

# Dr Avinash Kumar Sennik

## 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?

Requires improvement



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr Avinash Kumar Sennik	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Avinash Kumar Sennik on 9 and 15 February 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks and infection control audits not being undertaken.
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.

- Access to the service showed that patients were not able to see a GP until the first appointment at 10am. Although the practice telephone lines opened at 8am.
- Practice specific policies were implemented and were available to all staff. But not all policies had been signed or were dated and the version control verified.

The areas where the provider must make improvements are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure an annual audit of infection prevention and control are undertaken.

In addition the provider should:

- Ensure that GP survey results are reviewed to address low scoring areas and improve patient satisfaction with consultations.

# Summary of findings

- Review the times of clinical staff availability to meet patients needs.
- Ensure patients identified with caring responsibilities are provided with appropriate support.
- Implement systems to ensure policies and guidance documents are reviewed and updated as necessary.
- Ensure that annual fire drills are recorded and documented.
- Ensure information in the patient leaflet is up to date to reflect the current service.
- Ensure the discussions and actions agreed in PPG meetings are documented to enable dissemination to others and enable an audit trail of decisions.
- Ensure safeguarding vulnerable adults training is provided to staff.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe

Areas of concern included reception staff had not completed the relevant safeguarding training for vulnerable adults, recruitment processes and all necessary employment checks were incomplete and an infection control audit had not been undertaken within the last year.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

**Good**



# Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice lower than others for some aspects of care. Only 67% said the GP gave them enough time (CCG average 83%, national average 87%).
- 66% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. But, the practice leaflet and website had out of date information with regard to appointment times and staff members details.
- 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 requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example; the practice had met with a physiotherapist from the community integrated
- Feedback from patients reported that access to a named GP and continuity of care was not always available quickly, although urgent appointments were usually available the same day.
- Access to the service showed that patients were not able to see a GP until the first appointment at 10am. Although the practice telephone lines opened at 8am.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Requires improvement**



## Are services well-led?

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

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

**Good**



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Practice specific policies were implemented and were available to all staff. But not all policies had been signed or were dated and the version control verified.
- The provider was aware of and complied with the requirements of the Duty of Candour. The lead GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# 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 requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- 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.
- Seasonal flu vaccinations were given to housebound patients by clinicians in their own homes.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a recorded foot examination and risk classification in the preceding 12 months was 95% comparable to the national average of 87%.
- The percentage of patients on the diabetes register, with the last IFCC-HbA1c of 64mmol/mol or less in the preceding 12 months was 76% comparable to the national average of 72%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their 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.

**Requires improvement**



# Summary of findings

## Families, children and young people

The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Rates for all standard childhood immunisations were comparable to CCG rates.
- The percentage 71% of patients diagnosed with asthma, on the register, who had an asthma review in the last 12 months.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage 74% of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years compared with a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



## Working age people (including those recently retired and students)

The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.

The practice offered extended opening hours for appointments on Tuesday and Wednesday; patients could book appointments or order repeat prescriptions online.

Requires improvement





# Summary of findings

## People whose circumstances may make them vulnerable

The provider was rated as requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

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

Although not all non-clinical staff had completed their safeguarding training. They 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 requires improvement for safety and for responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding twelve months was 87% comparable to the national average 85%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Requires improvement



## Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published January 2016. The results showed the practice was performing below national averages. Four hundred and seven survey forms were distributed and ninety were returned. This represented a 22.1% response rate.

- 51% found it easy to get through to this surgery by phone (national average of 73%).
- 49% were able to get an appointment to see or speak to someone the last time they tried (national average 74%).
- 65% described the overall experience of their GP surgery as fairly good or very good (national average 82%).

- 55% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 75%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received, but there were some comments about the difficulty in getting appointments. Patients were positive about the care they received, they felt the staff listened to them and treated them with kindness and respect.

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

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure an annual audit of infection prevention and control are undertaken.

### Action the service **SHOULD** take to improve

- Ensure that GP survey results are reviewed to address low scoring areas and improve patient satisfaction with consultations.
- Review the times of clinical staff availability to meet patients needs.

- Ensure patients identified with caring responsibilities are provided with appropriate support.
- Implement systems to ensure policies and guidance documents are reviewed and updated as necessary.
- Ensure that annual fire drills are recorded and documented.
- Ensure information in the patient leaflet is up to date to reflect the current service.
- Ensure the discussions and actions agreed in PPG meetings are documented to enable dissemination to others and enable an audit trail of decisions.
- Ensure safeguarding vulnerable adults training is provided to staff.

# Dr Avinash Kumar Sennik

## 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, a second CQC inspector, and an Expert by Experience

## Background to Dr Avinash Kumar Sennik

Dr Sennik's practice, is also known as the Broughton Corner Medical Centre. The premises are in a detached house which was converted and extended in 1987, situated in Thornton Heath, Croydon. The practice is in a residential area, beside a busy main road. Links to public transport for the local area are good. The practice is situated on the ground floor of the property and consists of a large waiting area, reception area, three consulting rooms, an office and toilets and staff facilities. The first floor is converted into two residential flats that are occupied. There is a small car park to the side of the practice, with car parking for two cars. Wheelchair access is available. The practice does not have a hearing loop.

The practice currently has a lead male GP (seven sessions), a salaried female GP (two sessions) a male locum GP (two sessions), a female practice nurse (37.5 hours) and a female health care assistant (28 hours) together with a practice manager and six receptionists. The patient list size is 4,193. The majority of patients are from the immediate vicinity. The practice has a Personal Medical Services contract.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments were available:

- 10am to 12.30pm daily.

- Monday and Friday 1pm to 3pm and 4pm to 6pm.
- Wednesday 3.30pm to 5.30pm and late appointments 6.30pm to 7.30pm
- Thursday 5pm to 6pm.
- Late evening appointments were offered on Tuesday 5.30 to 8pm to accommodate working hours.

Dr Sennik is registered with the Care Quality Commission to carry out the following regulated activities at 87 Thornton Road, Thornton Heath, Croydon CR7 6BH: Diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and the treatment of disease, disorder or injury. Although the practice is registered to undertake surgical procedures we were told that this activity was no longer carried out at the practice. Patients are cared for by an external out of hours GP service when the practice is closed, there is a voicemail message advising patients of the contact details.

According to information taken from Public Health England, the patient population has a higher than average number of patients aged 1-34 years, and a lower than average number of patients 60-85 years compared to the practice average across England.

The provider did not have a current website that patients could access for practice information. Patients could book appointments online and order repeat prescriptions on the NHS choices link for this practice.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

# Detailed findings

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

## 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 9 and 15 February 2016. During our visit we:

- Spoke with a range of staff including a GP, practice manager, practice nurse, health care assistant, reception staff 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

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, discussion of significant events was a standing agenda item on the monthly practice meetings.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- 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. There was a lead member of staff for safeguarding. The GP always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities however, the reception staff had not received training relevant to their role. The GP and the practice nurse were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- We observed the premises to be clean and tidy. However, there were no cleaning schedules in place and an audit system to enable them to monitor the cleanliness of the building.
- The practice nurse was the infection control clinical lead. Annual infection control audits had not been
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The Health Care Assistant (HCA) was booked on specific training to administer vaccinations. There was a system in place for the production of Patient Specific Directives when a doctor or nurse were on the premises.
- We reviewed seven personnel files and found that not all appropriate recruitment checks had been undertaken prior to employment and in line with the practices own recruitment and selection policy. For example, proof of identification was provided, but there were no references recorded in the personnel files we reviewed. Registration with the appropriate professional body was recorded for the practice nurse; but not for GPs. The appropriate checks through the Disclosure and Barring Service had been completed for clinical staff.
- 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.

### Monitoring risks to patients

Risks to patients were assessed and managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

## Are services safe?

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 annual fire drills, but this was not recorded. 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 (Legionella is 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.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the practice nurse/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. All the medicines we checked were in date and fit for use.
- 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 practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 88% of the total number of points available, with 3% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- The percentage of patients on the diabetes register, with a recorded foot examination and risk classification in the preceding 12 months was 95% comparable to the national average of 87%.
- At 78% the percentage of patients with hypertension having regular blood pressure tests was similar to the national average 82%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding twelve months was 87% similar to the national average 85%.

- The practice had recently employed a health care assistant to undertake NHS Health Checks, and with further training support the practice nurse to improve patient outcomes by undertaking additional responsibilities.
- The practice nurse monitors and assesses the performance of the practice and meets weekly with the GP. The performance of the practice QOF points were checked three monthly.

Clinical audits demonstrated quality improvement.

- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of patients on Methotrexate to ensure they had had relevant blood tests. The outcome was for patients on the medicine to have alerts put onto their records, access to priority appointments and advice about regular blood tests.

Information about patients' outcomes was used to make improvements such as; the uptake for breast cancer screening was low, the practice sent out invitations inviting patients to attend. The practice was part of a programme that met with specialist breast screening nurses every three years to raise awareness. The last meeting had taken place in November 2015.

### Effective staffing

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

- The practice had an induction programme for all newly appointed non-clinical staff. It 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an



# Are services effective?

## (for example, treatment is effective)

assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding but this had not been completed by all reception staff, fire procedures, and basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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.
- The process for seeking consent was monitored through records audits.

### 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.

The practice's uptake for the cervical screening programme was 64%, which was below the CCG average of 72% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 94% and five year olds from 59% to 94%.

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

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 below average for its satisfaction scores on consultations with GPs and comparable for nurses. For example:

- 77% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 67% said the GP gave them enough time (CCG average 83%, national average 87%).
- 83% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%).
- 66% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).

- 92% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 90%).
- 66% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

### Care planning and involvement in decisions about care and treatment

Results from the national GP patient survey showed fewer patients than average responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice rates were lower than both the CCG and national averages.

For example:

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 65% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 81%).
- 80% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Twenty of the 21 patient CQC comments cards we received included comments on the quality of the clinical staff at the practice. All but one of these was very positive.

There was a notice in the reception area about translation services for patients with a hearing disability. There were no notices for patients who did not have English as a first language, but the practice manager told us telephone translation services were available for patients. The practice leaflet and website had out of date information with regard to appointment times and staff details.

### 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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified five people who were carers from the practice list. Written information was available to direct carers to the various avenues of support available to them.

## Are services caring?

There was a system in place to ensure all staff were made aware of when a patient died to ensure they responded

appropriately to the bereaved family. The practice had not put formalised arrangements in place, although support for these families was on offer and counselling services were available.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example; in February 2016 the practice met with a physiotherapist from the community integrated musculoskeletal service to discuss patients accessing the referral pathway.

- The practice offered a 'Commuter's Clinic' on a Tuesday evening until 8pm and Wednesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients for example people with a learning disability and people over 75 years of age.
- Home visits were available for older patients and patients who would benefit from these,
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities; there was no hearing loop available. There was a poster in reception for patients with a hearing disability, staff could organise for a British Sign Language interpreter.
- Appointments could be made with a named GP; patients would have to wait to be seen within three to five working days.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available:

- 10am to 12.30pm daily.
- Monday and Friday 1pm to 3pm and 4pm to 6pm.
- Wednesday 3.30pm to 5.30pm and late appointments 6.30pm to 7.30pm
- Thursday 5pm to 6pm.
- Late evening appointments were offered on Tuesday 5.30pm to 8pm.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were available for people who needed them.

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

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 44% patients said they could get through easily to the surgery by phone (CCG average 74%, national average 73%).
- 31% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 60%).

People told us on the day of the inspection that they were not always able to get appointments when they needed them. If patients rang in the morning at 8am, the telephone line was busy and there were no appointments available when they got through to reception. Patients were advised to call back on the same day at 3pm, to check appointment availability. We asked on the day of the inspection when the next routine appointment was available, it was four working days in advance. The GP appointment times started at 10am, which was two hours after the practice opened. This meant that patients had to wait to see the GP, or if the matter was more urgent they could be directed to the local walk in centre.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that no information was displayed to help patients understand the complaints system. However, there was information within the practice leaflet advising patients about the process.

We looked at one complaint received in the last 12 months and found the complaint was handled appropriately and in a timely way. Lessons were learnt from concerns and

# Are services responsive to people's needs?

(for example, to feedback?)

complaints and action was taken to as a result to improve the quality of care. For example, the practice reviewed the letter sent out if children had attended the accident and emergency department; ensuring it was addressed to the parent or guardian of the child.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and 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 in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. But not all policies had been signed or were dated and the version control verified.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The lead GP in the practice had the experience, capacity and capability to run the practice and ensure quality care. They prioritised quality and compassionate care. The lead GP was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The lead GP 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 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.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partner in the practice. All staff were 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

The practice encouraged feedback from patients, the public and staff. It sought patients' feedback but, had not responded to the low GP patient survey results about the delivery of the service.

- The practice had gathered feedback from patients through surveys and complaints received. There was a PPG which met every two months, the practice contacted PPG members by phone to arrange meetings. We were told PPG members did not receive copies of minutes from these meetings, they did not see the discussions and actions agreed in the meetings. The PPG members we spoke with told us they did submit ideas for improvements to the practice management team. For example, reorganising the leaflet displays in the waiting area.
- 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. A new initiative was being undertaken

# Are services well-led?

Good 

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

included reception staff completing daily review and feedback forms; to feedback to the practice manager. 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  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:  Failing to undertake IPC audits in order to identify and act on infection risks.  This was in breach of Regulation 12(1)(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed  We found that the registered provider had not ensured that information specified in Schedule 3 was available in relation to each person employed.  This was in breach of regulation 19 (3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.