding to emergency medical procedures.

The practice meetings minutes were available and these showed that a range of issues such as child protection, safeguarding and practice staffing levels were discussed regularly.

Leadership, openness and transparency

As the practice had a small staffing establishment there was no documented leadership structure, although staff were aware of their roles and responsibilities. Staff we spoke with told us they would have no hesitation in raising any issues with either the practice manager, who was their line manager or the GP.

We found that appraisals were outstanding for all staff. Staff told us that appraisals had been undertaken the previous year and that they were able to discuss issues openly when raised.

Practice meetings were now documented and we saw that staff were able to make comments and issues at these meetings.

Staff we spoke with were not aware there was a whistleblowing policy in place however they did know what to do if they had to raise any concerns.

Practice seeks and acts on feedback from its patients, the public and staff

There was an active Patient Participation Group (PPG) in place and minutes from meetings and results of surveys demonstrated actions were taken when necessary. These were available on the practice web site. We saw from minutes that guest speakers were regularly invited to meetings in order to raise awareness of community support . These had included Age UK and a carer's association. We spoke with the four members of the PPG who told us there were no concerns at present and they felt that the practice was responsive to any issues raised by the group. They were very positive about the responsiveness of the GP and about the support given by the practice manager.

The practice had collated the feedback received in January 2015 from the NHS Friends and Family Test. This is used to

Are services well-led?

Requires improvement

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

assess if patients using the practice would recommend the service to friends and family. The practice manager had analysed the results of this . To date the feedback was very positive.

A "niggles and grumbles" book was kept in the waiting room for patients to document any issue. The last entry was August 2014 and was a positive comment.

Appraisals were outstanding for all staff so there was no documented evidence that staff were given appropriate opportunity to give feedback on the service or raise issues.

Management lead through learning and improvement

The GP had undergone an appraisal and was gathering evidence and information required for their professional revalidation. This is the process whereby doctors demonstrate to their regulatory body, The General Medical Council (GMC), that they were up to date and fit to practice.

The practice nurse was registered with the Nursing and Midwifery Council, and as part of this annual registration was required to update and maintain clinical skills and knowledge. We saw evidence of updated training and learning undertaken.

We were told by the GP he regularly attended local clinical meetings facilitated by the Clinical Commissioning Group (CCG), although we were not presented with any evidence of meeting minutes or actions pertaining to these. The CCG had previously confirmed that the GP attended meetings on a regular basis. Similarly the practice manager regularly attended meetings with other practice managers to provide support and share good practice.

Following the last inspection in July 2014 when the practice was issued with a warning notice to make improvements, we found that there had been some progress. However there were still some shortfalls in how the practice was effectively learning and improving. The system to review policies and procedures was still not efficient. There was no central register of policies, with no documented review procedure. There was no central register of training that staff had undertaken or were due to complete. The GP had not implemented a Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) policy. The consent policy had not been updated to include information in regards to the Mental Capacity Act 2005.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services **The practice had no medical emergency guidance for staff and no equipment to utilise in an emergency situation.**

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service provision **There had been some improvements and actions taken following the last inspection. However, there were still shortfalls in the systems in place to assess and monitor the quality of the service provided and manage and record effectively the training and development of staff.**