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?	Good
Are services effective?	Inadequate
Are services caring?	Requires improvement
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 carried out an announced comprehensive inspection at Dr Binoy Kumar, also known as St Paul's Surgery, on 14 June 2016. This was to check that the practice had taken sufficient action to address a number of significant concerns we had identified during our previous inspection in August 2015. Following this inspection in August 2015, the practice was rated as inadequate for providing safe and well-led services, and as requires improvement for providing effective, responsive and caring services. Overall the practice was rated as inadequate.

We also issued a warning notice and two requirement notices under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and placed the practice in special measures as a result.

At this inspection we found the practice had made significant improvements in the safe domain and had taken the required action to meet the warning notice and the requirement notices issued in August 2015. However we found that there were still areas that required improvement.

Overall the practice is now rated as requires improvement

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

- We found there were still shortfalls in the clinical review of patients with long term conditions. Care plans were not always up dated.
- There were incomplete clinical assessments, for example clinical reviews were not always evidenced following results of blood tests.
- There were still shortfalls in the medication reviews for patients on multiple or high risk medications. Random selection of patient records indicated that medication reviews were overdue.

Summary of findings

- Data showed some patient outcomes were comparable to the Clinical Commissioning Group (CCG) and national average but had shown some deterioration in most indicators compared to the 2014/2015 data
- The uptake for cervical screening remained a major concern. The practice was approximately 30% below both the CCG and national averages.

- Although some audits had been carried out, it was too early to determine that audits were driving improvements to patient outcomes.

However:

- There was an improved open and transparent approach to safety and a more effective system in place for reporting and recording significant events.
- Risks to patients were more effectively assessed and governance systems were improved.
- Patients unanimously told us they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with the GP, with urgent appointments available the same day. No issues about access to appointments were raised.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment and training was more comprehensively recorded.
- The practice had good facilities, was clean and well organised and was well equipped to treat patients and meet their needs.
- There was well established Patient Participation Group (PPG). Members we spoke with spoke emphatically about how highly regarded the GP was amongst not only his patient population but the local community.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure that reviews for patients with long term conditions and more complex needs are consistently undertaken in a timely manner and appropriately documented in the patient electronic record.
- Ensure that medication reviews for patients on multiple or high risk medication are undertaken and documented in the patients electronic record in a more timely manner
- Ensure that care plans for patients with long term conditions and for older patients where required, are reviewed and documented in a timely manner.
- Ensure that the practice proactively seeks any initiative that could potentially increase the uptake of cervical screening.

The areas where the provider should make improvements are:

- Proactively seek the provision of a female clinician to improve access for female patients
- Continue to carry out clinical audits including re-audits to ensure improvements have been achieved.
- Document more clearly any performance management discussions during staff appraisals.
- Continue to improve the checking of expiry dates for emergency drugs
- Sustain the improvements found to ensure the required fundamental standards of health and social care are met

The service remains in special measures. The practice will be inspected in six months. If insufficient improvements have been made such that there remains a rating of inadequate for any population group, key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating the service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

- Actions taken to comply with the warning and requirement notices issued after the previous inspection, in relation to concerns within this domain, demonstrated substantial improvement.
- The practice had implemented an improved, systematic approach to documenting, investigating and evidencing learning from significant events or incidents.
- Lessons were shared and now documented to ensure action was taken to improve safety in the practice.
- When things went wrong patients received support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had sustained clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and were better managed.
- The practice had implemented more effective management of medical emergencies

Are services effective?

Inadequate

The practice is rated as inadequate for providing effective services.

There still were areas where continued improvements must be made.

- There were still shortfalls in the clinical review of patients with long term conditions. Care plans were not always up dated and we saw evidence that patients with multiple conditions had to make separate appointments for each clinical review, resulting in only partially effective clinical reviews.
- Review of a random selection of seven patient records showed there were incomplete clinical assessments, for example clinical reviews were not evidenced following blood tests
- There were still shortfalls in the medication reviews for patients on multiple or high risk medications. Random selection of patient records indicated that medication reviews were still overdue.
- At our previous inspection in August 2015 we found that the range of the practice's clinical audits was limited. We noted

Summary of findings

some improvement during this inspection and the practice had implemented an annual audit programme, undertaking two completed audits, after obtaining guidance on appropriate audit tools. However it was too early to determine if patient outcomes had improved as a result.

- Although data showed some patient outcomes were comparable to the Clinical Commissioning Group (CCG) and national average, there had been some deteriation in indicators compared to the results at the last inspection. For example:
  - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 82% compared to the CCG and national average of 78%. Previous results reported as 86% at the last inspection.
  - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 76%, compared to the CCG average of 74% and national average of 78%. Previous results reported as 79% at the last inspection
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 79% compared to the CCG average of 77% and national average of 80%. Previous results reported as 81% at the last inspection.
- The uptake for cervical screening remained a major concern. The practice was approximately 30% below both the CCG and national averages at 52% compared with the CCG average of 80% and 82% national average. Previous results reported as 53% at the last inspection.

Are services caring?

Requires improvement

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

Results from the national GP patient survey showed lower satisfaction scores on consultations with GPs and nurses, with again lower satisfaction scores than the previous year. For example:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.

Summary of findings

- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 96% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality

Are services responsive to people's needs?

Requires improvement

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

Although improvements had been made since the last inspection in August 2015, there were still areas where continued improvements must be made.

- The practice had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to the service; however clinical outcomes particularly for cervical screening rates remained low, with no indication as to any plans to address this issue.
- There were inconsistent follow-up reviews for patients with long term conditions
- There were inconsistent medication reviews for patients on multiple medications or those with complex needs, with some being overdue.
- Low Coronary Heart Disease prevalence suggest that there was improvement required to respond more proactively to identify and meet people's needs, particularly within the Asian practice population

However:

- Feedback from patients was extremely positive about access to appointments

Summary of findings

- Patients could get information about how to complain in a format they could understand. There was evidence that learning from complaints had been shared with staff.

Are services well-led?

Requires improvement

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

Although the practice had made improvements in the governance arrangements since the last inspection and had taken appropriate action to meet the requirement of the warning notice issued at that time, there were still further improvements required. These included:

- The overall clinical management of patients with long term conditions in respect of timely reviews was still inconsistent.
- Medication reviews for patients were still inconsistent, with some found to be overdue.
- Cervical screening was a major concern and we found no evidence of any proactive initiatives to attempt to improve this.
- Although appraisals had been completed for staff, there was still no evidence of performance review or professional development plans.
- The provision to provide access to a female clinician for female patients had still not been considered.
- The patient participation group was active in its membership but could not provide any examples of recent feedback which had improved the services for patients.

However:

- The practice had implemented a vision strategy and had recently implemented a business plan to support the deliver quality care and promote good outcomes for patients.
- The practice had reviewed all policy guidance and these reflected current clinical and non-clinical guidance.
- These were now available via a new electronic shared drive and also in comprehensively organised folders within the reception area. Staff knew how to access these.
- Arrangements to monitor and improve quality and identify risk were improved, with more comprehensive documentation of meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The GP 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 sought feedback from staff and patients, which it acted on.

Summary of findings

- There was an improved focus on learning and improvement within the practice with better access to appropriate training modules.

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

The practice is rated as requires improvement for the care of older people. The practice is rated as inadequate for providing effective services and requires improvement for providing caring , responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group

- Care plans for these patients were not consistently maintained.

Nationally reported data showed that outcomes for patients for conditions commonly found in older people were lower than both the CCG and national averages. . For example:

- The ratio of reported versus expected prevalence for Coronary Heart Disease was 0.48% compared to the CCG average of 0.76% and the national average of 0.71% indicating a risk that not all patients had been identified as requiring treatment.
- The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) was 0.45% compared to the CCG average of 0.64% and the national average of 0.63% indicating a risk that not all patients had been identified as requiring treatment

However:

- As this was a single handed practice all patients were treated by the same GP
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Palliative care meetings were held and community health care professionals attended these

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the care of people with long-term conditions. The practice is rated as inadequate for providing effective services and requires improvement for providing caring , responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- There was evidence during random sampling of patient records that reviews for patients with long term conditions or multiple complex needs were not undertaken in a timely manner.
- Recording of reviews in patient records was inconsistent.

Summary of findings

- Care plans for these patients were not consistently maintained
- The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 82% compared to the CCG and national average of 78%.
- The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 76%, compared to the CCG average of 74% and national average of 78%.
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 79% compared to the CCG average of 77% and national average of 80%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 99% compared to the CCG average of 93% and national average of 94%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 79% compared to the national average of 88%.
- Longer appointments and home visits were available when needed.

Families, children and young people

Inadequate

The practice is rated as inadequate for the care of families, children and young people. . The practice is rated as inadequate for providing effective services and requires improvement for providing caring , responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

- The uptake for cervical screening remained a major concern. The practice was approximately 30% below both the CCG and national averages at 52%, compared with the CCG average of 80% and 82% national average.
- There was no provision for providing access for female patients to a female clinician.

However:

- 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.

Summary of findings

- Immunisation rates were good for all standard childhood immunisations and uptake was slightly higher than the CCG average for 12 months age groupat 96% compared with 92%, 91% for 24 months age group compared with 93% for the CCG and the same at 95% as the CCG for the 5years age group.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). . The practice is rated as inadequate for providing effective services and requires improvement for providing caring , responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group

However:

- 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.
- There was extended opening until 7pm each Monday evening to give some flexibility in appointment times for those patients who worked during the day.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice is rated as inadequate for providing effective services and requires improvement for providing caring , responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group

However:

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

Summary of findings

- The practice regularly worked with other health care professionals in the 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)

Requires improvement

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice is rated as inadequate for providing effective services and requires improvement for providing caring , responsive and well led services. The concerns which led to these ratings apply to everyone using the practice, including this population group

However:

- Data from 2014/2015 showed: 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG and national average of 84%
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was below local and national averages apart from one question. A total of 388 survey forms were distributed and 85 were returned. This was a response rate of 21.9% and represented approximately 5% of the practice's patient list.

- 81.5% of patients found it easy to get through to this practice by phone compared to the CCG average of 72.9% and the national average of 73%.
- 73% of patients were able to get an appointment to see or speak to someone the last time they tried compared to CCG average of 77% and the national average of 76%.
- 71% of patients described the overall experience of this GP practice as good compared to the CCG and national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 79%.

As part of our inspection process we asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which contained mainly brief, but positive responses about the standard of care received. Consistently patients stated that the service was good or excellent, that the GP was extremely caring and that the reception staff were friendly and helpful.

We spoke with six patients during the inspection, who were also members of the patient participation group and we contacted four patients by telephone. All ten patients said they were extremely satisfied with the care they received and thought staff were approachable, committed and caring. The GP was singled out as providing an excellent clinical service and dealing very well with a diverse practice population.

The practice was taking part in the Friends and Family Test. This is an NHS scheme to get patients opinion of a service, by asking if they would recommend that service to friends or family members. The practice manager confirmed that although the numbers of patients participating was still low, the feedback remained consistently positive. The collated results for May 2016 showed that 28 respondents said they were extremely likely to recommend the practice, 19 likely, with no respondents saying it was unlikely they would recommend the practice to friends and family.

Areas for improvement

Action the service MUST take to improve

- Ensure that reviews for patients with long term conditions and more complex needs are consistently undertaken in a timely manner and appropriately documented in the patient electronic record.
- Ensure that medication reviews for patients on multiple or high risk medication are undertaken and documented in the patients electronic record in a more timely manner
- Ensure that care plans for patients with long term conditions and for older patients where required, are reviewed and documented in a timely manner.
- Ensure that the practice proactively seeks any initative that could potentially increase the uptake of cervical screening

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- Proactively seek the provision of a female clinician to improve access for female patients
- Continue to carry out clinical audits including re-audits to ensure improvements have been achieved.

Summary of findings

- Document more clearly any performance management discussions during staff appraisals.
- Continue to improve the checking of expiry dates for emergency drugs
- Sustain the improvements found to ensure the required fundamental standards of health and social care are met

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 specialist adviser and a second 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. Dr Kumar is a single handed GP and is part of the Greater Preston Clinical Commissioning Group (CCG). The practice has 2025 registered patients.

Data shows the practice population is made up of a lower proportion of patients aged 65 years and above; national average The practice also has a slightly higher percentage of working age patients compared with national average. Male life expectancy is 76 years compared to the CCG and national averages of 78 years and 79 years respectively. Female life expectancy in the practice area is 79 years compared to 82 years for the CCG and 83 years nationally.

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 the exception of Thursdays, when the practice closes at 1pm. There are extended hours each Monday evening until 7pm.

When the practice is closed patients are advised to contact NHS 111. Out of hours service is provided by Preston Primary Care Centre, based at the local NHS hospital.

The practice staff includes; the GP, a practice nurse, one practice manager, three reception staff and a secretary/ administration staff.

The practice nurse works eight hours per week spilt 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 male GP, when required to cover leave or sickness, for continuity of service 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.

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

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

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 14 June 2016. During our visit we:

- Spoke with all staff on duty and with the practice nurse following visit.
- Spoke with patients who used the service.
- Spoke with members of the Patient Participation Group.
- 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.
- We observed how reception staff communicated with patients.
- Reviewed a range of information including staff records and other documentation used to manage the practice.

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.

Good

Are services safe?

Our findings

Safe track record and learning

In August 2015 we found that there were continued shortfalls in how the practice managed significant events.

At this visit we found the practice had implemented an improved system for reporting and recording significant events

- Staff were able to comprehensively describe the improvements made to the system. This included the newly appointed staff.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The incident recording form supported the recording of notifiable incidents under the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out analysis of the significant events and these were documented.

We reviewed safety records, incident reports, and patient safety alerts. We saw that practice meeting minutes now had a standard agenda item where significant events were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example staff were able to discuss actions taken when there had been an error in the use of medical abbreviations and when a patient had collected a prescription, and had also been given another patient's prescription in error.

Overview of safety systems and processes

The practice had sustained clearly defined and embedded systems, processes and practices to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies had been updated and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding. Staff demonstrated they fully understood their responsibilities, including new staff, and all had received training on safeguarding children and vulnerable adults relevant to their role. The GP was trained to child protection or child safeguarding level 3. The practice nurse was trained to level 2.
- A notice in the waiting room and advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice continued to maintain appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The GP and practice nurse were named as the infection control clinical leads. The practice had liaised with the local authority infection prevention team since the last inspection, in order to ensure they kept up to date with best practice. There was an infection control policy in place, updated in March 2016 and staff had received up to date training. A more comprehensive infection control audit had been undertaken in April 2016 and we saw evidence that action was taken to address any improvements identified as a result. Spillage kits to deal with blood and other body fluids had been purchased. The treatment room was clean and well organised, with sharps receptacles dated and signed when put into use.
- 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 prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient

Group Directions had been adopted by the practice to allow the practice nurse to administer medicines in line with legislation. These had been dated and signed by the GP. Vaccines were managed as required and were efficiently organised to easily identify expiry dates. Fridge temperatures were monitored and recorded daily to ensure storage within the required parameters for safe and effective use.

- We reviewed four personnel files and found these were now more efficiently managed. Appropriate recruitment checks had been undertaken for the new staff prior to employment. For example, proof of identification, references, and the appropriate checks through the Disclosure and Barring Service. We noted that where a verbal reference had been obtained this had been documented but this needed to be added as a file note within the staff file. The practice had secured the services of an external company to oversee recruitment and employment procedures.

Monitoring risks to patients

At the last inspection we found that there were concerns in how the practice managed risks to patients and staff.

We found that the management of risks within the practice had improved and risks were assessed and better managed.

- There were improved procedures in place for monitoring and managing risks to patient and staff safety. A risk management file had been implemented. There was an updated health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The practice had completed and updated a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Appropriate arrangements were in place for planning and monitoring the number of staff on duty to meet patients' needs. There was a small staffing establishment and staff were able to cover duties in reception and for administration tasks in the event of unexpected absences.

Arrangements to deal with emergencies and major incidents

At the last inspection we had concerns on how any medical emergency would be managed.

We found the practice had significantly improved the arrangements in place to respond to emergencies and major incidents.

- The practice had implemented a medical emergency policy to give staff guidance on how to manage patients who collapse or become unwell or when a patient's condition gave cause for concern when contacting the practice for an appointment.
- The practice had purchased a defibrillator and all staff had been trained in its use. There was oxygen available with adult and children's masks.
- All staff received updated annual basic life support training.
- A first aid kit and accident record book were available.
- There was an instant messaging system on the new IT system in the consultation and nurses rooms which alerted staff to any emergency.
- Emergency medicines were easily accessible to staff in the nurses room and all staff knew of their location. We found that one emergency drug, Benzylpenicillin (used for first line treatment of suspected meningitis) had expired in April 2016 but had an expiry date of November 2016 recorded. The practice confirmed that this was removed and replaced by the practice immediately during the visit. All other drugs and equipment were in date and checked.
- The practice had an updated, 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 plan was available electronically and also in the contingency plan box kept in reception.

Inadequate

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

In August there were identified concerns in how 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.

We found that the practice had taken action to ensure that the GP now had the required access to best practice guidelines and NICE guidance.

- Practice policies had been updated and the system improved to ensure that best practice guidance was disseminated to clinical staff.
- The practice had put systems in place to ensure they monitored how these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Monthly clinical meetings attended by the GP and practice nurse had been implemented since the last inspection. These minutes demonstrated clinical information and best practice guidance was shared.

However:

- There was inconsistent evidence that care andtreatment was being delivered in line with recognised best practice and guidelines guidelines following random sample checks of patient records.
- An audit had been completed on the treatment of Atrial Fibrillation as per NICE guidance. The first cycle in October 2015 identified three patients not being treated as per the guidance, and an action plan was put in place to review them. Unfortunately, the second cycle in April 2016 revealed that there was still an additional patient not compliant with 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 were 96.8% of the total number of points available, with 8.7% exception reporting, comparable to 8.8% across the CCG and below the national average of 9.2% (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).

Data reviewed showed the practice continued to achieve QOF (or other national) clinical targets, with the results comparable or slightly above CCG and national averages, however all indicators were lower than the preceding year.

Data from 2014/2015 showed:

- The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 82% compared to the CCG and national average of 78%. Previous results reported as 86% at the last inspection.
- The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 76%, compared to the CCG average of 74% and national average of 78%. Previous results reported as 79% at the last inspection.
- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 79% compared to the CCG average of 77% and national average of 80%. Previous results reported as 82% at the last inspection.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 99% compared to the CCG average of 93% and national average of 94%. Previous results reported as 100% at the last inspection.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 79% compared to the national average of 88%. Previous results reported as 94% at the last inspection.

At our previous inspection in August 2015 we found that the range of the practice's clinical audits was limited. We noted there had been some improvement during this inspection and the practice had implemented an annual audit programme after obtaining guidance on appropriate audit tools

Inadequate

Are services effective?

(for example, treatment is effective)

- There had been three clinical audits completed since the last inspection, two of these were completed audits where the improvements made were implemented and monitored. For example: An audit had been undertaken for the prescribing of anticholinergics (medicines that relax the bladder muscle) for urinary incontinence (UI) in females, as per NICE guidance. Results showed significantly better monitoring of eGFR in patients over 75 years from the first cycle to the second (from 55% to 100%), with moderate improvement in other criteria (e.g. the percentage of women offered 1st line therapy up from 11% to 33%
- An audit to look at the percentage of prescribed repeat drugs which were linked to an appropriated condition code/diagnosis was on going. A total of 30 patients were randomly selected and 125 repeat items were correctly linked (i.e. 81%). A second cycle audit was planned for July 2016.

Data for clinical indicators for Coronary Heart Disease (CHD) indicated prevalence rates for the practice showed large variance from local and national averages (0.4 compared to the CCG and national averages of 0.7).

There was no evidence that this had been reviewed considering the high percentage of the practice population from an Asian background. A random check of repeat medication notes on a young Asian patient with raised cholesterol levels showed no CHD risk calculation in the consultation notes and a medication review was noted as being six months out of date.

- Random checks of a further seven patients requiring medication reviews for long term conditions and more complex needsshowed that two reviews were over four months overdue and two patients had only one long term condition reviewed, when suffering from multiple conditions.
- Care plans for patients with long term condition or more complex needs were not consistently maintained.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. A practice handbook had been updated and new staff confirmed they had completed a comprehensive induction programme.

At our previous inspection of June 2015, we found that there were gaps in how training was recorded and there was no system to identify the training needs of staff.

However, at this visit we found:

- A comprehensive e -learning programme had been purchased and was utilised appropriately.
- We were able to review completed training records during this inspection and noted that staff had undertaken a wide range of face to face and e –learning/ training including;infection control, safeguarding, information governance, moving and handling, health and safety, conflict resolution, and equalities and diversity.Training in the principles of the Mental Capacity Act 2005 was arranged for later in the year.
- Staff we spoke with confirmed they had completed training as recorded and we were told time was given to complete training appropriately as well as being able to complete in their own time.
- The practice nurse administering vaccines and taking samples for the cervical screening programme had received specific training. Updated training in immunisation and vaccination had also been completed.
- Staff had received an appraisal within the last 12 months. These were still predominately self-evaluation, with little evidence of performance management.
- The GP had undergone an appraisal last year and was gathering evidence for this year's appraisal due at the end of June.
- 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 and work towards revalidation. We saw evidence of updated training and learning undertaken.

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.

Inadequate

Are services effective?

(for example, treatment is effective)

- However through review of seven randomly selected patient records we found ony four records were up to date in respect of care plans, medication reviews and follow up reviews.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services such as for consultations with secondary care (hospitals). It was noted that referrals were made in a timely manner.
- Special patient notes for those patients with complex needs or end of life care were sent to the out of hours (OOH) provider by secure fax. We saw evidence that communication from them back to the surgery was dealt with in an appropriate and timely manner.

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. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis for patients with complex needs or for end of life care.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance and the practice policy had been updated.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. Additional update training had been arranged. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Patients had access to a wide range of health promotion and wellbeing information and were signposted to the relevant service.

The practice's uptake for the cervical screening programme remained a major concern.

We were again told that this had not changed for a number of years and was reflective of other practices locally. However only 52 % of women aged 24 – 65 had received cervical screening. This was well below the CCG average of 80% and the national average of 82%. This was again slightly lower than the results reported at the last inspection of 53% of women screened.

We were told of opportunistic screening offered by the practice nurse but there had been no attempt by the practice to initiate any further action with other practices or with the CCG to improve the uptake since the last inspection. At the last inspection we were aware that a talk had been arranged from a member of the Asian community at the following patient participation group meeting held in September 2015. This had gone ahead but it was reported that this had made no impact in encouraging women to uptake cervical screening.

- The practice could not demonstrate how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability.
- We were told the practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. However screening data showed the practice had a lower uptake for breast screening at 52% compared with 69% across the CCG and 72% nationally. Bowel screening was 40% compared with 55% both for the CCG and nationally.

However:

- Patients were contacted when they did not attend for their cervical screening test. 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

Inadequate

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given remained comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 91% compared to CCG average of 93% and five year olds 95.7% compared to 95.8%.

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.

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said staff were helpful, caring and treated them with dignity and respect. The GP was cited as being excellent and providing a high standard of care. One comment card stated that they sometimes felt rushed by the GP during consultations.

We spoke with six members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and strongly emphasised the high standard of care and compassion provided by the GP.

However results from the national GP patient survey showed lower satisfaction scores on consultations with GPs and nurses, with again lower satisfaction scores than the previous year. For example:

- 72% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 73% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 84% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 72% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 96% and national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

However this did not reflect the views of the PPG or patients we spoke with who were wholly positive about all these questions.

Care planning and involvement in decisions about care and treatment

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

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

- 65% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86% Previous results had been reported as 72% at the last inspection
- 62% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%. Previous results had been reported as 64% at the last inspection
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85% Previous results had been reported as 78% at the last inspection

Again this did not reflect the views of the PPG or patients we spoke with.

Requires improvement

Are services caring?

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

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

Patient and carer support to cope emotionally with care and treatment

A wide range of 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 and the GP if a patient was also a carer. The practice had identified 85 patients as carers (4% of the practice list).

Staff we spoke with had a good knowledge of a range of local support agencies, and referred patients to them when needed.

The practice had also introduced a carer pack since the last inspection containing information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Requires improvement

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

Since the last inspection the practice had engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to the service but clinical outcomes including cervical screening rates, inconsistent patient follow-up for long term conditions and medication reviews, and low Coronary Heart Disease prevalence indicated that there was still some improvement required to respond more proactively to meet people's needs.

However;

- The practice offered extended hours on a Monday evening until 7pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and emergency appointments were available each morning and afternoon on a daily basis for those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice was open Monday to Friday 9 am until 6 pm except Thursday afternoon when the practice closed for a half day. Patients were then directed to the NHS 111 service. An extended surgery was held each Monday until 7pm for those patients who worked. As at the last inspection we were informed that emergency slots were allocated for 11 and 12 am and 17.40 and 17.50 each day when the surgery was open.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was lower than local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 74% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Comments on the 42 CQC comments cards and from the PPG did not raise any concern about access to appointments.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The practice had improved the guidance for staff in cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit and alternative emergency care arrangements were clearly documented. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.This was the Practice Manager.
- We saw that information was available to help patients understand the complaints system via leaflets and on the website.

We looked at two complaints received since the last inspection in August 2015 and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and feedback and action was taken to as a result to improve the quality of care.

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

Since the inspection in August 2015 the practice had implemented a mission statement, with a vision to deliver high quality care and promote good outcomes for patients.

The practice mission statement was to:

"provide the highest standard of patient care whilst incorporating a holistic approach towards diagnosis and management of illness"

"treat all patients with dignity and respect"

"provide an appropriate and rewarding experience for our patients whenever they need our support"

The practice had also produced a supporting business plan which reflected the vision and values This included a statement about succession planning.

Governance arrangements

Although the practice had made improvements in the governance arrangements since the last inspection and had taken appropriate action to meet the requirement of the warning notice issued at that time, there were still further improvements required.

- The overall clinical management of patients with long term conditions in respect of timely reviews was still inconsistent.
- Medication reviews for patients were still inconsistent, with some found to be overdue.
- Cervical screening was a major concern and we found no evidence of any proactive iniatives to attempt to improve this.
- Although appraisals had been completed for staff, there was still no evidence of performance review or professional development plans.
- The provision to provide access to a female clinician for female patients had still not been considered.
- The patient participation group was active in its membership but could not provide any examples of recent feedback which had improved the services for patients.

However:

- The practice had reviewed all policy guidance and these reflected current clinical and non-clinical guidance. These were now available via a new electronic shared drive and also in comprehensively organised folders within the reception area. Staff knew how to access these.
- Additional policies had been implemented for medical emergencies, consent, Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) and Duty of Candour.
- There was a clear staffing structure and staff, including new staff, were aware of their own roles and responsibilities.
- There were more effective arrangements for identifying, recording and managing risks, and implementing mitigating actions. Risk assessments had been updated and a risk management folder implemented

Leadership and culture

All staff we staff we spoke with told us they enjoyed their work, citing a small but good team, with good working arrangements. Staff told us that there was an open culture within the practice and they had the opportunity to raise their concerns. New staff reported that the practice manager and GP were very approachable.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. New policy guidance had been implemented (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The practice 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.

A regular programme of practice and clinical meetings had been implemented since the last inspection.

- Standard agenda items for safeguarding, complaints feedback and significant events had been introduced

Are services well-led?

Requires improvement

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

- Meeting minutes were now documented and available for staff

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys.

- The latest practice survey was undertaken in April 2016 and a response from 88 patients was received and collated
- The PPG strongly felt that the GP had addressed many of the areas of concern from the previous inspection. We were told that the PPG felt the GP was often restricted by the shortcomings of the NHS service rather than the GP.
- The practice gathered feedback from staff through staff meetings, appraisals and we were told, daily discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

It was acknowledged that significant improvement had been made in the safe domain, with work undertaken to make improvements across most remaining domains. This must be sustained.

The practice had implemented a new IT system six weeks before the inspection and we were told this was generally working well. Staff said this would allow them to make continual improvements in practice systems and would be used to support monitoring of quality of care and treatment.

Evidence was seen of adequate and appropriate preparation for appraisal of the GP. These included; e-learning, attendance at CCG workshops, improved significant event analysis and clinical audit analysis.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** The registered person did not do all that was reasonably practicable to consistently undertake a timely review of medications for people on multiple or high risk medications. The registered person did not do all that was reasonably practicable to consistently undertake a timely annual review of patients with long term conditions. The registered person did not do all that was practicable to ensure care plans were consistently updated and reviewed. The registered person did not do all that was practicable to proactively seek initiatives that could potentially increase the uptake of cervical screening This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.