

# Dr Kulvinder Singh

## 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

Good



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?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Kulvinder Singh on 13 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patients safe.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice, in conjunction with the patient participation group (PPG) set up education seminars

# Summary of findings

for patients and families. Recent seminars included open evening events at the practice on the subjects of cardiac problems, diabetes, aches and pains, dementia and health promotion.

The areas where the provider must make improvements are:

- Ensure the proper and safe management of medicines.

The areas where the providers should make improvements are:

- Continue to identify patients who are also carers to help ensure they are offered appropriate support.

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 for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice did not always keep patient safe.
- Risks to patients were assessed and well managed.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals 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.

- Data from the national GP patient survey showed patients rated the practice in line with and above others for several aspects of care.

**Good**



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice, in conjunction with the patient participation group (PPG) supported several activities in the community to address physical health needs of its patients.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The 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.

## Are services well-led?

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

Good



- The practice had a clear 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 it.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

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

Good



- 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.
- An alert on patient records highlighted elderly patients who were particularly vulnerable.
- The practice case managed elderly patients at risk of admissions through monthly meetings and review of care plans.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- There were alerts for long term conditions on patient records.
- At 81%, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was above the CCG and national averages of 79% and 77%
- 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.
- The practice had online appointment booking and prescription requests.
- The practice had a palliative care register with monthly reviews completed by the practice. All palliative care patients had care plans.

### Families, children and young people

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

Good



# Summary of findings

- 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.
- 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.
- At 83%, the percentage of women aged 25-64 whose notes recorded that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was comparable to the CCG and national averages of 83% and 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Children and babies were prioritised for same day appointments.
- We saw positive examples of joint working with health visitors.
- A range of family planning services were provided including hormone implants.

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

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

- The needs of 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.
- Same day appointments were available.
- The practice was open from 8am to 6.30pm Monday to Friday and offered weekly Saturday clinics to accommodate working people.
- Telephone consultations were available.
- Online appointment booking and prescription requests were available.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There was also an alert on the patient records where a patient was identified as vulnerable.
- The practice offered longer appointments for patients with a learning disability or in vulnerable circumstances...
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Five of the GPs had a special interest in substance misuse and provided reviews and support.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## People experiencing poor mental health (including people with dementia)

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

- 92% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015). This was comparable to the CCG average of 88% and the national average of 88%.
- Patients with severe mental health conditions were offered weekly appointments with a named GP.
- The practice regularly worked with multi-disciplinary teams in the case management of patients 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.
- The practice had a system to follow up patients who had attended accident and emergency (A&E) 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 6 January 2016. The results showed the practice was performing above national averages. 258 survey forms were distributed and 110 were returned. This represented a 42% response rate.

- 98% of respondents found it easy to get through to this practice by telephone compared to the national average of 73%.
- 88% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the national average of 76%.

- 95% of respondents described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards all of which were positive about the standard of care received. Patients commented on the kind and caring nature of all staff and stated that they were treated with dignity and respect.

## Areas for improvement

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

- Ensure the proper and safe management of medicines.

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

- Continue to identify patients who are also carers to help ensure they are offered appropriate support.

# Dr Kulvinder Singh

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and a GP specialist adviser.

## Background to Dr Kulvinder Singh

Dr Kulvinder Singh is situated in Shepway, Maidstone, Kent and has a registered patient population of approximately 11,200. There are more patients registered between the ages of zero and five years than the national average. The practice is located in an area with a lower than average deprivation score.

The practice is a training practice and trains one GP registrar, one F2 and one nurse trainer. There are reception and waiting areas on the ground floor. Patient areas are accessible to patient with mobility issues as well as parents with children and babies.

The practice staff includes a lead GP (male), two male and one female salaried GPs, two male and one female long term locum GPs, one male advanced nurse practitioner, one female nurse practitioner and three female practice nurses and three female healthcare assistants. There was a practice manager and a team of reception/administrative staff.

The practice has a general medical services contract with NHS England for delivering primary care to the local population. Services are provided from;

- The Medical Centre, 10a Northumberland Court, Shepway, Maidstone, Kent, ME15 7LN, and

- The Grove Green Medical Centre, Unit 1, Minor Centre, Grove Green, Maidstone, Kent, ME14 5TQ.

The practice also has premises at The Spires Medical Centre, Chiltern Close, Downswood, Kent, ME15 8XG where administration activities only are carried out.

The Medical Centre is open Monday to Friday 8am to 6.30pm. Extended hours appointments are offered on Saturday from 8.30am to 1pm. Outside of these hours, cover is provided by the out of hours GP service which operates from 6.30pm to 8am, seven days a week and the NHS 111 service.

General medical services are available to patients via an appointments system. There are a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 December 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses and reception/administrative 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 samples 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 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where the vaccine refrigerator door was left open over the weekend, advice was immediately sought by the practice from Public Health England and the practice followed the advice given. Following the incident changes were made to routine evening checks of the vaccine refrigerators and a communication was sent out to all the staff to help ensure the refrigerator door was kept closed and locked at all times when not in use. There had not been a repetition of such an incident since.

National patient safety alerts were disseminated by email, discussed in clinical meetings and then placed onto the practice computer system, which all staff had access to. We saw that the practice had responded to Medicines and Healthcare Products Regulatory Agency (MHRA) alerts to help ensure best practice. The practice shared with us a schedule of audits which demonstrated audits completed in response to patient safety alerts. For example, we saw a

recent alert on anti-depressants and cocaine use, the practice acted upon an alert and completed a search on patients who were prescribed the medicine and changed the medicine accordingly.

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. 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 GP and lead nurse for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. The practice maintained a register of children at risk which was discussed during bi-monthly meetings with the health visitor. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. Non-clinical staff were trained to level one.
- A notice in the waiting room and consulting rooms advised patients that chaperones were available if required. Information about chaperones was also available in the practice leaflet. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to help keep up to date with best practice. There was an infection control protocol and all staff had received up to date training. Annual infection control audits were undertaken. The most recent was in April 2016. We saw evidence that action was taken to address any improvements identified as a result.

# Are services safe?

- The arrangements for managing medicines in the practice did not always keep patients safe. We found controlled drugs were not destroyed when they had expired. We saw that 15 ampules of one controlled drug were out of date and had expired in February 2016. We discussed this with the practice nurse who immediately booked the accountable officer to destroy the drugs and we saw evidence to support this.
- Processes for handling repeat prescriptions included the review of high risk medicines. Prescription pads were kept in a locked cupboard in reception—pad numbers were logged in on receipt and out when taken by GP or nurse. The practice manager checked uncollected prescriptions weekly. Prescriptions which were older than one week were returned to the GP to follow up with the patient.
- The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. There was also a pharmacist who visited the practice three times a week. The practice carried out regular medicines audits and had employed a pharmacist working to the principles of Medicines Optimisation and the National Institute for Health and Care Excellence (NICE) Medicines Optimisation Guidelines with the support of the local CCG pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments. Regular fire drills had been carried out, with the last two taking place in April and December 2016. Weekly fire equipment checks were completed which included the testing of the fire alarm system.
- All electrical equipment was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The last test was carried out in September 2016, which included the calibration of scales, spirometer and pulse oximeters. The practice had a variety of other risk assessments 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). The last test was completed in December 2016.
- 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 for all the different staffing groups to help ensure enough staff were on duty. Cover for sickness, holidays and busy periods was provided in house and by three long term locum GPs.

## 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.
- All clinical staff had received annual basic life support training. 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.

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. However, not all the emergency medicines we checked were in date and stored securely. For example, we found expired adrenaline in one of the treatment rooms.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. Copies were available on the practice's computer system as well as hard copies being available.

# 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 to help 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.
- Clinical staff attended monthly protected time initiatives funded by the CCG. They also attended quarterly locality meetings which were attended by seven other local practices. Clinical guidelines and protocols were discussed at both of these meetings. All clinicians fed back summaries of learning from all events they attended at practice meetings.

### 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 99% of the total number of points available, with exception reporting at 6.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators was above the national average. For example the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91% against the national average of 88%.

- The percentage of patients on the register who had had an influenza immunisation in the preceding 1 August to 31 March was 94% against the national average of 94%.
- Performance for mental health related indicators was similar to the national average. For example, 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 92% against the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed over the last two years and two had been completed 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, an audit on the prescribing of sleeping tablets resulted in GPs following tight protocols when prescribing the medication, as the audit found patients were using the medication as a substance misuse drug. A new prescribing policy was formed and written guidance was created for GPs to follow if they identified any new patients on the medication.

Information about patients' outcomes was used to make improvements such as to reduce the rate of teenage pregnancies. The practice had two GPs and a nurse practitioner trained in Long Acting Reversible Contraception procedures. The practice informed they had seen 102 patients who had received a depo contraception injection, fitted 59 coils and 37 implants. This meant more patients were being monitored and supported at the practice rather than at external services.

The high standard of diabetes management for patients was achieved through increased staff training and awareness. A practice nurse was the lead in diabetes management and was supported by one of the GPs. They had both completed a diabetes foundation course and were trained to initiate insulin and injectable diabetes therapies particularly.

Five GPs had completed a certificate in the management of drug misuse to improve outcomes for patients due to high prevalence of drug misuse in the local area.



# Are services effective?

## (for example, treatment is effective)

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. One of the practice nurses had completed training on female genital mutilation. One of the nurses was trained to advanced nurse practitioner level and the other had undertaken nurse prescriber training. Nurses also attended regular update training in cervical screening and immunisation. All clinical staff were encouraged to attend local monthly protected education events where they received education and updates from the CCG.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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 on going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. For example, where a vulnerable patient was to be discharged from hospital, the practice notified the community matron who visited the patient in hospital and arranged a home care package in the community before discharge.

Multi-disciplinary team (MDT) meetings took place on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs. The practice kept a list of all patients who were at risk of unplanned admissions to hospital. A risk assessment was carried out monthly to identify any new patients to add to the list. These patients were discussed at the MDT meetings. All discharges and accident and emergency (A&E) attendances were reviewed to identify any necessary changes to be made to their care plans.

Health visitors were met with on a bi-monthly basis and any concerns regarding families and children were discussed.

Palliative care meetings took place on a monthly basis and were attended by one of the GPs, a practice nurse, Macmillan nurse, the complex care nurse, health and social care coordinator and the GP trainees. The agenda included discussing patients on the palliative care register and those that needed to be included.

### Consent to care and treatment

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

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

# Are services effective?

## (for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GPs or practice nurses assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation as well as substance misuse. Patients were seen in specialist clinics run by the practice itself or were signposted to the relevant local service. For example, the practice had recently registered five patients who were seeking asylum. The practice arranged for them to come in for their health checks with an interpreter and were given longer appointments. They had also held meetings with key workers to help ensure all relevant services and support were accessed.
- The practice ran a smoking cessation clinic from its premises. The practice contracted a smoking cessation adviser who had a 31% success rate compared to the CCG average of 47% from 1 April to 30 June 2016, helping patients to stop smoking.
- Patients identified as requiring extra support were flagged on the computer system and prioritised for appointments.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 55% to 93% and five year olds from 93% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice kept registers of patients with conditions such as learning disabilities, mental health and long term conditions. This included the dates reviews were due and whether a referral had been made and if the patient had failed to attend their review. 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 10 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.

There was an established patient participation group (PPG) group which had been running for six years. The PPG helped set up education seminars within the practice and recent seminars included open evening events for patients and their families on cardiac problems, heart and circulation, diabetes, aches and pains, dementia and health promotion. A consultant speaker was invited to each seminar, and during the last session in April 2016 on aches and pains, an orthopaedic consultant attended and delivered an educational talk to over 16 patients. The PPG also held a general annual meeting every year and met four times a year. They also produced a newsletter three times a year which included information about the practice, social events, and healthcare information. The PPG undertook an annual patient survey focusing on areas pertinent to the surgery with the last one taking place in April 2016. Patients highlighted that on occasions they were kept waiting for long period past the time of their appointment. The practice had responded by placing a sign in the waiting area asking patients to inform reception staff if they had waited more than 20 minutes past their appointment time. Staff told us this enabled reception staff to explain why there was a delay and give patients an indication of when they would be seen by the GP.

We spoke with one member 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. They informed us the practice was receptive to suggestions and a GP, one of the practice nurses and the practice manager always attended the PPG meetings.

There was also a virtual PPG group with five members who communicated via email. The PPG informed us they were actively trying to recruit more members by advertising at the practice and on the practice website.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice's achievement was above clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of respondents said the GP was good at listening to them compared to the CCG) average of 91% and the national average of 88%.
- 92% of respondents said the GP gave them enough time compared to the CCG average of 89% and the national average of 86%.
- 100% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 85% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 89% 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

## Are services caring?

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 the local and national averages. For example:

- 87% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 77% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

- 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 and on the practice website which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. The practice also had a carer's identification protocol informing staff of the definitions of a carer and the correct read codes to use when flagging carers.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers (1% below the practice list size). A poster on display in the waiting area advised patients to identify themselves to the practice if they were carers. Patients who were carers were flagged on the practice's computer system and prioritised for appointments where necessary. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local patient 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, having recognised the need to increase dementia diagnoses, the practice had successfully increased its level of screening and subsequent referrals to services such as talking therapies.

The practice looked after two nursing homes and had a nominated GP. The practice looked after 40 residents at one home and 10 residents from another and completed regular weekly visits.

- The practice offered evening appointments until 6.30pm Monday to Friday and weekly Saturday morning clinics 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered a private room for breastfeeding mothers.

### Access to the service

The practice was open Monday to Friday 8am to 6.30pm. Extended hours appointments were offered on Saturday from 8.30am to 1pm. Weekly Saturday morning clinics took place for patients who could not attend during normal opening hours. There was also a triage call back system where GPs made telephone calls to patients to seek further information and advice or sign post them appropriately.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments

were also available for people that needed them. Outside of these hours, cover was provided by the out of hours GP service which operated from 6.30pm midnight, seven days a week and the NHS 111 service. Information about out of hours services was available in the practice leaflet and was on display in the reception area.

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

- 83% of respondents were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of respondents said they could get through easily to the practice by telephone compared to the national average of 73%.

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

The practice had a system to assess:

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

Patients who required a home visit were advised to contact the practice before 10am. The GP then contacted the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. The practice advised that children should be brought in to the practice as they would be prioritised for appointments rather than waiting for a home visit or were visited at home. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system. For example, information was available in the practice leaflet which was on display and given to new patients. A comments and complaints box were in reception. The practice manager and one of the practice nurses were responsible for responding to complaints.

We looked at four complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency.

Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, in response to a complaint concerning comments made by a patient regarding a referral, the patient was written to with an apology and a description of the action that would be taken. The complaint was discussed at a practice meeting and the need for tact when discussing sensitive issues with patients was highlighted.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice's mission statement was to offer and deliver high quality evidenced based primary care services based on clinical effectiveness, patient safety; patient experience and a multidisciplinary team approach.
- 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 and helped to ensure 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.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the lead GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us GPs were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to help ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go

wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help ensure that when things went wrong with care and treatment:

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

There was a clear leadership structure 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 principal GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff were encouraged to develop in their careers and were well supported by the practice management to do so.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG helped set up education seminars within the practice and recent seminars included open evening events for patients and their families on cardiac problems, heart and circulation, diabetes, aches and pains, dementia and health promotion.

# Are services well-led?

Good 

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

- The PPG also undertook an annual survey focusing on areas pertinent to the surgery with the last one taking place in April 2016. Patients highlighted on occasions they were kept waiting for long periods of time before their appointment. The PPG communicated this back to the practice and it was agreed to place a notice in reception informing patients if they had waited for more than 20 minutes to talk to reception to ease anxiety and encourage communication and engagement between staff and patients.
- The practice had gathered feedback from staff through staff away days and generally 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. For example, in response to feedback from reception/administrative staff the practice had recruited two new members of staff to cover reception and general administrative duties. This helped to manage patient demand at the

reception desk as well as on the telephones and helped to reduce pressure on reception and administrative staff. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was involved in a pilot which focussed on supporting patients with substance misuse and had provided enhanced training for its five GPs

Information about patients' outcomes was used to make improvements for example in order to help reduce the rate of teenage pregnancies, the practice had provided two GPs and the nurse practitioner with training in Long Acting Reversible Contraception procedures. This meant more patients were monitored and supported at the practice rather than at external services.



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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not ensure the proper and safe management of medicines.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Family planning services	
Maternity and midwifery services	
Surgical procedures	
Treatment of disease, disorder or injury	