

Sinha Medical Practice

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 Sinha Medical Practice on 28 January 2016. Overall the practice is rated as good.

The Sinha Medical Practice was inspected on 27 May 2015 and rated as inadequate. The issues found within the practice were so significant as to warrant urgent closure of the service through a Section 30 order of the Health and Social Care Act 2008. From July 2015 the practice re-opened under a new provider McLaren Perry Limited. .

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.
- Risks to patients were assessed and well managed.

- Previously published data was not available for the practice but the year to date data that was available showed patient outcomes were on target to meet the national average.
- A programme of continuous clinical and internal audit was being developed which was to be used to monitor quality and to make improvements.
- Not all staff had undertaken the necessary training needed to keep the practice safe including infection control, safeguarding and basic life support. However, a date was set for this training to be undertaken.
- Patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had a number of policies and procedures to govern activity.
- The practice had an active patient participation group which was in the process of being developed further.

Summary of findings

The areas where the provider must make improvements are:

- Ensure all staff receive the training needed to keep patients safe including safeguarding, infection control and chaperone training.
- Ensure all staff who carry out chaperone duties have received a Disclosure and Barring Service (DBS) check.

In addition the provider should:

- Follow up the actions identified in the infection control audit undertaken in June 2015.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However not all staff had received the required training needed to keep people safe. This included infection control training, basic life support and chaperone training.
- All non-clinical members of staff that carried out chaperone duties had not received a Disclosure and Barring Service (DBS) check.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Current data collected by the practice for the Quality and Outcomes Framework showed patient outcomes were on target to reach the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A programme of continuous clinical and internal audit was being developed which was to be used to monitor quality and to make improvements.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was a system of appraisals and personal development plans for all staff. However staff had not currently been through the appraisal process due to the length of time they had been employed at the practice.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- 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



- 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 offered a basic GP service and was currently developing the service provided to patients.
- 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 this.
- 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.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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 good for providing care for older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



People with long term conditions

The provider was rated as good for providing care to people with long-term conditions.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for patients on the diabetes register (374 patients) that had received an annual review so far this year was 60%. The national average for 2014/2015 was 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.

Good



Families, children and young people

The provider was rated as good for providing services to families, children and young people.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates for the standard childhood immunisations were mixed. For example the year to date
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- Appointments were available outside of school hours.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



The provider was rated as requires improvement for providing services to working age people (including those recently retired and students)

- The practice offered extended opening hours for appointments on a Saturday morning.
- Patients could not book appointments or order repeat prescriptions online. The practice was in the process of developing this system.
- Health promotion advice was offered and there was accessible health promotion material available through the practice.

People whose circumstances may make them vulnerable

Good



The provider was rated as good or providing services to people whose circumstances may make them vulnerable.

- 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 multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. However not all staff had been appropriately trained.

People experiencing poor mental health (including people with dementia)

Good



The provider was rated as good for providing services to people experiencing poor mental health (including people with dementia)

- Sixty percent
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- It 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.

Summary of findings

- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health. Most staff had received training on how to care for people with mental health needs.

Summary of findings

What people who use the service say

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 14 comment cards which were all positive about the standard of care received. Patients commented on how friendly the staff were, that it was easy to get an appointment and how much the service had improved since the new staff team came to the practice.

We spoke with 11 patients during the inspection. All the patients we spoke with said they were happy with the care they received and thought staff were approachable, committed and caring

There was no GP patient survey data to view for this service as the provider had taken over since the last results had been published.

Areas for improvement

Action the service **MUST** take to improve

- Ensure all staff receive the training needed to keep patients safe including safeguarding, infection control and chaperone training.

- Ensure all staff who carry out chaperone duties have received a Disclosure and Barring Service (DBS) check.

Action the service **SHOULD** take to improve

- Follow up the actions identified in the infection control audit undertaken in June 2015.

Sinha Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience. Each specialist advisor was given the same authority to enter the practice as the CQC inspector.

Background to Sinha Medical Practice

The Sinha Medical Practice is located in the London Borough of Newham. The practice is part of the NHS Newham Clinical Commissioning Group (CCG) which is made up of 61 practices. It currently holds a PMS contract (a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract) and provides NHS services to 5600 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The majority of the practice patient list is between the ages of 20 and 39. The practice is situated within a purpose built centre. Consulting rooms are available on two levels and there is a lift available for those patients with impaired mobility. The practice is currently run by McLaren Perry Limited. The practice staff comprised of two salaried GPs (male and female undertaking 8 and 5 sessions per week respectively), two long term locum GP's (male and female undertaking 4 sessions per week each) a female practice nurse (10 sessions per week per week), practice manager, assistant practice manager and reception staff).

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are from 9am to 11.30am every morning and 3.30pm to 6pm daily. Extended surgery hours are offered on a Saturday morning between 9am and 1pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for people that needed them. The practice did not provide out of hours treatment but referred patients to the local out of hour's provider.

The practice has been inspected on a number of occasions, firstly in August 2013 where it was found to be non-compliant in the areas of safeguarding people who use the service from abuse and supporting workers. At the follow up inspection in July 2014 the provider was found to have complied with the regulations. The practice was inspected again on 27 May 2015 and was rated inadequate and urgently closed through a Section 30 order on 29 May 2015. The practice was re-opened and McLaren Perry took over the management of the practice in July 2015 as a new provider of services.

The service is registered with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, family planning, surgical procedures, treatment of disease, disorder or injury and maternity and midwifery services.

Why we carried out this inspection

We inspected this service on 28 January 2016 as part of our new comprehensive inspection programme.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 January 2016.

During our visit we:

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed five safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident occurred where a patient's pathology results were abnormal but there was a delay in contacting the patient for a review and referral to hospital. This was discussed at a team meeting and a further checking procedure was initiated to minimise chance of reoccurrence.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The 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 relevant to their role by the McLaren Perry company trainer. Staff were waiting to undertake the local council run training in February 2016. GPs had received child protection training and were trained to safeguarding level 3. The practice nurse had received safeguarding training to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff were carrying out chaperone duties however none had been

trained for the role. Only clinical members of staff and the practice manager had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Non-clinical members of staff that were carrying out chaperone duties had not received a DBS check. The practice was in the process of ensuring that all staff had a current DBS check.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However the practice did not hold cleaning schedules and no formal checking system was in place. 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 but staff including the infection control lead had not received up to date training. Annual infection control audits were undertaken. The latest was undertaken in June 2015 which highlighted areas for improvement including the need for hand soap to be provided but no action plan or follow up audit was present.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six 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 for clinical members of staff.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Are services safe?

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 up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. These checks had recently been undertaken (January 2016) and the practice were awaiting the final test certificates. 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 that enough staff were on duty. Staff cover holiday periods through informal arrangements and locum doctors were to be used when GPs were on holiday, though this has not occurred at present.

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.
- Most staff had received annual basic life support training however three members of non-clinical staff were still to undertake this. Emergency medicines were available in the treatment room.
- The practice had oxygen with adult and children's masks and a defibrillator, however on the day of inspection the batteries had run down and it was not suitable for use. The practice was made aware of this on the day of inspection and ordered replacement batteries. The practice confirmed that these are now in use. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE through the computer system and an app on their mobile telephones. They used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The provider had been running the practice for less than a year; therefore no published QOF data was currently available. The practice provided the data for the current year. We have used the previous end of year national average to provide a comparison and to assess whether the practice was on track to meet their end of year obligations. Performance for patients on the diabetes register (374 patients) that had received an annual review so far this year was 60%. The national average for 2014/2015 was 77%.

- The percentage of patients with hypertension having regular blood pressure tests was currently 60% compared to the national 2014/2015 average of 83%.
- Performance for patients on the mental health register (40 patients) that had currently been reviewed was 62%. The national average for 2014/2015 was 88%.

The practice was on target to reach their year end QOF targets.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits started in the seven months that the current provider has been running the service, the practice was using the data to highlight where improvements to service could be made.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a search of the computer system for patients with a cancer diagnosis in order to review the patient records. This would show whether patients had continuous symptoms, whether further investigation was needed and if a referral was appropriate. The practice identified 12 patients and were currently investigating to ensure they were receiving an appropriate service. The audit was undertaken in January 2016 and the practice planned to repeat the audit in 12 months.

Effective staffing

We looked at systems in place to ensure that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety and confidentiality. However the infection control lead was in need of training for the role in order to cascade the training to the other members of the staff team.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of one to one meetings, team meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision

Are services effective?

(for example, treatment is effective)

and facilitation and support for revalidating GPs. The practice had a system for providing staff appraisals; none of the staff team had received an appraisal to date however these had been planned for March 2016.

- Staff were receiving training that included: safeguarding, fire procedures, basic life support and information governance awareness through the McLaren Perry in house training programme. However some members of staff were still to undertake training in safeguarding, infection control and basic life support. These training courses were booked for February 2016.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

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

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was currently 60% for the current year (2015 -2016); the practice was on target to reach the year end the national average of 81%. The practice was aware of the low figure and was currently sending out reminders to patients who may have been missed by the previous providers. 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.

Childhood immunisation rates for the vaccinations given were for the current year and the national average for 2014/2015 has been given for comparison. For example, childhood immunisation rates for the vaccinations given to under two year olds currently ranged from 6% to 64% (compared to the CCG average range for 2014/2015 of 6.2% to 91%) and five year olds currently range from 6% to 37% (compared to the CCG average range for 2014/2015 of 81% to 95%).

The year to date flu vaccination rates for the over 65s were currently 58%, and at risk groups 39%. The practice was on track to reach the end of year target.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice had

Are services effective?

(for example, treatment is effective)

currently undertaken 26% of the 1645 patients eligible.
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.

- Modesty screens were provided for consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. However we noted that one screen was being shared between two consulting rooms and taken into the room when needed. The practice agreed that it would be more appropriate to have a screen in both consulting rooms and agreed to purchase a second screen.
- 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 11 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. They stated how the service has improved considerably since the new provider took over the practice.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

There are no results from the national GP patient survey as the provider has not been running the service long enough for the survey to be completed. McLaren Perry had not undertaken any patient surveys, however this was in the planning stages.

Care planning and involvement in decisions about care and treatment

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

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. We also saw some signs on display in a number of the local languages.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP or the practice manager contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs 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 were responding to the needs of patients and offering a basic service to meet the needs of the community. The practice were planning to extend services in the near future to offer further services including online appointments, baby clinic, ante natal and post-natal clinics. Currently:

- The practice offered a 'Commuter's Clinic' on a Saturday morning from 9am to 1pm 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- Same day appointments were available for children and those with serious medical conditions.
- Each patient over 75 had a named GP.
- The practice provided follow up appointments for patients that had been discharged from hospital.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health and those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice worked with community midwives and health visitors and attended multidisciplinary meetings. The practice planned to re start hosting a baby clinic in the near future.
- The practice worked with the local mental health team, attended multidisciplinary meetings and signposted patients to organisations for further support.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 9am to 11.30am every morning and 3.30pm to 6pm daily. Extended surgery hours were offered on a Saturday morning between 9am and 1pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

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 including a comprehensive complaints leaflet and posters within the waiting area.

We looked at the four complaints received since the provider took over and found that they were handled appropriately and in line with the policy. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, following a complaint about a repeat medicine being issued by reception staff in error, the prescribing policy was reviewed and discussed in a practice meeting and systems put in place to minimise the chance of reoccurrence.

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 had a robust strategy and supporting business and action plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff.
- The practice was gathering information such as QOF to be able to benchmark their performance for the following year.
- A programme of continuous clinical and internal audit was being developed which was to be used to monitor quality and to make improvements.
- Staff had access to training through the centrally appointed training officer for McLaren Perry; however some training had still to be arranged. This included the training for the infection control lead nurse and providing basic life support training for some members of the non-clinical staff. The practice was speaking with the training provider in February to arrange the outstanding training.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However certain aspects of the systems had not been fulfilled including not undertaking actions following the infection control audit.

Leadership and culture

The managers within McLaren Perry and the managers within the practice had the experience, capacity and

capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The management were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

When there were unexpected or unintended safety incidents they kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the management in the practice. All staff were involved in discussions about how to run and develop the practice, and the management encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged 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 formed a patient participation group (PPG) since they had taken over in July 2015. The PPG were due to meet for their second meeting in February 2016. The focus of the group was to ensure the voice of the patient was heard and to feed into the overall plans for the practice.
- The practice had gathered feedback from staff through one to one's and staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff did not provide any specific examples but told us they felt involved and engaged to improve how the practice was run.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients. The provider did not provide training for the infection control lead to appropriately undertake the duties of the role. The provider did not provide training for staff on the chaperone list. The provider did not ensure that all staff had completed other mandatory training such as safeguarding and basic life support before carrying out their duties.</p> <p>This was in breach of regulation 12(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 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met:</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of patients. The provider did not ensure that all members of staff that carried out chaperone duties had received a Disclosure and Barring Service (DBS) check.</p> <p>This was in breach of regulation 18(2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>