

Dr Aman Raja

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?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Aman Raja (also known as Park Lane Medical & Surgical Services) on 2 June 2016. Overall the practice is rated as requires improvement.

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

- Some risks to patients were assessed and managed. However, those relating to infection control and emergency oxygen were not.
- Reasonable adjustments had not been made to remove barriers to people accessing the service. For example, the reception desk did not have a lowered section to accommodate wheel chair users. This area of concern had been highlighted at our last inspection.
- We did not see evidence that the practice was obtaining the views of people who used the service.
- Governance arrangements did not always operate effectively. For example, infection prevention and control risks were not well managed.

- We saw evidence that the GP assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Patients said they were treated with compassion, dignity and respect.
- Patients 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 areas where the provider must make improvements are:

- Introduce a system for checking emergency oxygen.
- Ensure that there are appropriately signed patient group directions (PGDs) on file to enable the practice's locum nurse to legally administer medicines.

Summary of findings

- Ensure that staff receive annual basic life support training.
- Review processes to ensure reasonable adjustments are made for disabled people under the Equality Act 2010.

In addition the provider should:

- Review its systems for identifying and providing support to carers.
- Ensure there are processes for identifying where improvements in clinical care can be made and monitored.

- Review policies and procedures to ensure they are fit for purpose.

This service was placed in special measures in January 2016. Insufficient improvements have been made such that there remains a rating of inadequate for providing safe services. Shortly after our inspection, the provider notified the CQC that they were retiring and applied to cancel their registration.

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 inadequate for providing safe services as there are areas where improvements must be made.

- Patients were at risk of harm because systems and processes were not in place to keep them safe. For example, the practice did not have a system in place to regularly check its emergency equipment. Consequently, when we checked the emergency oxygen cylinder it was less than one quarter full. In addition, appropriately signed Patient Group Directions (PGDs) were not on file for the practice's locum nurse and staff had not received annual basic life support training within the last 12 months.
- We could not be assured that the practice had reliable systems in place to prevent and protect people from a healthcare-associated infection. The flooring in the nurse's room continued to pose an infection risk and personal protective equipment was not readily accessible. In addition, the practice did not have a building cleaning schedule. These areas of concerns had also previously been identified at our last inspection.
- We noted improvements regarding the management of significant events. An effective system had been introduced for reporting and recording significant events; and lessons were now routinely being shared to ensure that action was taken to improve and maintain safety in the practice.

Inadequate



Are services effective?

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

- The practice participated in the Quality and Outcomes Framework (QOF); a voluntary scheme intended to improve the quality of general practice and reward good practice.
The most recent QOF results provided by the practice (2015/16) showed that the practice had achieved 89% of the total number of points available. This data was unverified.
- It was unclear however how the practice was using QOF data to improve patient outcomes. For example, there was limited evidence that patient outcomes were being robustly monitored or that performance was regularly reviewed.

Requires improvement



Summary of findings

- We did not see evidence that clinical audits had been carried out since our last inspection (in October 2015) and used to drive improvement in patient outcomes although the GP had recently returned from a period of extended leave.
- Multidisciplinary working was taking place but was generally informal and record keeping was limited or absent.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages.
- Data provided on the day of our inspection confirmed that the practice's cervical screening uptake had increased from 60% to 84% since our last inspection (compared to the 82% national average).

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and that 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 respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

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

Requires improvement



- Reasonable adjustments had not been made to remove barriers to people accessing the service. For example, the patient toilets were not wheelchair accessible and the reception desk did not have a lowered section to accommodate wheel chair users. These areas of concern had also been identified at our October 2015 inspection.
- The practice had reviewed the needs of its local population and engaged with the local Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had introduced a Saturday morning surgery.
- Patients said they found it easy to make an appointment with the GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand.

Summary of findings

Are services well-led?

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

- Governance arrangements did not always operate effectively. For example, some protocols (such as a protocol for regular emergency equipment checks) were not in place.
- Staff spoke of a vision to deliver good quality, patient-centred care and treatment although we did not see evidence of a business plan or strategy document.
- There was no evidence that the practice was obtaining the views of people who used the service. For example, we were told that the practice's patient participation group (PPG) had not met since January 2015.
- Risks were not always dealt with appropriately. For example, we noted inaccuracies in the practice's latest infection prevention and control audit.
- The provider's approach to service delivery and improvement was reactive and short term in nature. Quality improvement systems were limited or absent.

Requires improvement



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 provider was rated as inadequate for providing safe services and was rated as requires improvement for providing effective, responsive and well led services. The issues we identified affected all patients including this population group.

- The practice offered proactive, 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.

Requires improvement



People with long term conditions

The provider was rated as inadequate for providing safe services and was rated as requires improvement for providing effective, responsive and well led services. The issues we identified affected all patients including this population group.

- 97% of patients with diabetes had had a foot examination in the previous 12 months.
- Longer appointments and home visits were available when needed.
- For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Requires improvement



Families, children and young people

The provider was rated as inadequate for providing safe services and was rated as requires improvement for providing effective, responsive and well led services. The issues we identified affected all patients including this population group.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations.
- Latest unverified 2015/16 QOF results provided by the practice showed that 80% of patients on the practice's asthma register had had an asthma review in the preceding 12 months. Published, comparative national data, CCG data and exception reporting data were not available.

Requires improvement



Summary of findings

- 84% of women aged 25-64 had had a cervical screening test performed in the preceding 5 years compared with 82% nationally.
- Appointments were available outside of school hours.

Working age people (including those recently retired and students)

The provider was rated as inadequate for providing safe services and was rated as requires improvement for providing effective, responsive and well led services. The issues we identified affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated as inadequate for providing safe services and was rated as requires improvement for providing effective, responsive and well led services. The issues we identified affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as inadequate for providing safe services and was rated as requires improvement for providing effective, responsive and well led services. The issues we identified affected all patients including this population group.

- The latest unverified QOF results provided by the practice (2015/16) showed that 91 patients with schizophrenia, bipolar

Requires improvement



Summary of findings

affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months. At the time of our inspection, national comparative data and exception reporting data had not yet been published for this time period.

- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had a system in place to help patients experiencing poor mental health 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 January 2016. This contains aggregated data collected from January-March 2015 and July-September 2015. The results showed that performance was above national averages. Three hundred and forty seven survey forms were distributed and 61 were returned. This represented less than 1% of the practice's patient list.

- 94% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 91% were able to get an appointment to see or speak to someone the last time they tried (national average 85%).
- 89% described the overall experience of their GP surgery as fairly good or very good (national average 85%).

- 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards which were positive about the standard of care received; with key themes being that reception staff were compassionate and friendly; and that clinicians treated patients with dignity and respect.

We also spoke with four patients during the inspection. They were generally happy with the care they received and thought staff were approachable, committed and caring. One patient highlighted concerns about the helpfulness of reception staff but was positive regarding other areas of care and treatment.

Areas for improvement

Action the service **MUST** take to improve

- Introduce a system for checking the expiry dates of emergency oxygen.
- Ensure that there are appropriately signed patient group directions (PGDs) on file to enable the practice's locum nurse to legally administer medicines.
- Ensure that staff receive annual basic life support training.

- Review processes to ensure reasonable adjustments are made for disabled people under the Equality Act 2010.

Action the service **SHOULD** take to improve

- Review its systems for identifying and providing support to carers.
- Ensure there are processes for identifying where improvements in clinical care can be made and monitored.
- Review policies and procedures to ensure they are fit for purpose.

Dr Aman Raja

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 practice nurse specialist adviser.

Background to Dr Aman Raja

Dr Aman Raja (also known as Park Lane Medical & Surgical Services) is located near Turnpike Lane in the London Borough of Haringey, North London. The practice has a patient list of approximately 1,200. Twenty percent of patients are aged under 18 and 5% are 65 or older. Forty one percent of patients have a long- standing health condition, whilst approximately 5% had carer responsibilities.

The services provided by the practice include child health care, ante and post natal care, immunisations, sexual health and contraception advice and management of long term conditions. The staff team comprises one male GP (eight sessions per week), a long term locum GP who provided cover when the provider was on planned, long term leave, one female practice nurse locum appointed in March 2016 (one session per week), a practice manager and administrative/reception staff. At the time of our inspection, the practice held a General Medical Service (GMS) contract with NHS England. This is a contract between general practices and NHS England for delivering primary care services to local communities.

The practice's opening hours are:

- Monday, Wednesday and Friday 9:30am - 7.00pm
- Tuesday: 9am-6.30pm

- Thursday 9.00am -11.30am
- Saturday: 11:30am-1:30pm.

Appointments are available at the following times:

Monday, Wednesday, and Friday: 9:30am-11:30am and 4pm-6pm

Tuesday: 9.00am -11.30am and 4pm -6:30pm

Thursday 9.00am -11.30am

Saturday: 11.30am - 1.30pm

Outside of these times, we were told that cover is provided by an out of hours provider.

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

Why we carried out this inspection

We inspected this location in January 2015 and noted concerns regarding medical emergency medicines, infection control systems, pre-employment checks and fire safety risk assessments.

When we re inspected in October 2015, we noted that only the concerns regarding pre-employment checks and fire safety risk assessments had been sufficiently addressed, such that the provider was now meeting the legal requirements and regulations associated with the Health and Social Care Act 2008. We also noted new concerns regarding the practice's cervical screening uptake and significant events reporting. The location was rated as

Detailed findings

inadequate overall and inadequate for providing safe, effective and well led services; and was placed in special measures following publication of our inspection report in January 2016.

This inspection which took place on 2 June 2016 was a comprehensive follow up inspection to assess whether sufficient improvements had been made, such that the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

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 2 June 2016. During our visit we:

- Spoke with a range of staff (including senior GP, practice manager, locum practice nurse and senior receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

When we inspected in October 2015 we noted that systems and processes were not in place to ensure patients were kept safe. For example, learning from significant incidents was not shared with staff and used to improve safety at the practice. We asked the provider to take action.

At this inspection, systems for logging and learning from records had improved. For example, we noted that the practice now used a standard form to record significant events and that six significant events had been logged since October 2015. Records showed that staff had met to review each significant event, so as to learn lessons and improve or maintain patient safety. For example, following a refusal to issue a six month repeat prescription to a new patient, practice records showed that staff had discussed the incident and that it was reiterated that, in order to monitor long term conditions, the practice policy was to issue two monthly repeat prescriptions.

Overview of safety systems and processes

We looked at the practice's systems, processes and protocols to keep people safe and noted the following:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements; and 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. The GP was the lead member of staff for safeguarding and attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The GP and practice nurse locum were trained to safeguarding level 3.
- A notice was displayed in the waiting room, advising patients that a staff member would act as a chaperone, if required. The practice manager had received a disclosure and barring service check (DBS) and had been trained in her chaperone role. 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.

- A fire risk assessment had taken place in October 2015 and the practice's fire extinguishers had been serviced in March 2016. Records showed that a fire drill had also taken place in March 2016. The senior receptionist was the fire marshal and had received training in this role. Electrical equipment had been checked within the last 12 months.
- When we inspected in October 2015, we looked at how standards of cleanliness and hygiene were maintained. We noted that personal protective equipment such as gloves and aprons were not available and that the practice was not undertaking Control of Substances Hazardous to Health (COSHH) risk assessments in relation to cleaning products. A sharps policy with local contact details was not in place. Staff toilets did not have paper towels and patient toilets were in a poor state of repair. The curtains in one of the treatment rooms were dirty and there was no cleaning schedule in place. Infection prevention and control audits were not taking place. We asked the provider to take action.

At this inspection, we observed the waiting room and GP's treatment room to be clean and tidy. We also noted that the practice was now undertaking COSHH risk assessments in relation to cleaning products and had also introduced a sharps policy with local contact details. An infection control protocol was also now in place.

However, we were still not assured that the practice had reliable systems in place to prevent and protect people from a healthcare-associated infection. For example, although an infection prevention and control audit had taken place in April 2016, we noted inaccuracies in that it reported that minor surgery did not take place at the practice and that there was not a specially designated area for minor surgery. However, the lead GP told us that minor surgery such as skin lesion removal, joint injections and circumcisions took place.

We also noted that the flooring in the nurse's room continued to pose an infection risk in that it was not fitted flush to the edges of the room; thus leaving space for the collection of dirt and bacteria. This area of concern had been identified at our October 2015 inspection.

Personal protective equipment (such as gloves, aprons and masks) were only available in minor surgery dressing packs, which were not readily accessible.

Are services safe?

The practice did not have a building cleaning schedule in place. We were told that a cleaning contractor had recently been appointed and that building cleaning schedule would immediately be introduced. We were told that the GP was the infection prevention and control clinical lead but there was no evidence that they had received training in the last 12 months.

- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- The practice had appointed a locum nurse in April 2016 but on the day of the inspection, we noted that appropriately signed Patient Group Directions (PGDs) were not on file. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. The nurse was therefore not legally able to administer these medicines. Shortly after our inspection we were advised that appropriately signed PGDs were in place.
- When we inspected in October 2015, we noted the absence of pre-employment checks for the practice's long term locum GP. We asked the provider to take action. At this inspection, the provider was initially unable to provide this information. Shortly after our inspection, we were sent proof of identity, DBS check, confirmation that the provider was on NHS England's Performers List and Hepatitis B immunisation status.
- We saw pre-employment checks on file for the practice's locum nurse including DBS check, level 3 safeguarding training, confirmation of registration with their professional body and hepatitis B immunisation status.
- We noted that DBS checks were on file for all staff.
- Arrangements were in place for day to day planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place to ensure that enough staff were on duty.

Monitoring risks to patients

We looked at systems in place for assessing and managing risks to patients:

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. 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 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

At our October 2015 inspection, we identified concerns with how the practice dealt with medical emergencies.

Emergency oxygen was available but the provider had not undertaken a risk assessment of its decision to store a limited range of emergency medicines.

At this inspection, we noted that the practice had an appropriate range of emergency medicines (including anaphylactic packs in each clinical room). There was a system in place for regularly checking the expiry dates of the emergency medicines and the practice's Automated External Defibrillator (AED). This is a portable electronic device that delivers an electrical shock to attempt to restore a normal heart rhythm.

However, when we looked at the practice's emergency oxygen cylinder we noted that its reading was in the red, indicating that it was less than a quarter full. We noted that there was no system in place for regular checks and that the practice could not demonstrate that staff had received annual basic life support training in the last 12 months. Shortly after our inspection we were sent confirming evidence that a new emergency oxygen cylinder had been purchased.

We also noted that:

Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The practice had a first aid kit and accident book.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 lead GP had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- When we inspected in October 2015 we looked at five patient records and noted that they did not always reflect current evidence-based guidance during assessment, diagnosis and when people were referred to other services. At this inspection, we looked at six patient records and noted that adequate assessments of patients' conditions had been carried out and appropriate treatments provided or arranged. We also saw confirmation that care was based upon current accepted practice.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF); a voluntary scheme intended to improve the quality of general practice and reward good practice.

The most recent unverified results provided by the practice (2015/16) showed that the practice had achieved 89% of the total number of points available. This data was unverified, the practice were unable to provide exception reporting data and we noted that comparable CCG performance data had not yet been published. Data provided by the practice showed:

- Performance for diabetes related indicators ranged from 74% - 100%
- Performance for hypertension (high blood pressure) related indicators was 75%
- Performance for mental health related indicators ranged from 89% - 100%

At our last inspection we noted that the provider was not using two cycle clinical audits to drive improvement in performance. We asked the provider to take action but noted that this work had not been actioned.

Effective staffing

At this inspection, we looked at whether staff had the skills, knowledge and experience to deliver effective care and treatment.

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.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- 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. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

At this inspection, we looked at systems in place to support staff in planning and delivering care and treatment in a timely way; through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to 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 care and treatment. This included when patients

Are services effective?

(for example, treatment is effective)

moved between services, including when they were referred, or after they were discharged from hospital. Multi-disciplinary team meetings took place involving health visitors, end of life nurses and district nurses although these were informal and record keeping was limited.

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.
- 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.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

At our October 2015 inspection we noted that the practice's uptake for its cervical screening programme was 60%,

which was below CCG and local averages. The practice could not explain this difference in patient outcomes or tell us how it was working to improve performance in this area. We asked the provider to take action.

At this inspection we confirmed that cervical screening uptake had increased to 84% (which was above the national average of 82%). We were told that the practice had appointed a locum nurse to improve performance in this area.

The practice demonstrated how they had further encouraged uptake of the screening programme by using information in different languages. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. Latest available childhood immunisation rates (April 2014–March 2015) for the vaccinations given to under two year olds ranged from 83%-100% and for five year olds ranged from 73%-87%. Latest available CCG childhood immunisation rates were respectively 86%-91% and 84%-92%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We 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 that when patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs.

Three of the four Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. They also highlighted that staff responded compassionately when they needed help and provided support when required.

One patient had highlighted concerns regarding the helpfulness of reception staff but was positive regarding other areas of care and treatment.

We spoke with four patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy were respected.

When we asked the senior administrator how they ensured that patients with a learning disability were treated with dignity and respect, they stressed the importance of recognising each patient's individual needs.

Results from the national GP patient survey fed back that patients were positive about being treated with compassion, dignity and respect. We noted that satisfaction scores were generally above national averages. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 80%, national average 87%).

- 94% said they had confidence and trust in the last GP they saw (CCG average 92%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 79%, national average 85%).
- 89% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%).

Practice nurse satisfaction scores were not available.

Care planning and involvement in decisions about care and treatment

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

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%).

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

- Staff told us that interpreting services were available for patients who did not have English as a first language (including British Sign Language). We saw notices in the reception area informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified approximately 5% of its practice list as carers. Written information was available 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.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice had introduced a Saturday morning surgery.

There was some evidence that services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- Longer appointments were available for those who needed them such as those with long-term conditions, those with several health issues to discuss and those with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Urgent same day appointments were routinely offered.

At our last inspection, we noted that the practice had not undertaken a disability access audit to see where reasonable adjustments could be made (for example a protocol for engaging with wheelchair users at the reception desk which, we noted, did not have a lowered section). At this inspection, we noted that an audit had not been undertaken and that the practice did not have a protocol in place, to ensure that wheelchair users presenting at reception were treated in a dignified manner. We also noted that the practice had not installed a hearing loop.

Access to the service

The practice's opening hours are:

- Monday, Wednesday and Friday 9:30am - 7.00pm
- Tuesday: 9am-6.30pm
- Thursday: 9am-12pm
- Saturday: 11:30am-1:30pm

Appointments are available at the following times:

Monday, Wednesday, and Friday: 9:30am-11:30am and 4pm-6pm

Tuesday: 9.00am -11.30am and 4pm -6:30pm

Thursday 9.00am -11.30am

Saturday: 11.30am - 1.30pm

Outside of these times, we were told that cover is provided by an out of hours provider.

Results from the national GP patient survey showed that patient satisfaction on accessing care and treatment was above local and national averages. For example:

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 94% patients said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 73%.
- 97% patients described their experience of making an appointment as good compared to the CCG average of 67% and national average of 73%.
- 71% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 55%.

Results from the national GP patient survey were also above CCG and national averages regarding how they could access care and treatment.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 94% of patients said they could get through easily to the surgery by phone (CCG average 71%, national average 73%).
- 91% patients said they always or almost always see or speak to the GP they prefer (CCG average 81%, national average 85%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

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.

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. Staff were aware of their responsibilities when managing requests for home visits.

Are services responsive to people's needs?

(for example, to feedback?)

For example, the home visit protocol entailed a receptionist noting the patient's contact details and reason for the home visit in a log book kept in reception. The GP would phone the patient prior to leaving to assess the level of urgency. This enabled an informed decision to be made on prioritisation according to clinical need.

Listening and learning from concerns and complaints

We looked at the practice's systems place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- For example, there was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system such as a patient information leaflet and posters in reception.

Records indicated that the practice had not received any complaints since our last inspection in October 2015.

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

The practice had a vision to deliver good quality, patient-centred care and treatment. We spoke with a range of staff including the receptionist, senior administrator, practice manager and GP; all of whom spoke of a patient-centred approach to delivering care. However, we did not see evidence of a business plan or strategy document supporting this.

Governance arrangements

Governance arrangements did not always operate effectively. For example:

- Risks related to infection prevention and control were not well managed.
- The practice did not always act in accordance with its policies; such as its recruitment policy which required pre-employment checks to be undertaken prior to staff taking up employment.
- There were a number of policies and protocols to govern activity, but some (such as the emergency equipment policy) lacked sufficient detail so that staff were unclear what to do.
- There was very limited evidence of quality improvement such as monitoring the outcomes of people's care and treatment or using clinical audit to improve these outcomes.

Leadership and culture

The GP told us they prioritised safe, high quality and compassionate care. Staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. This included support training for all staff on communicating with patients about notifiable safety incidents. The provider encouraged a culture of openness and honesty. For

example, the senior administrator showed us the practice's amended complaints policy which included a new "Being Open" section. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings but we noted that these were not always minuted.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP. All staff were involved in discussions about how to run and develop the practice, and the GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

However, we also noted that despite being highlighted at our last inspection, the lead GP had not put in place arrangements to ensure that two cycle completed clinical audits had been undertaken.

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

We looked at how the practice encouraged and valued feedback from patients, the public and staff.

- The practice had gathered feedback from staff 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. They felt involved and engaged to improve how the practice was run.
- However, there was a limited approach to obtaining the views of people who used the service. For example, we were told that the practice's patient participation group (PPG) had not met since January 2015.

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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA (RA) Regulations 2014</p> <p>Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The provider did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users by:</p> <ul style="list-style-type: none">• Failing to ensure there were appropriately signed PGDs on file for the practice nurse; to enable legal administration of medicines.• Failing to ensure that there was a system for checking emergency oxygen.• Failing to ensure that staff received annual basic life support training. <p>This was in breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>Regulation 15 HSCA (RA) Regulations 2014</p> <p>Premises and Equipment</p>

Requirement notices

How the regulation was not being met:

The provider did not do all that was reasonably practicable to ensure that the premises and equipment were suitable for the purpose for which they were being used by:

- Failing to review processes to ensure reasonable adjustments were made for disabled people under the Equality Act 2010.