

Dr Nagendra Kumar Gupta

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
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 Nagendra Kumar Gupta's practice on 26 February 2016. The practice was rated as good for providing caring and responsive services, requires improvement for providing safe and effective services and inadequate for providing well-led services. The overall rating for the practice was requires improvement. We issued three requirement notices to the provider in respect of good governance, safe care and treatment and fit and proper persons employed.

The full comprehensive report on the February 2016 inspection can be found by selecting the 'all reports' link for Dr Nagendra Kumar Gupta on our website at www.cqc.org.uk.

This inspection was an announced comprehensive follow up inspection on 21 December 2016 to check that action had been taken to comply with legal requirements and

assess what improvements had been made. We found some improvements had been made however further improvement was necessary. Overall the practice is rated as requires improvement.

Our key findings were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety although the risks associated with fire had not been assessed.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. However, fire awareness training had not been carried out for staff.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and there were systems in place for handling 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.
- The practice had adequate facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.

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

Importantly, the provider must:

- Ensure risks associated with fire safety are assessed and staff receive fire awareness training.

In addition the provider should:

- Implement a system to monitor the use of prescription pads.
- Ensure Patient Group Directions are signed by a GP.
- Ensure all emergency medicines are in date.
- Identify and support more patients who are also carers.
- Consider providing access to a hearing loop to aid communication with those patients with a hearing impairment.
- Formalise the strategy to deliver the practice vision.
- Ensure all key policies are in place.

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 requires improvement for providing safe services.

Requires improvement



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses and lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety. However, risks associated with fire had not been assessed.
- Prescription pads were stored securely however, there was no system in place to monitor their use.
- Patient Group Directions (PGDs) had not been signed by a GP.
- 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 adequate arrangements to respond to emergencies and major incidents. However, not all emergency medicines were in date.

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 compared to the national 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

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

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.
- 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 adequate facilities and was equipped to treat patients and meet their needs although there was no baby changing facilities.
- Information about how to complain was available and there was a system for handling complaints and concerns.

Good



Are services well-led?

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

- The practice had a vision and a strategy and all staff were aware of this and their responsibilities in relation to it. However, the strategy had not been formalised and there were no supporting business plans which reflected the vision and values that were regularly monitored.
- There was a documented leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some key policies were missing. For example a safeguarding adults policy and an incident reporting policy.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions although fire safety risks had not been assessed.

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 practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice:

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.

Requires improvement



People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice:

- Nursing staff supported the GPs in long-term disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 81% compared to the CCG average of 80% and the national average of 78%.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their

Requires improvement



Summary of findings

health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice.

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 82% and the national average of 81%.
- Patients told us, on the day of inspection, that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children however there were no baby changing facilities.

Requires improvement



Working age people (including those recently retired and students)

The practice is rated as requires improvement for the care of working age people (including those recently retired and students). The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice:

- The needs of these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Requires improvement



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. 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.

Requires improvement



People experiencing poor mental health (including people with dementia)

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, areas of good practice:

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was above the national average of 84%. Exception reporting was 8% which was in line with national figures.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Requires improvement



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. Two hundred and sixty one survey forms were distributed and 106 were returned. This represented 4% of the practice's patient list.

- 87% of patients described the overall experience of this GP practice as good compared with the CCG average of 80% and the national average of 85%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.

- 83% 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 70% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received.

We spoke with 10 patients during the inspection. All 10 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure risks associated with fire safety are assessed and staff receive fire awareness training.

Action the service **SHOULD** take to improve

- Implement a system to monitor the use of prescription pads.
- Ensure Patient Group Directions are signed by a GP.

- Ensure all emergency medicines are in date.
- Identify and support more patients who are also carers.
- Consider providing access to a hearing loop to aid communication with those patients with a hearing impairment.
- Formalise the strategy to deliver the practice vision.
- Ensure all key policies are in place.

Dr Nagendra Kumar Gupta

Detailed findings

Our inspection team

Our inspection team was led by:

The inspection was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Background to Dr Nagendra Kumar Gupta

Dr Nagendra Kumar Gupta's practice is a single handed GP practice and is part of the NHS Havering Clinical Commissioning Group (CCG) providing care to 3,010 people. Services are provided under a Personal Medical Service (PMS) contract with NHS England. The practice is registered with the Care Quality Commission to provide the regulated activities of family planning, diagnostic and screening procedures, treatment of disease, disorder or injury, maternity and midwifery services and surgical procedures.

The practice has one male lead GP and one male salaried GP, who provide a total of 11 GP sessions every week. The practice employs two part time female locum nurses. There is a practice manager and four reception staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 9am to 12pm every morning and 4pm to 6.30pm every evening. Extended surgery hours are on Wednesday between 6.30pm and 8pm. Appointments can be booked over the phone, in person or online. The out of hour's service is provided by alternative providers and can be accessed by calling the practice number. The details of this service are on the practice leaflet and on posters in the practice waiting area.

The practice has a higher than average population of patients aged 60 to 70 years when compared to CCG and national average (as reported by Public Health England 2014). Twenty-one percent of the practice population is aged under 18 years and 19% of the practice population is aged 65 years and over. The average male life expectancy is 78 years, which is one year less than the CCG and national averages. The average female life expectancy is 84 years which is the same as CCG average and one year more than the national average.

Why we carried out this inspection

We undertook a comprehensive inspection of Dr Nagendra Kumar Gupta's practice on 26 February 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good for providing caring and responsive services, requires improvement for providing safe and effective services and inadequate for providing well led services. It was rated overall as requires improvement.

We also issued three requirement notices to the provider in respect of good governance, safe care and treatment and fit and proper persons employed. We undertook a follow up inspection on 21 December 2016 to check that action had been taken to comply with legal requirements and assess what improvements had been made.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 December 2016. During our visit we:

- Spoke with a range of staff (two GPs, practice manager, a nurse, two non-clinical staff) and spoke with 10 patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

At our previous inspection on 26 February 2016, we rated the practice as requires improvement for providing safe services as the arrangements in respect of incident reporting, fire safety, infection control, chaperoning and dealing with medical emergencies needed improving.

We issued two requirement notices in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 26 December 2016. However, further improvement was still necessary. The practice remains rated as requires improvement for being safe.

Safe track record and learning

There was a system for reporting and recording significant events. The practice had improved the procedures for dealing with incidents since our previous inspection however, there was no written policy in place.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out an analysis of the significant events and we saw evidence that national patient safety alerts were reviewed.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient complained that they did not receive their prescription. We saw evidence from minutes that the incident had been discussed in a staff meeting. Learning from the incident was to ensure patients were informed of the correct process for requesting prescriptions as the patient in question had requested the prescription to be collected from a pharmacy outside of the practice area.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. A policy for

safeguarding children was accessible to all staff although there was no specific policy for safeguarding vulnerable adults. The safeguarding children policy clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.

- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. Clinical staff were trained to child protection or child safeguarding level three and non-clinical staff to level one.
- A notice in the waiting room advised patients that chaperones were available if required.
- At our previous inspection we found staff who acted as chaperones had not received a Disclosure and Barring Service (DBS) check and risk assessments were not in place (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). At this inspection DBS checks had been completed for staff who acted as chaperones.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. Cleaning schedules had been introduced since our previous inspection and monitoring systems in place.
- There was an Infection Prevention and Control (IPC) protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- All cleaning equipment was stored appropriately.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients 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

Are services safe?

with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored however, there were no systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation (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). However, the PGDs we reviewed had not been signed by a GP.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice did not have an up to date fire risk assessment which was an identified shortfall at our previous inspection.
- Regular fire drills were in place.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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.
- Annual basic life support training had been updated for all staff since our previous inspection and there were emergency medicines available in the treatment room.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. Most medicines we checked were in date and stored securely. However, we did find an out of date salbutamol nebuliser (used in the treatment of asthma).
- The practice had a 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

At our previous inspection on 26 February 2016, we rated the practice as requires improvement for providing effective services as the arrangements in respect of knowledge of national guidelines, multidisciplinary working and staff training needed improving.

These arrangements had improved when we undertook a follow up inspection on 21 December 2016. The provider is now rated as good for providing effective services.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available compared with the clinical commissioning group (CCG) average of 92% and national average of 95%. Exception reporting was 6% which was below the CCG and national average of 9%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 81% compared to the CCG average of 81% and the national average of 78%.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% compared to the CCG average of 92% and the national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less was 89% compared to the CCG and national average of 84%.

There was evidence of quality improvement including clinical audit:

- There had been a number of clinical audits carried out in the last two years, two of which were two cycle complete audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, the practice carried out a two-cycle audit on diabetes management. The practice measured patients' blood glucose levels and found 12% of diabetic patients had blood sugar level of 75mmol/mol or higher. The practice carried out a second audit and found that 10% of diabetic patients now had blood sugar levels of or above the recommended level.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff.
- 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

Are services effective?

(for example, treatment is effective)

development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. All staff had received an appraisal within the last 12 months.

- At our previous inspection staff had not completed training in fire safety awareness, basic life support and information governance. At this inspection we found staff had received training that included: safeguarding, basic life support and information governance. However fire safety awareness training was still not in place. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to 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 moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. We saw evidence that multi-disciplinary team meetings had taken place since our previous inspection. The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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 assessed the patient's capacity.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.

The practice's uptake for the cervical screening programme was 82%, which was comparable with the CCG average of 82% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems 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.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages. For example, rates for the vaccines given to under two year olds ranged from 79% to 88% and five year olds from 76% to 93%.

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

Are services caring?

Our findings

At our previous inspection on 26 February 2016, we rated the practice as good for providing caring services.

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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

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

We spoke with 10 patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 92% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 83% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.
- 83% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 90% and the national average of 91%.
- 91% of patients said the nurse gave them enough time compared with the CCG average of 91% and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 80% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

Are services caring?

- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff who might be able to support them.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access

a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 11 patients as carers (0.4% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support.

Staff told us that if families had experienced 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

At our previous inspection on 26 February 2016, we rated the practice as good for providing responsive services.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Wednesday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments were available outside of school hours and the premises were suitable for children, however there were no baby changing facilities.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included interpretation services available. However, there was no hearing loop.
- The practice was unable to meet gender specific requests for female patients as there were no female GPs.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 12pm every morning and 4pm to 6.30pm daily. Extended hours appointments were offered on Wednesdays to 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them from 11am to 12pm daily.

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

- 76% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 73% and the national average of 79%.
- 87% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and the national average of 73%.
- 82% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 75% and the national average of 76%.
- 94% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 83% of patients described their experience of making an appointment as good compared with the CCG average of 69% and the national average of 73%.
- 51% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

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

The practice had a system 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. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

There was no complaints log as the provider told us that no complaints had been received therefore there we could not assess if the complaints system was effective.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 26 February 2016, we rated the practice as inadequate for providing well-led services as although there was a vision or for the practice, staff were not aware of this or their responsibilities in relation to it and there was no strategy to deliver the vision. The practice did not hold regular governance meetings and did not seek feedback from staff or patients. Policies and procedures were not in all cases up to date or reviewed. There were no arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

We issued a requirement notice in respect of these issues and found arrangements had improved when we undertook a follow up inspection of the service on 26 December 2016. However, further improvement was still necessary. The practice is now rated as requires improvement for being well-led.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients and there was a strategy to deliver the vision. Staff understood their responsibilities in relation to it. However the strategy was not detailed, it had not been formalised, and there were no supporting business plans which reflected the vision and values that were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. 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. For example, the lead GP was responsible for safeguarding.
- Practice specific policies were implemented and were available to all staff. These had been updated and reviewed since our previous inspection. However, some key policies were missing. For example, there was no significant event policy and no safeguarding vulnerable adults policy.

- An understanding of the performance of the practice was maintained. Practice meetings were held regularly which provided an opportunity for staff to learn about the performance of the practice. Governance meetings were also held.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However risks associated with fire safety identified at our previous inspection had not been addressed.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events.

Leadership and culture

On the day of inspection the provider told us they prioritised safe, high quality and compassionate care. Staff told us the lead GP was approachable and always took the time to listen to all members of staff.

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). The provider encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept records of written correspondence. However, they did not record verbal interactions with patients.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

Are services well-led?

Requires improvement 

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

involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

Since our previous inspection the practice had established a patient participation group (PPG) to gain feedback from patients and make improvement to the service provided. There had been two PPG meetings however there were no

examples of improvement implemented as a result of PPG feedback. The practice had gathered feedback from patients through the friends and family survey and found that most feedback was positive. The practice 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. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment How the regulation was not being met: The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients who use services. They had failed to identify the risks associated with fire and failed to ensure staff received fire safety awareness training. This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.