

Dr Khong & Partners

Quality Report

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

Ratings

Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Khong & Partners on 17 May 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However we found that incidents had occurred that had not been investigated and reported as such as they were non clinical which had not been identified as a significant event.
- Risks to patients were assessed and well managed for the overall building however practice specific risks had not been identified and assessed. For example issues identified in infection control audit.
- Although some audits had been carried out, we saw no evidence that audits were driving improvements to patient outcomes.

- The practice had a number of policies and procedures to govern activity, but some were overdue a review and were not all specific to the practice.
- Safety alerts were received and forwarded to staff in the practice however not all prompted audits to ensure that patients were identified that could be at risk.
- Electrical equipment had not been tested since 2013.
- Data showed patient outcomes were high compared to the national average.
- Patients said they were treated with compassion, dignity and respect.
- Patients were able to get an appointment on the day and were happy with the appointment system and availability.
 - Staff said they felt respected, valued and supported, particularly by the partners in the practice.

The areas where the provider must make improvements are:

Summary of findings

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses including non-clinical.
- Carry out clinical audits and re-audits to improve patient outcomes especially those relating to safety alerts.
- Ensure that staff are trained and competent prior to providing any services.

In addition the provider should:

- Review and update procedures and guidance to make sure they are specific to the practice.
- The business continuity plan should be updated to include contact numbers for suppliers such as Gas, Electricity and Water.

- Implement formal governance arrangements systems for assessing and monitoring risks including the monitoring of equipment testing.
- Multi-disciplinary team meetings should be regular and documented.
- Carers information should be available for patients to access and identification of carers should be proactive.
- Ensure that the patient participation is active and in place.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- There was an effective system in place for reporting and recording significant events
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, staff were not identifying incidents and reporting them as such although there was action taken and discussions in relation to them.
- Although risks to patients who used services were assessed such as health and safety and fire the practice had not documented other risks identified such as findings in an infection control audit.
- Incidents such as staff issuing acute medication, patient not receiving recommended follow up had been discussed in practice meetings and actions had been implemented but they had not been handled in line with incident reporting policy with investigations documented.
- Minor surgery was been undertaken without the relevant training been completed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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 had not been completed to demonstrate 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.

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 higher than others for several aspects of care.
- 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.

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 population and engaged with the NHS England Area Team and Clinical Commissioning Group 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.

Are services well-led?

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

Requires improvement



- There was no clear leadership and structure although staff said they felt supported by management. The practice had four partners with three of these GPs regularly working at the practice but it was difficult to identify the lead and the way the partnership worked together.
- The practice held meetings but the minutes were brief and would not be sufficient for those that had not attended the meeting to update themselves from.
- The practice had sought feedback from patients however the patient participation group was not currently active however the practice had made plans to recruit new members and reassess the requirements of the group.
- The practice had a number of policies and procedures to govern activity however these were not practice specific and had not been reviewed since 2014.
- Minor surgery was been conducted without the training, evaluation and audit been completed.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels part of the future plans were to up skill staff and courses had been identified and booked for members of staff.

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 well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- The practice were linked to care homes in the area where they had patients residing at and worked closely with the care home staff to provide reviews and home visits where necessary.

Requires improvement



People with long term conditions

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

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators showed the practice had achieved 100% of targets which was above the CCG average (85%) and higher than the national average (89%). For example, 97% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 12 months. This was higher when compared to the CCG average (93%) and national average (94%).
- 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 well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Immunisation rates were slightly lower than national averages however the practice had a low number of children and work had been completed to look at those that had not attended.
- 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 practice's uptake for the cervical screening programme was 83% which was higher than the CCG average of 79% and the 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, health visitors and school nurses.

Requires improvement



Working age people (including those recently retired and students)

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

- 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.
- Telephone consultations were available.
- The practice offered two evenings per week where appointments were available to 7pm.

Requires improvement



People whose circumstances may make them vulnerable

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

Requires improvement



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice 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.
- 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 provider was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the CCG average of 86% and the national average of 84%.
- 92% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was better than the national average of 88%.
- 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 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 359 survey forms were distributed and 108 were returned. This represented 5% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 89% of patients 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 29 comment cards which were all positive about the standard of care received. Patients commented that they were able to get an appointment when they needed to and that the care provided was excellent. One of the comment cards whilst having positive feedback also stated that they would like the practice to open at a weekend.

We reviewed the results of the Friends and Family Test for the months of January 2016 to April 2016. This showed that out of 107 that had been completed 79% of patients said they were either extremely likely or likely to recommend the practice to friends or family with 6% unlikely.

Areas for improvement

Action the service **MUST** take to improve

- Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses including non-clinical.
- Carry out clinical audits and re-audits to improve patient outcomes especially those relating to safety alerts.
- Ensure that staff are trained and competent prior to providing any services

Action the service **SHOULD** take to improve

- Review and update procedures and guidance to make sure they are specific to the practice.

- The business continuity plan should be updated to include contact numbers for suppliers such as Gas, Electricity and Water.
- Implement formal governance arrangements systems for assessing and monitoring risks including the monitoring of equipment testing.
- Multi-disciplinary team meetings should be regular and documented.
- Carers information should be available for patients to access and identification of carers should be proactive.
- Ensure that the patient participation is active and in place.
- Clarify the leadership structure and ensure there is leadership capacity to deliver all improvements.

Dr Khong & Partners

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.

Background to Dr Khong & Partners

Dr Khong & Partners is in a purpose built medical centre in Ayres Monsell in Leicester. The building is shared with other teams such as district nurses and there is also another GP practice in the building.

All services are provided from Pasley Road Health Centre, Pasley Road, Leicester, Leicestershire, LE2 9BU. There is car parking facilities at the practice and also on street parking outside.

- The practice consists of four partners; one works three days per week, one works one day per week and one works one morning per week (all male). The practice is also supported by long term locums when required.
- The practice also employs a practice nurse (female).
- The practice has a practice manager and four administration staff.
- This practice provides training for doctors who wish to become GPs and at the time of the inspection had one doctor undertaking training at the practice. (Teaching practices take medical students and training practices have GP trainees and F2 doctors).

- The practice is open between 8am and 6.30pm Monday to Friday with extended hours until 7pm on a Monday and Wednesday. Extended hours appointments are offered at the following times on Monday and Wednesday from 6.30pm to 7pm.
- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice list size is approximately 2170 patients with a higher than average number of patients that are aged 30 – 34 compared with local and national averages.
- The practice has high deprivation and sits in the 2nd most deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures, maternity and midwifery services; family planning, diagnostic and screening procedures and treatment of disease, disorder or injury.
- The practice lies within the NHS Leicester City Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

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 17 May 2016. During our visit we:

- Spoke with a range of staff (GP's, practice manager, administration staff and practice nurse).
- 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.'
- Spoke with care homes in the area where residents were patients of the practice.
- Spoke with the chair person of the Patient Participation Group (PPG).

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 significant events and there was a recording form available on the practice's computer system. The staff told us different examples of incidents however the practice had only recorded one.
- We saw in minutes of practice meetings that incidents had been discussed that had occurred however these had not been reported through the incident reporting system as they were of the non clinical nature and staff, including the practice manager had not recognised them as significant events. However we saw from the minutes that they were discussed and actions were taken to prevent reoccurrence.
- The practice had a policy in place for duty of candour called 'been open'. (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.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We were able to see evidence that incidents, alerts and safety were discussed however these were not detailed enough for staff that were not able to attend the meetings to use as an update.

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. 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 member of staff for safeguarding. Staff had access to a chart which detailed all the contact numbers for local safeguarding teams including out of hours contact. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3 and the practice nurse was trained to child safeguarding level 2 which was appropriate to their roles.

- 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 (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). Staff that were used as chaperones understood the role of the chaperone and were able to describe this.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The cleaning was completed and managed by the building management company and they provided monthly audits on the work completed. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example a larger bin had been ordered for one of the consulting rooms.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank

Are services safe?

prescription forms and 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 the nurse to administer medicines in line with legislation.

- We reviewed four 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 in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had fire risk assessments however this had not been reviewed since 2014. Electrical equipment had not been checked since 2013 to ensure the equipment was safe to use however clinical equipment was checked to ensure it was working properly. The practice manager said that the management company of the building was responsible for organising and making sure this was in place and that this incident would be recorded and investigated as a significant event as there could be other work that they could ensure was completed as part of the lessons learned. The practice manager booked for an electrician to complete the required checks for the 26 May 2016. 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 to ensure enough staff were on duty.

- There had been a small number (six) of patients over the last two years where minor surgery had been completed by one of the partners. The GP was unable to provide us with any training or qualification in relation to this and the consent and evaluation level required had not been completed. We spoke with the GP who told us that the training would be completed and until then minor surgery would not be undertaken.. Following the inspection the practice provided assurance that the minor surgery had ceased and that the GP was looking for suitable training courses.

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 one of the treatment rooms.
- 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 stored securely.

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. The section which provided details for suppliers such as Gas, Electricity and Water companies referred to contact the management company of the building. We spoke with the practice manager about this as there maybe cases where they could not be contacted and the practice agreed that they should complete this section for the practice copy and the copy held at the practice managers home.

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 patients' needs.
- The practice had not 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 98% of the total number of points available. Exception reporting overall was 7.2% which is in line with the CCG or national averages. (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 showed:

- Performance for diabetes related indicators showed the practice had achieved 100% of targets which was above the CCG average (85%) and higher than the national average (89%). For example, 97% of patients with diabetes, on the register, have had an influenza immunisation in the preceding 12 months. This was higher when compared to the CCG average (93%) and national average (94%).
- Performance for hypertension (high blood pressure) related indicators were higher when compared to the CCG and national averages. The practice achieved 100% of targets compared to a CCG average (95%) and national average (98%).

- Performance for mental health related indicators was higher when compared to the CCG and national average. The practice achieved 100% of targets compared to a CCG (90%) and national average (93%).

Data showed that exception reporting data for two specific clinical domains was significantly higher than the local CCG and national averages. For example:

- Exception reporting for cancer indicators was higher (55%) than the local CCG (21%) and national averages (15%).
- Exception reporting for peripheral heart disease was higher (22%) than the local CCG (6%) and national averages (6%).

This was raised with the partners and on further investigation we were shown evidence from their system that these figures were inaccurate and that both these indicators were actually below CCG and national averages.

There was evidence of quality improvement including clinical audit.

- There had been two prescribing based 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 national benchmarking, accreditation, peer review and research.

However

- Audits were not completed in relation to improving services and patient safety, for example an alert that had been received in relation to a particular drug had not prompted an audit to identify patients that may be at risk.

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. For example, for those reviewing patients with long-term conditions including diabetes.

Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff except one had received an appraisal within the last 12 months.
- The practice had identified that the practice nurse was lacking support and peer review and had set up for the future a joint meeting with the nursing team at a buddy practice so that they could share learning and offer support and supervision.
- Staff received training that included: safeguarding, fire safety awareness, basic life support 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.
- The electronic system in use enabled the practice to communicate with other health professionals through a task system.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were

referred, or after they were discharged from hospital. Meetings took place with other health care professionals every six months, for example patients that were identified as end of life. However minutes showed that not all patients were discussed and reviewed and updated for patients with complex needs. The district nurses were based in the same building as the practice and conversations took place informally when required.

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 had not been 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. Patients were signposted to the relevant service in relation to end of life care and health promotion however there was little information provided for carers.
- The practice could refer to a mental health practitioner to offer support to those patients that needed it and there was a single point of access that patients could contact and be guided to the relevant agency, for example LOROS which was a local support group terminally ill patients and their families.

The practice's uptake for the cervical screening programme was 83% which was higher than the CCG average of 79% 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 would also

Are services effective?

(for example, treatment is effective)

opportunistically speak to patients about booking their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were lower than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90% to 97% and five year

olds from 80% to 96%. We spoke with the practice nurse about this and due to the low level of children at the practice one child not attending would impact the figures quite dramatically. The practice nurse showed us the patients that had not attended and had looked into the reasons why.

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

Are services caring?

Our findings

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

We spoke with a member of the patient participation group (PPG). 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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Comment cards told us patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. 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 above local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 76% and the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and 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.
- The practice had a hearing loop system for those patients that required this.

Are services caring?

- Information leaflets were available in easy read format.
- The GP's told us that they used pictures and the internet to explain things to patients where necessary.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice did not have information on carers support services to give to patients or on display in the waiting area.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 19 patients as

carers (0.9% of the practice list). We spoke with the practice about this and the lack of information available for carers. The practice had some posters that they were going to be displaying in the waiting area but explained with some of their patient population it was difficult for patients to relate to themselves as a carer.

Staff told us that if families had suffered bereavement, there was no process in place to offer support however as the staff knew their patients well reception staff would usually be the support and offer condolences and the GPs would signpost to support agencies that maybe required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday and Wednesday evening until 7pm 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice were able to refer to and used specialist nursing services such as diabetes specialist nurse for patients diagnosed.
- Care Navigators worked with the practice to provide support and advice for patients that needed social care support.
- Patients were able to see a mental health nurse that was based at the surgery.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.40am every morning to 6.20pm daily. Extended hours appointments were offered on Monday and Wednesday to 7pm. 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 as well as routine bookable on the day appointments.

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

- 87% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

We saw that on the day of the inspection that routine appointments and urgent appointments were available on that day.

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 information was available to help patients understand the complaints system for example, a poster displayed in the waiting area and a complaint leaflet on the reception desk.

We looked at one complaint received in the last 12 months and found that it had been dealt with in a timely way and that the practice manager had met with the complainant to discuss the issues.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a robust strategy which reflected the vision and values of the practice.
- The practice had been a partnership for the past three years and the partners were keen to develop the staff that they had.
- There were plans to have more trainees and had GP trainees for the next 12 months.

Governance arrangements

The practice had an overarching governance framework however it did not fully support the delivery of the strategy and good quality care:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice policies were in place and were available to all staff however they had not been reviewed since 2014 according to the dates on the documents and they were not all practice specific. For example the consent policy stated that an audit of consent would be conducted annually and this was not the case, and the prescription security policy said that prescription pads were handed out and signed for daily and again this was not the process.
- A programme of continuous clinical and internal audit was not used to monitor quality and to make improvements. The audits that were completed were prescribing audits and one that had been completed in the past month by one of the trainees and was yet to be reviewed and discussed.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were not robust as we found that incidents that had not been recorded as such and risks that had not been fully assessed for example the infection control audit had identified chairs in the treatment rooms should be wipe clean however there was no risk assessment in relation to this that identified plans to take

- A comprehensive understanding of the performance of the practice was maintained.
- Minor surgery had been provided and completed without the required training, evaluation and audit taking place.

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a 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 and supported in doing so.
- Three of the partners at this practice and the practice manager was also part of a larger practice nearby and learning and some governance was shared however there were areas at this practice such as audit and significant events that had not been prioritised.
- Staff said they felt respected, valued and supported, particularly by the partners 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.

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

Are services well-led?

Requires improvement 

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

The practice encouraged and valued feedback from patients, the public and staff. It had 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 had met regularly, carried out patient surveys however the numbers of people on the group had recently reduced and the practice were looking at ways to reinvigorate the group with new members and possibility of a virtual group.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

- Friends and family test was promoted and at stages had been targeted for staff to try and get a certain amount completed each month.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team had joined a group of other practices and were in the early stages of forming a federation to work together and improve services for patients. The practice had highlighted administration staff and their desire to learn and staff had been booked for courses in phlebotomy and blood pressure reading later in the year. The practice were also taking an apprentice from the local area to work in the administration area.

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 | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>We found that the provider had not ensured that all staff were adequately trained with the qualifications appropriate to the work they performed.</p> <p>Ensure that staff are trained and any evaluations and other requirements are completed prior to providing any services.</p> <p>This was in breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |
| Regulated activity | Regulation |
| Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>We found that the provider did not have an established, effective system to assess, monitor and improve the quality and safety of the services provided or assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p>Introduce robust processes for reporting, recording, acting on and monitoring significant events, incidents and near misses including non-clinical.</p> <p>Carry out clinical audits and re-audits to improve patient outcomes especially those relating to safety alerts.</p> <p>This was in breach of regulation 17(1)(2) (a),(b),(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |