

The Yadava Practice

Quality Report

34 East Thurrock Road,
Grays,
Thurrock
RM17 6SP

Tel: 01375390575

Website: <https://yadavasurgery.wordpress.com/>

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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 The Yadava Practice on 16 May 2017. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events. Staff confirmed discussions had been held and lessons learnt. We found evidence to demonstrate how learning had been shared and changes embedded into practice.
- Patient safety and medicine alerts had been appropriately responded to.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- We found the practice had allowed non-prescribers who had not received appropriate training, to carry out medicine reviews. The practice was reviewing their staff access and authorisation for non-prescribers.
- All staff had received a Disclosure and Barring Service (DBS) check and an appraisal within the last 12 months.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We found that staff had a good understanding of key issues such as safeguarding, mental capacity act and consent.
- All practice policies and protocols were practice specific, updated and reviewed.
- The practice had identified 44 patients as a carer which was 0.8% of their patient list.
- Information about how to complain was available and easy to understand. Complaints were responded to at the time of reporting where possible. Learning from complaints was shared with staff.

Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- The practice worked with their clinical commissioning group (CCG) to provide essential primary care to vulnerable adults within a domiciliary setting.
- The practice proactively sought and valued feedback from staff and patients, which it acted on. The patient participation group was engaging and active.
- There was a clear leadership structure and staff felt supported by management. The practice held regular staff meetings. We found clinical meetings were not being carried out regularly.
- The practice had reviewed their national GP survey results and was reviewing areas of improvement.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Actions the practice SHOULD take to improve:

- Ensure only qualified prescribers conduct medicine reviews and where appropriate staff have suitable training to carry out prescribing duties.
- Ensure only qualified prescribers conduct medicine reviews and where appropriate staff have suitable training to carry out prescribing duties.
- Strengthen quality improvement processes relating to national guidelines for gestational diabetes.
- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place for reporting and recording significant events. Staff confirmed discussions had been held and lessons learnt. We found evidence to demonstrate how learning had been shared and changes embedded into practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent reoccurrence.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Records were maintained of checks on emergency medicines and equipment to identify out of date or items due to expire.
- Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts were appropriately actioned and evidenced.
- We found medicine reviews were being carried out by clinical staff that did not have the appropriate training. The practice had acknowledged this on the day of the inspection and adjusted their system to only allow prescribers to carry out prescribing responsibilities.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable and in some cases higher than the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, evidence of analysis had been seen and new methods implemented. However we found areas where the quality improvement process could be strengthened.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice actively promoted healthier lifestyle advice for a wide range of patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice similar to local and national averages for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. When we spoke to patients, we were told that the staff provided a professional yet personal and friendly service.
- The practice provided bereavement support to patients and had a system to identify carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood and responded to the needs of their patients. For example the practice worked with their CCG to provide urgent primary care by using a rapid response team.
- Patients said they were able to make appointments if they attended the practice on the day and urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand. Complaints were responded to at the time of reporting where possible. Learning from complaints was shared with staff.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice held regular practice staff meetings. However we found the practice had not developed regular clinical meetings due to workload constraints but they had communicated clinical topics regularly via a notebook held in their staff room and informal discussions.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group were dedicated to the practice and attended a wide range of local area meetings to relay information back to the practice.
- There was a focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Care plans were reviewed annually by a GP or practice nurse.
- Longer appointments were available for older people if required.
- Where appropriate, the practice actively invited patient's relatives to be involved with their care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked in partnership with their CCG to ensure patients were aware of support services such as the rapid response team.
- The practice worked closely with their team that dealt with patients care to avoid admission into hospital and allowed them access through a priority telephone number.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Patients with long term conditions had a dedicated nurse.
- Reviews were booked according to patient's severity and needs.
- Longer appointments and home visits were available when needed.
- All patients were offered a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

Good



Summary of findings

- 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.
- The practice provided a six week baby check, post-natal check and immunisation appointment.
- Immunisation rates were high for all standard childhood immunisations.
- The practice offered contraceptive advice for patients.
- Relevant support information was provided for children and young people such as weight loss advice.
- The practice promoted the cervical screening programme. The practice's uptake for the cervical screening programme was 84% which was higher than the CCG average of 80% and the national average of 81%.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Routine pre-bookable evening and weekend appointments were offered to all patients via the Thurrock GP Hub (Alternative location within Thurrock that provided out of hours care).
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Telephone appointments were available with the GP or nursing team.
- Patients 65 and over were offered a care plan appointment with the GP. This includes routine health checks including dementia/memory screening, blood screening and social circumstances.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice's data showed 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and national average of 84%.
- The practice was comparable to the CCG and national average for their management of patients experiencing poor mental health. For example, 90% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months compared with the CCG average of 84% and the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice carried out advance care planning for patients with dementia and provided home visits for those unable to attend.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Patients and their family members were offered longer appointments to discuss concerns. Carers were highlighted on their patient record and offered appropriate vaccinations and health checks.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 332 survey forms were distributed and 120 were returned. This represented a response rate of 36%.

- 83% of patients said the last GP they saw or spoke to was good at listening to them compared with the CCG average of 82% and the national average of 89%
- 81% of patients say the last GP they saw or spoke to was good at explaining tests and treatments compared with the CCG average of 80% and the national average of 86%
- 82% of patients say the last GP they saw or spoke to was good at giving them enough time compared with the CCG average of 80% and the national average of 87%
- 84% of patients find it easy to get through to this surgery by phone compared with the CCG average of 74% and the national average of 73%

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. Overall the comment cards suggested that all the staff at the practice were friendly, professional and approachable. They said they were treated with dignity and respect whilst being cared for and that the practice was clean and tidy.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff was approachable, committed and caring. None of the patients we spoke to on the day could identify any improvements the practice could make to its care.

The practice's NHS Friends and Family Test reported positively on patient experiences of the service. We reviewed the previous two months patient feedback. The practice had received 60 completed cards. 91% were likely or extremely likely to recommend the surgery to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure only qualified prescribers conduct medicine reviews and where appropriate staff have suitable training to carry out prescribing duties.
- Ensure only qualified prescribers conduct medicine reviews and where appropriate staff have suitable training to carry out prescribing duties.

- Strengthen quality improvement processes relating to national guidelines for gestational diabetes.
- Review process and methods for identification of carers and the system for recording this to enable support and advice to be offered to those that require it.

The Yadava Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist advisor.

Background to The Yadava Practice

The Yadava practice is located in Thurrock and has a list size of approximately 5,853 patients. The practice has agreed with NHS England to temporarily stop registering new patients due to service demand and pressures. The practice provides limited parking at the rear of the building with unrestricted parking on nearby streets. There are good transport links in the locality.

- The practice operates from a single location: 34 East Thurrock Road, Grays, Thurrock, RM17 6SP
- Services provided include: a range of clinics for long term conditions, child immunisations and health promotion.
- At the time of inspection, the practice had two female GP partners. Locums were used to cover GPs when they are away.
- There is one full time practice nurse, one part time general nurse and a part time healthcare assistant
- The non-clinical team comprises of a practice manager and five reception and administrative staff.
- The practice opens between 8am and 6.30pm Monday to Friday. The practice offers patients walk-in open appointments (where no pre booked appointment was

needed) to see a doctor every morning. These sessions start from 9.30am to 1pm. Pre-booked afternoon appointments are available from 3.30pm to 5.30pm Monday to Friday.

- On weekends, evenings and bank holidays, appointments are available through the local GP 'hub' at four other local GP practices. Patients can access out of hours care which is provided by IC24 by ringing the practice or dialling 111.
- The practice has a comprehensive website providing information on opening times, appointments, services, staff and patient group information.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service where improvements were previously required, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting on the 16 May 2017, we reviewed a range of information we hold about the practice. During our visit we:

- Spoke with a range of staff (practice manager, nursing staff, registered GP) and spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. We reviewed ten significant incidents that had been reported since May 2016. From the sample of significant events we reviewed we found they were appropriately recorded and investigated. Staff confirmed the incidents had been discussed and learning identified. For example; as a result from an incident raised, further training was provided to staff in relation to smart cards and the administrative staff now removed smart cards when leaving the computer unattended.

Staff told us significant incidents were discussed at the time of the incident and reviewed at monthly practice meeting where they shared lessons learnt. We reviewed the three most recent monthly practice meeting minutes. We found significant incidents were a standard agenda item in all of the minutes and there were discussions relating to them. The meeting minutes and significant incident logs portrayed how learning had been shared, implemented and revisited to show improvements had been made and embedded into practice.

We asked the practice how they managed Medicines and Healthcare Regulatory products Agency (MHRA) alerts and patient safety alerts. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice. We reviewed seven MHRA alerts and found that that the practice had monitored patients at risk. The practice maintained records to demonstrate the alerts had been appropriately actioned and we found patients had been appropriately monitored. The practice was employing a consistent approach to ensure the timely and appropriate management of safety alerts. Staff told us the practice manager received the alerts and shared them with the clinical team.

Overview of safety systems and processes

The practice had defined systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- All staff received training on safeguarding children and vulnerable adults relevant to their role.

- The practice safeguarding arrangements reflected relevant legislation and local requirements. Policies were updated, displayed and accessible to staff outlining who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP who led on safeguarding children and vulnerable adults and staff were aware who to contact if GP the lead was not available. The GPs provided reports where necessary for other agencies.
- Notices were displayed in consultation rooms and waiting areas advising patients that chaperones were available, if required. Clinical staff were trained to act as chaperones and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Non clinical staff also had a DBS check in place and relevant training for staff that carried out chaperone duties had been undertaken. When we spoke to staff they understood the role of a chaperone.
- We found the practice to be clean and tidy. The practice nurse and healthcare assistant were the infection control clinical leads and had received additional training to undertake the role. We reviewed the infection control audit dated May 2017. Risks were assessed and mitigated. The nurses maintained separate cleaning schedules for rooms and their trollies. All staff received training in infection prevention control and spillages kits were available on both levels of the building.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescription reviews for patients on high risk medicines. They had received appropriate monitoring and review.
- The practice had conducted searches of patient records and their prescribing practices to ensure safe and effective prescribing practice. Their findings were shared with the clinical team. Improvements were implemented and actively monitored.
- The practice was prescribing in line with best practice guidelines for safe prescribing.
- We found that clinical staff without appropriate training were reviewing patient medicines however they were working in accordance with their competencies. The

Are services safe?

practice told us there was a fault on their patient record system that allowed members of the clinical team to carry out medicine reviews without the appropriate training. Following the inspection the practice told us that they had immediately changed the system and only staff with appropriate training were reviewing medicines.

- The practice told us how they ensured the safe and secure management of prescriptions. They monitored their movement, logging them in and out and storing them securely.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We found medicines had been stored in accordance with guidance. The fridge temperature was monitored once a day in line with practice policies and the practice had an appropriate cold chain policy which staff were aware of.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives.
- The practice had a relevant fire risk assessment, dated February 2017 and carried out fire drills yearly as per their local authorities' guidance. Weekly fire alarm tests were evidenced.
- All electrical equipment had been checked in May 2017 to ensure the equipment was safe to use and working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and

infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice's legionella assessment had been completed in August 2016 and the practice conducted regular checks on their water system.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The reception and administrative team covered planned and unplanned absence, where practicable. We spoke to staff and they were aware of their responsibilities while other staff members were absent. The practice used locums to cover GPs when needed.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available on both levels of the building.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available in two locations in the practice.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice also stored blood forms and all relevant paperwork required to work in the event of a power failure in a secured location offsite.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Clinical staff were aware of NICE guidelines and discussed relevant topics in an informal setting. The practice told us they would benefit from carrying out regular clinical meetings to discuss relevant guidelines.

Although the practice were carrying out regular medicine audits relating to NICE guidelines, we found one area where they could have strengthened the monitoring of women who had previously had gestational diabetes. We found that annual blood tests were not being carried out for these patients in line with national guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results for 2015/2016 showed the practice achieved 97% of the total number of points available.

Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects. The practice QOF performance shows high exception rates for:

- Coronary heart disease of 15% compared to the national average of 8%
- Stroke and transient ischaemic attack of 18% compared to the national average of 10%
- Cancer of 39% compared to the national average of 25%
- Osteoporosis of 27% compared to the national average of 15%

The practice monitored their exception reporting and we found that they had followed the correct protocol when exception reporting their patients.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- For patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months the practice achieved 74% which is comparable with the CCG average of 75% and the national average of 78%.
- For patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less the practice achieved 92% which is above the CCG average of 75% and the national average of 78%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 90% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months. The CCG average was 84% and the national average of 89%.
- The practice achieved above the national average for the percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 92% in comparison with the CCG and national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was above the national average. The practice achieved 87% compared with the CCG and national average of 83%.

The practice operated a clinical and administrative audit programme. They used this to obtain assurance of the quality of their services and to inform and drive improvements. The programme was comprehensive and included learning disability checks, complaints, admission avoidance, non-attendance figures (DNA's) and unusual death.

The practice monitored national guidelines through audits. For example; the practice had reviewed patient records to ensure they were not being prescribed specific medicines contrary to guidance. We looked at an audit comparing two types of medicines recommended by NICE and found that

Are services effective?

(for example, treatment is effective)

the practice had reviewed these medicines, implemented changes to their prescribing and re-audited. The second audit found that all patients were being monitored and assessed in line with national and practice protocols.

We looked at another audit relating to the use of Alogliptin medicine for diabetic patients which is the medicine of choice conducted in September 2016, the practice found there was an increased use of the recommended medicine from the start of the audit. Documentation and analysis were evidenced, the practice highlighted areas where they found it difficult to prescribe the recommended medicine and found methods to overcome this.

Effective staffing

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

- The practice had a comprehensive induction programme for both their clinical and administrative staff. This covered such topics as clinical systems, basic life support, safeguarding responsibilities and escalation procedures, Mental Capacity Act training, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role specific training and updating for relevant staff. For example, their practice nurse had undertaken external chronic disease management training along with the two GPs. The staff told us this was an effective method of training as it allowed the GPs and nurses to follow the same guidelines. Staff were given time to learn every month and local role specific CCG training courses were available to the staff.
- Staff administering vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, external training days and surgery notifications available for all staff members to review.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to out of hour services, information was shared between sites electronically after obtaining patient consent, the practice also had effective methods to communicate with their cancer support team.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. Multidisciplinary meeting minutes evidenced discussions between professionals regarding action plans for patients care. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a three monthly basis where care plans were routinely reviewed and updated for patients with complex needs. The practice also held a monthly palliative team meeting.

Consent to care and treatment

We spoke with members of the clinical team and checked clinical records for patients receiving treatment where consent should be received such as patients receiving vaccinations or where they had agreed to the use of a chaperone. We found staff understood and sought patients' consent to care and treatment in line with legislation and guidance. We saw evidence in patients' records of written consent.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the

Are services effective?

(for example, treatment is effective)

Mental Capacity Act 2005. Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity and, recorded the outcome of the assessment.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition, smoking and alcohol cessation, and mental health. Patients were signposted to the relevant service such as community programs, appointments with the lead GP or nurse at the practice and annual health checks.

The practice encouraged their patients to attend national screening programmes. Data from the National Cancer Intelligence Network showed the practice had above the local and national averages for screening their patients. For example;

- The practice's uptake for the cervical screening programme for women aged 25- 64 years old who had screening tests performed in the preceding 5 years was 84%, which was above the CCG average of 80% and the national average of 81%. There was a policy to offer reminders for patients who did not attend for their cervical screening test.
- The practice was also comparable to local and national average for their referral of new cancer diagnosis on the two week wait referral pathway. The practice referral rate was 46% in comparison to the CCG average of 48% and the national average of 49%.

There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening which was comparable to local and national averages. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were above the standard 90%. For example;

- The practice achieved 94% for the percentage of children aged one year with full course of recommended vaccines.
- The practice had achieved 97% of appropriate vaccinations for children aged two years of age.
- The practice had achieved between 98% and 96% of appropriate vaccinations for children aged five years of age.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We found members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Staff showed understanding and compassion to meet patient needs.

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent personalised service, staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us that the practice engaged with the community and overall they felt the care provided was of an excellent standard. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey, published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice had above average or comparable results for its satisfaction scores on consultations with GPs and nurses. For example:

- 83% of patients said the GP was good at listening to them compared with the CCG average 82% and the national average 89%.
- 82% of patients said the GP gave them enough time compared with the CCG average 80% and the national average 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared with the CCG average 91% and the national average 95%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average 78% and the national average 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 88% and the national average 91%.

The practices NHS Friends and Family results were positive regarding their experiences of the service. We reviewed the previous two months patient feedback. The practice had received 60 completed cards. 91% of the patients who completed the cards were likely or extremely likely to recommend the surgery to their friends and family. The other 9% were neither likely or unlikely to recommend the surgery as they were unhappy with waiting outside the surgery before the morning appointments started. The practice had discussed this with their PPG and were testing alternative methods.

Care planning and involvement in decisions about care and treatment

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

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments comparable with the CCG average of 80% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care which was comparable with the CCG average of 76% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care which was higher compared with the CCG average of 84% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. The practice served mixed population of British, Asian, Nepalese and Eastern

Are services caring?

European population. Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted staff if a patient was a carer. The practice's health care assistant and PPG members worked to promote the carers programme. The practice had identified 44 patients as a carer which amounted to 0.8% of their patient list. The practice believed that they had more carers than was on their list and were looking at how to code them appropriately (the practice code their patients so that they are highlighted on the correct lists in order for them to be reviewed appropriately) The practice had also spoken to staff to increase awareness of carers, information was advertised on an information board in reception to raise awareness

with patients of the benefits and services carers may access. Carers were invited for annual health checks and appropriate flu vaccinations. Written information was available to direct carers to the various avenues of support available to them in the form of the practice carers' policies, advertisements in the waiting room and practice website.

The practice actively engaged with their patients and families living with dementia. The practice staff had relevant dementia training to assist in identifying and supporting their patients better. They had displayed clearer signage for patients and the patient's next of kin or social worker was notified of upcoming appointments. Patients that experienced mental health issues were also referred to a memory clinic to allow the practice to personalise their care.

Staff told us that if families had suffered bereavement, their named GP contacted them via telephone. On occasion the practice GPs visited families to provide support. The families received a brochure with relevant information and support groups available to them. Patient consultations were available to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with their patients and patient participation group to ensure they identified, understood and responded to the needs of its local population. The practice reported a relationship with their NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability and for any patient who requested a longer appointment.
- Home visits were available daily for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Telephone consultations were available daily for the convenience of patients unable to attend the practice.
- Text reminders were sent to patients detailing the time and date of their appointment.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were referred to other clinics for NHS and private travel vaccinations.
- The practice offered contraception advice appointments, coils were checked at the practice and information was available for coil fittings provided by other services.
- There were disabled facilities, a hearing loop and translation services available.
- The practice worked with their community agent such as district nurse, social care and rapid response team who they refer vulnerable patients to, to assist them in maintaining their independence.
- Medication reviews for Chronic Obstructive Pulmonary Disease (COPD), asthma, diabetes and other long term health conditions were conducted by the clinical team.
- Patients were invited to disclose sensory needs.
- Patients and their family members living with dementia were offered longer appointments to discuss concerns. Carers were coded on their patient record systems and offered appropriate vaccinations and health checks.
- A CCG rapid response team of specialist nurses work with the practice to focus on patients on the admission avoidance list.

- The practice provides care for patients at a local care home. GPs conducted annual health checks on patients, and provide care throughout the year when needed.

Access to the service

The practice opened between 8am and 6.30pm Monday to Friday. Each day an open clinic was held where a set number of patients would be seen without an appointment from 9.30am to 12pm. Pre-booked appointments are available in the afternoon from 3.30pm to 5.30pm. The nurse's clinics ran throughout the day from 9am to 12.30pm and started again at 2pm to 5pm. Evening, weekends and bank holiday out of hours services was provided by IC24, another healthcare provider. This could be accessed by patients ringing the practice or patients dialling 111.

Results from the national GP patient survey, published in July 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. For example:

- 69% of patients were satisfied with the practice's opening hours compared with the CCG average of 71% and the national average of 76%.
- 84% of patients said they could get through easily to the practice by phone compared with the CCG average of 74% and the national average of 73%.

The practice worked with their patient participation group (PPG) to review patient's feedback from the national GP survey, they conducted their own in house research and found that patients did not like queuing outside in the morning. The practice had updated notices outside the practice to make them aware of timings and the PPG had spoken to patients regarding alternative methods they could use in the future. The discussions to overcome the problems were evidenced in practice team meeting minutes.

We asked the practice when the next available appointments were with a GP and member of the nursing team. The next appointment available with a GP and nurse was later in the afternoon on the same day.

The practice monitored their patient non-attendance rates to identify trends and act on potential safeguarding concerns. All appointments missed by children or vulnerable persons had been followed up by phone or during a subsequent consultation, if children missed three consecutive appointments they would be referred to the

Are services responsive to people's needs?

(for example, to feedback?)

relevant safeguarding team. The practice had recently introduced a text message system to remind patients of appointments. They believed the system had reduced their non-attendance and they planned to audit figures once the text message system had been embedded into the practice for a longer period of time.

The practice monitored their patient's attendance at accident and emergency (A&E) departments. Patients who attended when the practice was open were contacted to provide feedback on the service to mitigate the need for them to do so in the future. Patients were provided with additional information for other services they could use. Patients from the care home were seen by the GP when they were discharged from hospital.

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

- We saw that information was available to help patients understand the complaints system for example posters in the waiting area, knowledge from the receptionists and the practice's complaints policy.

The practice manager told us that their team were committed to resolve issues at the time of reporting, if practicable. The practice maintained a separate record of all significant events and complaints. These were reviewed by the practice manager and clinician involved to identify risks and respond in a timely and appropriate manner. The practice discussed all complaints during their monthly practice meetings.

The practice had received ten complaints since April 2016 relating to prescription error and patient dissatisfaction. We reviewed three of the ten complaints and found all had been acknowledged, investigated and responded to in a timely and appropriate manner. Where lessons were to be learnt these had been disseminated to the team evidenced in the February 2017 practice meeting minutes. For example the practice had discussed their morning appointment systems to see if there was a way to reduced patient waiting time outside.

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 published mission statement and values. They stated they aimed to fulfil the health needs of their patients in the most efficient manner, whilst maintaining the highest quality care. We spoke to staff who demonstrated their understanding and application of the practice values. The practice regularly reviewed their performance to reflect their vision and values for the future.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice was aware of their regulatory responsibilities and notified the commission of appropriate incidents in a timely and appropriate manner.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team social days were held often.
- Staff said they felt respected, valued and supported, particularly by the partners and management in the practice. All staff was involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice via monthly practice meetings.
- The practice engaged in external events held by the CCG such as training sessions and new development meetings.
- The practice participated in local initiatives provided by the CCG and NHS England.
- The practice had conducted a critical analysis of their practice prior to the inspection. They were honest with the inspection team about their achievements, challenges they face and areas where they believed they could improve.
- Staff said they enjoyed working at the practice, they felt supported by the management and one another.
- The practice supported their staff by setting standards of conduct for their patients. They publicised their standards of conduct, which asked their patients to treat staff with respect and courtesy. For example, by keeping their appointments, notifying them of any cancellations, only using the out of hour's provision for urgent conditions which could not be accommodated by the practice and to be courteous and polite to patients.

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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the PPG, surveys and complaints received. The PPG met every two months, they had engaged with surrounding practices and patients attending the practice and they had submitted proposals for improvements to the practice management team. For example, surveys had highlighted the increase of ethnic populations in the local area. The practice had worked together with their PPG to raise awareness of their translation services and had taken the opportunity to try and explain support services that patients could use.
- The practice spoke highly of their relationship with their PPG. They had 15 active members who met up every two months; all staff members from the practice attended every meeting as evidenced within the January 2017 meeting minutes. Members of the PPG had spoken highly of the service they received from all of the practice team. They told us they valued the commitment of the partners, practice manager and nursing team who were receptive to their feedback and supportive of their opinions.
- The practice had gathered feedback from staff through practice meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management for example when staff required time for training they had

discussed with management and worked together to agree additional time for training. Staff told us they felt involved and engaged to improve how the practice was run.

- The practice manager and team members met regularly and felt involved with how the practice was run. The practice also encouraged staff to share learning through scientific and medical research to inform their assessments and treatments.
- Staff members regularly interacted within a social environment which staff said encouraged team building. When we spoke to staff they all expressed how supported and encouraged they felt.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was aware of the challenges they faced and were taking appropriate actions to overcome them. The practice were aware they faced staffing issues and actively sought a nurse prescriber to relieve some of the pressures the clinical team felt. The practice faced challenges with various IT systems within their practice, they had requested guidance and approval to change or add additional systems which they were hoping would help the efficiency and effectiveness of their care. For example, the practice had implemented ICE, a hospital communication system to improve communication with their local hospital and to allow a faster transfer of data, they were changing their communication system with their out of hours provider to provide patients with greater continuity of care.