

Dr Velupillai Ravikumar

Quality Report

Headstone Lane Medical Centre
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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?

Requires improvement



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 Headstone Lane Medical Centre on 18 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events. The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff were appropriately trained and qualified and had the skills and knowledge to deliver effective care and treatment.

- Results from the national GP patient survey were mixed. The practice consistently scored below average for the quality of consultations with clinical staff and for patient involvement in decision making. The receptionists were rated very highly for being helpful.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day and routine appointments available within 48 hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

Summary of findings

- The practice should aim to improve the management of diabetes among the practice population. The high prevalence of this condition means that improvement would have a significant beneficial impact on patients' long term health.
- The practice should consider ways to improve the cancer screening uptake rates among its population.
- The practice should consider improving the security of prescription materials, for example by maintaining a record of serial numbers.
- The practice should implement a system to identify, risk assess and if necessary, act on relevant non-clinical alerts, for example, securing looped blind cords.
- The practice should carry out more two-cycle audits to ensure that observed improvements are sustained in practice.
- The practice should investigate patient experience of its service. In particular it should explore ways it might improve patient satisfaction with the quality of consultations and patient involvement in decisions.

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 an effective system for reporting significant events and action was taken to improve safety in the practice. When things went wrong patients received reasonable support, a clear explanation and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise most risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for most indicators. However, practice performance for diabetes was below average.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice provided health promotion services. Cervical screening coverage was below average.

Are services caring?

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

Requires improvement



- Data from the national GP patient survey showed that the practice consistently achieved lower patient ratings than most other practices. For example 62% of practice patients said their GP had been good at involving them in decisions about their care compared to the national average of 82%.

Summary of findings

- However, all the patients who participated in the inspection commented positively on the service and the quality of care they had received.
- Information for patients about the services was available in a range of formats and languages. The GPs were able to speak Sri Lankan languages and the practice attracted a number of patients of Sri Lankan origin who valued this.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. For example, the practice facilitated good communication through the use of interpreting services.
- The practice took account of the needs and preferences of patients with complex and life-limiting conditions. The local enhanced practice nurse carried out care planning with patients and their views were clearly included in their care plans.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments 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 evidence from two examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with the patients concerned, staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.

Good



Summary of findings

- The provider was aware of the requirements of the duty of candour and had applied this in the case of a recent example we reviewed.
- The principal GP, and senior staff encouraged a culture of openness and honesty. Safety incidents were reported and shared and action taken to prevent recurrence.
- The practice sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff had protected time for training.

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 patients.

Good



- The practice offered personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had access to a local outreach nurse who carried out home visits to patients over 75 in the locality including those who were at risk of rapid deterioration and hospital admission. The associated care plans were well documented with evidence of good patient involvement.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence. For example, the practice offered eligible older patients the flu, shingles and pneumococcal vaccinations.
- The practice identified older patients requiring palliative care. The practice regularly met with the district nurses to review these patients' needs.
- The practice identified and provided support to carers, for example offering regular health checks.
- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.

People with long term conditions

The practice is rated as requires improvement for the care of people with long term conditions.

Requires improvement



- The practice had identified patients with long term conditions and offered these patients a structured annual review to check that their health and medication needs were being met.
- The practice had mixed results for indicators of chronic disease management as measured by the Quality and Outcomes Framework (QOF) compared to other practices.
- Performance on diabetes was below average. For example in 2015/16, 66% of diabetic patients had blood sugar levels that were adequately controlled compared to the CCG and the English averages of 78%.
- The practice followed up patients with long term conditions following discharge from hospital and ensured that any care plan was updated to reflect any additional needs.

Summary of findings

- There were emergency processes for patients with long term conditions who experienced a sudden deterioration in health.

Families, children and young people

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

- The principal GP was the safeguarding lead for the practice. There were systems in place to identify and follow up children at risk of abuse.
- The practice prioritised young children and babies for urgent or same-day appointments. The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.
- In 2015/16, 64% of practice patients with asthma had an asthma review in the preceding 12 months compared to the CCG average of 77% and the national average of 76%.
- The practice provided child immunisations. Immunisation rates were above or close to the 90% targets for standard childhood immunisations. The practice liaised with the health visitors to follow up children who did not attend for immunisation.
- Appointments were available outside school hours including Saturday morning.

Good



Working age people (including those recently retired and students)

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

- The needs of this group had been identified and the practice had adjusted the services it offered to ensure these were accessible.
- Appointments at the practice were available until 6.30pm Monday to Wednesday and on Saturday morning. Telephone consultations were also available daily.
- The practice offered health promotion and screening services appropriate for this group, for example NHS health checks to adults aged 40-74. The practice had written to 18 year olds the previous year to invite them for the meningitis catch up vaccination.
- The practice cervical screening coverage rate was 67% compared to the CCG average of 77% and the national average of 81%.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and other complex needs.
- The practice regularly worked with other health care professionals for example health visitors, in the management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- In 2015/16, 11 of 13 patients diagnosed with dementia had their care reviewed in a face to face meeting within the last 12 months. This was in line with the national and CCG averages.
- Patients identified as at risk of dementia were assessed and referred to the local memory clinic. Patients with dementia were offered regular reviews at the practice.
- The practice carried out advance care planning with patients living with dementia and their carers.
- 75% (25 of 34) patients diagnosed with psychosis had a comprehensive, agreed care plan documented in the record, within the last 12 months, compared to the national average of 89%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.

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. For this survey 353 questionnaires were distributed and 108 were returned. This represented 3% of the practice patient list and a response rate of 31%.

- 78% of patients described the overall experience of this GP practice as good compared with the clinical commissioning group (CCG) average of 78% and the national average of 85%.
- 75% of patients described their experience of making an appointment as good compared with the CCG average of 67% and the national average of 73%.
- Despite patients reporting a positive overall experience of the practice, only 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 73% and the national average of 78%. (This difference was not statistically significant however.)

As part of our inspection we asked for CQC comment cards to be completed by patients in the days before the inspection. We received 26 comment cards, all but four of which were wholly positive about the service. Three of these comments were positive about the service but commented that it was sometimes difficult to get an appointment. Other patients told us they had found it easy to get an appointment. We also spoke with five patients on the day.

Patients participating in the inspection commented that the practice provided a good service. Patients consistently described the doctors and staff as friendly and caring. Patients gave us examples of compassionate, patient-centred care in relation to care they had received for long term conditions.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- The practice should aim to improve the management of diabetes among the practice population. The high prevalence of this condition means that improvement would have a significant beneficial impact on patients' long term health.
- The practice should consider ways to improve the cancer screening uptake rates among its population.
- The practice should consider improving the security of prescription materials, for example by maintaining a record of serial numbers.
- The practice should implement a system to identify, risk assess and if necessary, act on relevant non-clinical alerts, for example, securing looped blind cords.
- The practice should carry out more two-cycle audits to ensure that observed improvements are sustained in practice.
- The practice should investigate patient experience of its service. In particular it should explore ways it might improve patient satisfaction with the quality of consultations and patient involvement in decisions.

Dr Velupillai Ravikumar

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP specialist adviser.

Background to Dr Velupillai Ravikumar

Dr Velupillai Ravikumar's practice is also known as Headstone Lane Medical Centre and is located in Harrow in North West London. The practice provides NHS primary medical services through a personal medical services contract to around 3800 patients from one surgery.

The practice has a relatively small proportion of older adults on its patient list, particularly patients aged over 65. Income deprivation and employment levels for the practice population are slightly above the English average. The practice has a high number of patients from Indian and Sri Lankan cultural backgrounds and the staff can speak a number of languages including Tamil. The prevalence of diabetes in the practice population is unusually high at 15%.

The practice is led by the principal GP (male) who owns the practice. The practice employs a salaried GP (female), three part-time nurses, a practice manager, business manager and receptionists and administrators. The GPs typically provide 15 clinical sessions in total per week.

The surgery is open between 9am and 7pm from Monday to Wednesday; 9am to 1pm on Thursday and 9am to 6.30pm on Friday. The practice is also open between 8am and 10am on Saturday morning. Appointments with a

doctor are available between 9am and 12 noon every weekday; between 3pm and 6.30pm on Monday, Tuesday, Wednesday and Friday and between 8am and 10am on Saturday.

Appointments with a GP or nurse are available outside of normal working hours. The GPs also undertake home visits for patients who are housebound or are too ill to visit the practice. When the practice is closed, patients are signposted to the local out-of-hours primary care service. The practice provides information about local walk-in and emergency services on its website and on a recorded telephone message.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; family planning; maternity and midwifery services; and surgical procedures.

CQC previously inspected this practice on 5 February 2014. The practice was meeting all inspected standards at that time.

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 give examples to share what they knew. We carried out an announced visit on 18 November 2016. During our visit we:

- Spoke with a range of staff (including the principal GP, a salaried GP, the practice manager, the practice nurse and receptionists).
- Observed how patients were greeted and spoke with five patients.
- Reviewed 26 comment cards where patients shared their views and experiences of the service.
- Inspected the facilities, equipment and premises.
- Reviewed documentary evidence, for example practice policies and written protocols and guidelines, audits, care plan templates, patient complaints, meeting notes, and monitoring checks.

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 living with dementia).

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording book for administrative staff behind the reception to record any incidents as they occurred. Clinical staff reported directly to the practice manager. The practice produced written reports of all incidents through a reporting form on the practice's computer system.
- There had been four reported incidents during the previous 12 months. We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, an explanation and a written apology and were told about any actions to prevent the same thing happening again.
- We reviewed safety records, incident reports and patient safety alerts. The practice kept a log of significant events, including near misses and filed relevant safety alerts for reference. The practice reviewed any incidents at practice meetings and retained notes of key learning points and changes to practice. However, the practice had not always identified relevant non-clinical alerts, for example to carry out a risk assessment of looped blind cords in areas of the practice accessible to patients.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, one incident led to a patient receiving a vaccination in error. The practice acted in line with the duty of candour (although no patient came to any harm). The nurse and one of the GPs apologised to the patient concerned and explained how the error had occurred. The practice reviewed its procedures for double checking patient details before commencing any intervention and the incident was discussed at a practice meeting.
- The practice also shared findings with other relevant bodies. For example one incident had involved incorrect information about a patient sent to the practice by a hospital and in another case, the practice had some

concerns about a referral from a local optometrist. In both cases the practice communicated with the organisations concerned to reduce the risk of recurrence.

Overview of safety systems and processes

The practice had defined and embedded systems and processes in place to minimise patients from risks to safety:

- The practice had arrangements to safeguard children and vulnerable adults from abuse. The practice had a GP lead for adult and child safeguarding. Practice arrangements reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. The GPs were trained to child protection level three and the practice nurses were trained to level two. Other staff were trained to level one.
- The GPs provided safeguarding related reports promptly where necessary for other statutory agencies. The lead GP for safeguarding attended quarterly meetings at the clinical commissioning group at which ongoing cases or concerns were discussed.
- Staff were aware of particular risks affecting the local population. For example the staff had received awareness training on female genital mutilation and local resources available to women and girls either affected or at risk.
- Notices in the waiting and consultation rooms 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 maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.

Are services safe?

- The principal GP was the lead for infection control in the practice and the practice nurses were responsible for monitoring infection control practice day to day. The practice had comprehensive infection control policies in place including hand washing, handling of specimens and handling of 'sharps'. Staff received annual training on infection control.
- The practice had undergone an external audit of its infection control in 2015 which was carried out by the local NHS infection control team. The practice also carried out its own annual infection control audits. The results were shared with all staff at the following practice team meeting.

The practice had effective arrangements for managing medicines safely (including obtaining, prescribing, recording, handling, storing, security and disposal of medicines).

- There were processes for handling repeat prescriptions which included the review of high risk medicines and regular review of patients on long-term prescriptions. Repeat prescriptions were signed by a GP before being issued and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines.
- Blank prescription forms and pads were securely stored in locked cabinets overnight. The practice did not have any additional system to log or monitor the use of prescription materials.
- Patient group directions (PGDs) had been adopted by the practice to allow the practice nurses to administer medicines in line with legislation. (PGDs are instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). We reviewed the PGDs for one practice nurse and found that all had been signed by the nurse and a practice prescriber but some were undated. This was rectified on the day of the inspection.

The practice had a written recruitment policy and procedure. We reviewed the personnel records for three members of staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the

appropriate checks through the Disclosure and Barring Service. New members of staff had an occupational health assessment and were offered vaccinations appropriate to their role and existing immunisation status.

Monitoring risks to patients

Most risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had appropriate health and safety policies and protocols in place with named leads. The property was owned by a landlord. We inspected various environmental risk assessments, insurance and maintenance certificates held by the practice.
- The practice was due to have a fire risk assessment and this had been booked with a specialist company at the time of the inspection. Fire equipment had been checked and there was an annual fire drill. The practice had not appointed fire marshals but all staff had received training on fire safety and evacuation.
- All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.

Arrangements were in place for planning and monitoring the number of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty with the appropriate skill mix. When clinical staff were unable to cover planned or unplanned leave, the practice engaged locum clinicians. The practice provided temporary staff with a locum pack with useful information for example, on safeguarding and a local referral guide.

Arrangements to deal with emergencies and major incidents

The practice had 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 local 'pathways' agreed by the clinical commissioning group (CCG) and used this information to deliver care and treatment that met patients' needs. The CCG had provided software to all practices in the borough to make this guidance readily accessible. We saw evidence that the practice clinicians were making use of these tools within the electronic patient record system.
- The practice conducted audits, medicines reviews with individual patients and checks of patient records to assess that treatment was evidence based.

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 2015/16 were 85.5% of the total number of points available compared to the national average of 95.3%. The practice exception reporting rates were consistently lower than the local and national averages. For example the practice exception reporting rate for the clinical domain was 4% compared to the national average of 10%. (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 from 2015/16 showed:

- The practice population had an extremely high prevalence of diabetes at 15% compared to the CCG prevalence of 9% and the national prevalence of 7%.
- Practice performance for key diabetes related indicators was below the local and national averages. For example,

66% of diabetic patients had blood sugar levels that were adequately controlled (that is, their most recent IFCC-HbA1c was 64 mmol/mol or less) compared to the CCG and national averages of 78%.

- Sixty-seven per cent of practice diabetic patients had a recent blood pressure reading in the normal range compared to the CCG average of 75% and the national average of 78%.
- The practice told us that they had a number of diabetic patients who had difficulty complying with recommended treatment options and educational advice, for example patients who spent periods of time abroad. The practice told us it was working with the local diabetic nurse specialist to provide more support to patients with poor control of their diabetes and trying to schedule diabetic reviews before patients went away. The practice also provided written information about diabetes in languages other than English.
- In 2015/16, 11 of 13 (84%) patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months which was comparable to the CCG average of 87%.
- Twenty-five of 34 (74%) patients with a diagnosis of psychosis had an agreed, comprehensive care plan compared to the CCG average of 91%.

There was evidence of quality improvement including clinical audit.

- Clinical audits had been triggered by significant events, safety alerts, changes to guidelines, contractual requirements and local prescribing priorities. The practice participated in locality based audits, national benchmarking and peer review and regularly liaised with the local NHS prescribing team.
- The practice provided evidence of five recent audits which focused on a range of topics including the prescribing of methotrexate; the management of warfarin prescribing and the practice had participated in a local multi-practice audit on orthopaedic referrals. The audits showed evidence of improvement. For example the practice had changed its system for monitoring the blood test results of patients prescribed methotrexate. However, aside from clinical commissioning group prescribing audits, the practice had carried out few two cycle audits showing that observed improvement had been sustained.

Are services effective?

(for example, treatment is effective)

The practice used comparative information about patient outcomes and its performance to monitor improvement. For example, the practice had worked on reducing antibiotic prescribing and educating patients about the appropriate use of antibiotics. For example, the GPs issued delayed prescriptions when appropriate, that is giving patients a post-dated prescription to use if their condition did not resolve itself within a few days. The practice had one of the lowest antibiotic prescribing rates in the clinical commissioning group area.

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.
- All staff received mandatory training and updates that included: safeguarding, fire safety awareness, basic life support and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff with specific roles, for example chaperoning were given appropriate training and guidance.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, team meetings, appraisals, informal discussion and support for revalidation (for the GPs and nurse). All staff had received an appraisal within the last 12 months.
- The practice held quarterly practice team meetings. These included discussion of guidelines, reflection on significant events and complaints and unusual or

challenging cases. The GPs met weekly to review events, safeguarding cases and clinical cases. The practice held two meetings each year specifically to review progress on the QOF.

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 information stored on the shared computer drive.

- 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 other services. 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 treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Practice clinicians attended monthly multidisciplinary meetings in the locality at which care plans were routinely reviewed and updated for patients with complex needs. The practice also routinely liaised with health visitors, district nurses and the local palliative care team to coordinate care and share information. For example one of the GPs met weekly with the enhanced practice nurse (who case managed patients across a number of local practices and visited patients at home).
- The practice shared information about patients with complex needs or who were vulnerable due to their circumstances. This ensured that other services such as the ambulance and out of hours services were updated with key information in the event of an emergency or other unplanned contact.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

The practice identified patients in need of extra support to live a healthier lifestyle, for example those at risk of developing a long-term condition. The practice offered a range of preventive services:

- In 2015/16, 67% of eligible women registered with the practice had a recorded cervical smear result in the last five years which was below the CCG average of 77% and the national average of 81%. The practice ensured a female sample taker was available. (The practice exception reporting rate for this indicator was lower than the CCG average).
- There were 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. In 2015/16, the practice coverage for breast cancer screening was 69% which was comparable with the CCG average of 71%. Bowel cancer screening uptake was 41% which was below the CCG average of 51%.
- Childhood immunisation rates were close to or above target (90%) for standard childhood vaccinations. For example in 2015/16, 94% of one year olds had received the 'five-in-one' vaccination. The practice followed up children who did not attend their initial appointments.
- 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. The staff carrying out health checks were clear about risk factors requiring further follow-up by a GP.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that 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 were able to take patients to a more private area if patients needed to discuss sensitive issues or appeared distressed.
- The practice used interpreting and sign language services when appropriate.
- Patients could choose to see a male or female GP.

Patients who participated in the inspection described the doctors and staff as friendly and caring. Patients gave us examples of compassionate, patient-centred care, for example in relation to care they had received for long term conditions. Patients told us they were very happy with the quality of the service and would recommend the practice to others.

However more generally, the practice tended to score below average on the national GP patient survey for patient experience of consultations with the GPs and nurses while the reception staff scored very positively:

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.
- 75% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 66% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.

- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 91%.
- 32% of patients said they were able to get an appointment with their preferred GP compared to the CCG average of 49% and the national average of 59%.

Care planning and involvement in decisions about care and treatment

Patients who participated in the inspection told us they felt involved in decision making about the care and treatment they received. They also said they had received good advice and information that was helpful in making decisions.

But while results from the national GP patient survey showed the majority of patients reported being involved in making decisions about their care, the practice did not score as well as most other practices on these aspects of care. For example:

- 74% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 62% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 69% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

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 long term conditions and associated national support groups was also available on the practice website.

The practice computer system alerted staff if a patient was also a carer. The practice had identified 50 patients who were carers (1% of the practice list). The practice offered carers the flu vaccination, priority for appointments and written information about the various avenues of support available to them.

Are services caring?

Staff told us that if patients had suffered bereavement, the GP would write or telephone. The practice signposted patients to bereavement support services.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice provided a range of extended or enhanced services at the practice to meet the needs of patients.

- The practice was accessible to patients who had difficulty attending during normal opening hours. The practice offered evening appointments until 7pm on Monday to Wednesday and on Saturday morning. The practice stayed open on public holidays. Telephone consultations were available daily.
- There were longer appointments available for patients with communication difficulties or who had complex needs. The practice took account of the needs and preferences of patients with complex and life-limiting conditions. The local enhanced practice nurse carried out care planning with patients and their views were clearly included in their care plans.
- 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 patients with urgent medical problems. Routine appointments for all patients with a GP or nurse were available within 48 hours.
- Patients were able to receive travel vaccinations. The practice displayed information explaining which vaccinations were available on the NHS and the fees charged for other vaccinations.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There were accessible facilities, a hearing loop and translation services available including sign language interpreters.

Access to the service

The surgery is open between 9am and 7pm from Monday to Wednesday; 9am to 1pm on Thursday and 9am to 6.30pm on Friday. The practice is also open between 8am and 10am on Saturday morning. Appointments with a

doctor are available between 9am and 12 noon every weekday; between 3pm and 6.30pm on Monday, Tuesday, Wednesday and Friday and between 8am and 10am on Saturday.

- 61% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and the national average of 76%.
- 76% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 84% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 79% and the national average of 85%.
- 68% of patients described their experience of making an appointment as good compared with the CCG average of 68% and the national average of 73%.
- 50% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 42% and the national average of 58%.

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.

This was done by asking patients or carers to request home visits early in the day wherever possible to allow the duty doctor (GP) to make an informed decision on prioritisation according to clinical need. 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, alternative emergency care arrangements were made. 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 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.

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, including how to take the complaint further if they were unhappy with the practice's response.

We looked at two complaints that had been received in the last 12 months (one verbal and one written) and found

these had been appropriately handled and dealt with in a timely way. The practice offered patients a written apology and a meeting with patients to discuss their concerns. Lessons were learnt from individual concerns and complaints and action was taken to review and improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a statement of purpose and staff knew and understood the aims, objectives and values underpinning the service.
- The practice had a strategy and supporting business plans which reflected the vision and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained.
- Practice meetings were held quarterly which provided an opportunity for staff to learn about the performance of the practice. The practice had a number of staff who worked part time and meetings were documented and shared with all staff.
- There were appropriate arrangements for identifying, recording and managing most risks, issues and implementing mitigating actions. For example, the practice had effective infection control procedures in place and maintained these through regular internal audits. The practice also monitored patients on high risk medicines in line with guidance and had recently audited its systems for doing so.
- We saw documented evidence, for example in the minutes of meetings and action plans which recorded shared learning and improvements to processes and practice, for example following significant events.

Leadership and culture

On the day of inspection the practice managers and clinicians 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 consistently told us that the practice had developed a cohesive and supportive team culture.

- The practice worked in collaboration with other practices and health and social services. For example, the practice worked with district nurses and social workers to monitor vulnerable patients.
- Staff told us they had the opportunity to raise any issues at team meetings or more directly with managers and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported. Staff were involved in discussions about how to develop and improve the practice.

The provider was aware of and had systems 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). We reviewed the significant events that had occurred in the previous 12 months and found that the practice had systems to ensure that when things went wrong with care and treatment:

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

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients and staff:

- The practice ran a patient participation group (PPG). The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the PPG was currently discussing ways to reduce the rate of missed appointments. The practice produced a short quarterly newsletter on the website which included information about new developments and encouraged patients to join the PPG.
- The practice received mixed results from various sources of feedback. It scored below average for aspects of patient experience on the national GP patient survey. The practice had not investigated the reasons for this or put in place any improvement action.

Are services well-led?

Good 

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

- The practice obtained staff feedback through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice had completed a number of recent clinical audits which had resulted in improvements to practice. However, these included few ongoing or completed two-cycle audits which mainly focused on local CCG prescribing priorities. Two-cycle audits help to ensure that observed improvements are embedded and sustained into everyday practice.
- Staff told us they felt very well supported with opportunities to develop professionally and learn within the practice. Staff had protected time for training.
- The practice had identified areas for further improvement including cancer screening uptake rates and the management and control of diabetes.