

Dr Eric Paul

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?

Requires improvement



Are services caring?

Requires improvement



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 Eric Paul on 6 January 2017. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events.
- Systems were in place to keep people safe however shortfalls were identified including those relating to chaperoning, safeguarding and the monitoring of high risk medicines.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had most of the skills, knowledge and experience to deliver effective care and treatment however there were shortfalls in mandatory training including safeguarding, basic life support and infection control.
- There was limited evidence of appraisals and personal development plans for staff.

- Patient outcomes were below average when compared to the national average.
- Clinical audit was not used to drive improvements in patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was no system in place to identify and support patients who were also carers.
- Information about services and how to complain was available and easy to understand.
- 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 adequate facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider must make improvement are:

- Ensure staff are appropriately trained in safeguarding, chaperoning, infection control and basic life support and ensure appraisals are completed and documented for all staff.
- Assess the risk of non-clinical staff not being DBS checked when undertaking chaperone duties.
- Implement a policy for the handling of patient safety alerts received from the NHS central alert system and from the Medicines & Healthcare Regulatory Agency (MHRA).
- Ensure all patients on high risk medicines are monitored in accordance with national guidance and receive blood tests at appropriate intervals.
- Draw up a comprehensive business continuity plan.
- Develop a strategy and business plan to deliver the practice vision.

- Implement a program of quality improvement to include clinical audit to drive improvement in patient outcomes.

In addition the provider should:

- Improve Quality and Outcomes Framework performance particularly for diabetes indicators, to bring in line with local and national averages, and reduce exception reporting where it is above average.
- Consider ways to improve bowel cancer screening and cervical screening uptake.
- Identify and support patients who are also carers.
- Consider GP provision for gender specific requests.
- Develop the patient participation group.
- Introduce practice meetings and ensure they are minuted with action points.

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 a system in place for reporting and recording significant events.
- Systems were in place to keep people safe however shortfalls were identified in relation to chaperoning, safeguarding and the monitoring of high risk medicines.
- There was no policy for the handling of patient safety alerts received from the NHS central alert system and the Medicines & Healthcare Regulatory Agency (MHRA).

Requires improvement



Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were below average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits did not demonstrate quality improvement.
- Staff had most of the skills, knowledge and experience to deliver effective care and treatment however there were shortfalls in mandatory training including safeguarding, basic life support and infection control.
- There was limited evidence of appraisals and personal development plans for staff.

Requires improvement



Are services caring?

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

- Data from the national GP patient survey showed patients rated the practice similar to 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.

Requires improvement



Summary of findings

- However, there was no system in place to identify and support patients who were also carers.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 adequate facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand.

Good



Are services well-led?

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. However, there was no clear strategy to deliver it.
- There was a leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice proactively sought feedback from staff and patients, which it acted on. There was a patient participation group however it was not very active.
- The practice had a governance framework in place however it required improvement.
- There were no regular team meetings. Informal discussions took place however they were not minuted. There were no formal meetings to review complaints, incidents, safety alerts and share learning.

Requires improvement



Summary of findings

The six population groups and what we found

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

Older people

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

- The 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.
- However, there was no evidence of care plans for older people.

Requires improvement



People with long term conditions

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

- The nurse supported the GP in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Quality and Outcomes Framework (QOF) performance for diabetes related indicators was 63% which was significantly below the CCG average of 79% and the national average of 90%.
- 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.

Requires improvement



Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable to others for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Requires improvement



Summary of findings

- However, the practice's uptake for the cervical screening programme was 76%, which was slightly below the CCG average of 79% and the national average of 82%.

Working age people (including those recently retired and students)

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

- The 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.

Requires improvement



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- 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, non-clinical staff had not received training in safeguarding children and not all staff had received training in safeguarding vulnerable adults.

Requires improvement



People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG and national average. However, exception reporting was high at 25%.

Requires improvement



Summary of findings

- 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 an understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Three hundred and twenty three survey forms were distributed and 97 were returned. This represented 5% of the practice's patient list.

- 68% of patients found it easy to get through to this practice by phone compared to the CCG average of 53% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 73% and the national average of 85%.

- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 65% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients told us that the practice offers a very personal service that met their needs.

Areas for improvement

Action the service **MUST** take to improve

- Ensure staff are appropriately trained in safeguarding, chaperoning, infection control and basic life support and ensure appraisals are completed and documented for all staff.
- Assess the risk of non-clinical staff not being DBS checked when undertaking chaperone duties.
- Implement a policy for the handling of patient safety alerts received from the NHS central alert system and the Medicines & Healthcare Regulatory Agency (MHRA).
- Ensure all patients on high risk medicines receive blood tests at appropriate intervals.
- Draw up a comprehensive business continuity plan.
- Develop a strategy and business plan to deliver the practice vision.

- Implement a program of quality improvement to include clinical audit to drive improvement in patient outcomes.

Action the service **SHOULD** take to improve

- Improve Quality and Outcomes Framework performance particularly for diabetes indicators, to bring in line with local and national averages, and reduce exception reporting where it is above average.
- Consider ways to improve bowel cancer screening and cervical screening uptake.
- Identify and support patients who are also carers.
- Consider GP provision for gender specific requests.
- Develop the patient participation group.
- Introduce practice meetings and ensure they are minuted with action points.

Dr Eric Paul

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 Eric Paul

Dr Eric Paul is a single-handed GP based at Seven Kings Health Centre, 1 Salisbury Road, Seven Kings, Ilford, Essex, IG3 8BG which is shared with another GP practice as well as community services. The practice provides NHS primary care services through a General Medical Services (GMS) contract to approximately 1,800 patients living in the local area. The practice is part of the NHS Redbridge Clinical Commissioning Group (CCG).

The practice team consists of a male GP, a practice nurse, a practice manager and two receptionists. The GP provides nine sessions per week and the practice nurse works 13 hours per week and both have been in post for 23 years. The practice manager works 16 hours per week.

The practice serves a higher than average number of people 25-40 years of age and a slightly higher than average number of people under 24 years of age. The practice serves a low number of older people with around 80 patients over 70 years of age. The practice is in the fifth more deprived decile on the level of deprivation scale (People living in more deprived areas tend to have greater need for health services).

The practice is open between 9am and 6.30pm Monday to Friday with the exception of Thursday where the practice closes at 12pm. Appointments are from 9am to 1pm every morning and 4pm to 5.30pm daily.

The practice provides the core GMS services including chronic disease management, childhood immunisations and travel vaccinations.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures, treatment of disease, disorder or injury, family planning and maternity and midwifery 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. The practice had not been inspected before.

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 6 January 2017.

During our visit we:

- Spoke with a range of staff (the GP, nurse, practice manager and a receptionist) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.

Detailed findings

- 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 a 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. There was a policy in place which outlined the procedures. Staff understood what constituted a serious incident in line with practice policy. However, the GP told us no serious incidents had occurred at the practice. Therefore there was no evidence of any reported incidents, significant event analysis or shared learning within the practice team.

The GP told us that patient safety alerts were received, disseminated to relevant staff and acted on when appropriate. However, he could not provide any examples of recent alerts where action was required and there was no written policy for dealing with patient safety alerts.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however improvement was required in a number of areas:

- 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 and the lead showed us an example of a safeguarding concern that was recently reported. Staff demonstrated they understood their responsibilities and most had received training on safeguarding children relevant to their role. The GP and nurse were trained to child protection or child safeguarding level 3. However, non-clinical staff had not received any training. In addition not all staff had received training in safeguarding vulnerable adults.
- A notice in the waiting room advised patients that chaperones were available if required. The GP told us that the nurse acted as a chaperone but if she was not available reception staff would take on the role. However, we found that the reception staff had not received chaperone training or received a Disclosure

and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The provider had also not assessed the risk of staff not being DBS checked when undertaking chaperone duties.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control policy in place however no staff had received infection control training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- 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. However, we found evidence that the GP did not always check that patients on high risk medicines had been reviewed. For example, we reviewed a patient on ciclosporin (an immunosuppressant medicine) who had not been monitored by the GP or hospital despite the hospital letter requesting the GP reviewed bloods. A second example was a patient on lithium (used in the treatment of bipolar disorder) who had not had their lithium level checked for six months (guidance states three monthly). The practice had carried out medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank 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 nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body.

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 which were managed by NHS property services. 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. 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.

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.
- Clinical staff had received annual basic life support training and there were emergency medicines available in the treatment room. However, non-clinical staff had not received basic life support training.
- 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 arrangements with the other practice in the health centre and also had a buddy practice in the local area. However, there was no written business continuity plan in place.

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 GP had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

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 86% of the total number of points available which was below the CCG average of 92% and the national average of 95% with an exception rate of 10%.

Data from 2015/16 showed:

- Performance for diabetes related indicators was 63% which was significantly below the CCG average of 79% and the national average of 90% with exception reporting of 8%.
- Performance for mental health related indicators was 81% which was below the CCG average of 92% and the national average of 93% with exception reporting of zero.
- Performance for chronic obstructive pulmonary disorder related indicators was 76% which was significantly below the CCG average of 95% and the national average of 96%. However, exception reporting was high at 38%.

There was no evidence of clinical audit, however there was some evidence of quality improvement; for example, the practice had reduced antibiotic prescribing of quinolones, cephalosporins and co-amoxiclav antibiotics to half the CCG average in the previous year.

Effective staffing

Staff had most of the skills, knowledge and experience to deliver effective care and treatment however there were shortfalls in mandatory training and appraisal:

- The practice had an induction programme for all newly appointed staff.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by attending update courses.
- Although some staff had received an appraisal within the last 12 months, appraisal was not consistent and had not been documented in all cases.
- Mandatory training had not been completed by all staff. For example, non-clinical staff had not completed training in safeguarding or basic life support and no staff had completed training in infection control.

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, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The GP told us that monthly multidisciplinary meetings (MDT) did not take place as there was only one patient eligible for inclusion and one patient on the palliative care register. Although MDTs did not take place the GP told us they had email and telephone support from the relevant healthcare professionals as required.

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP assessed the patient's capacity 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. 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76%, which was slightly below the CCG average of 79% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Breast cancer screening rates were above average. For example, females, 50-70, screened for breast cancer within six months of invitation was 73% compared to the CCG average of 70% and the national average of 73%. However, bowel cancer screening rates were below average. For example, persons, 60-69, screened for bowel cancer within six months of invitation was 39% compared to the CCG average of 48% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, the childhood immunisation rate for the MMR dose one vaccinations given to five year olds was 100% compared to the CCG average of 84% and the national average of 94%. The rate for MMR dose two vaccinations was 72% compared to the CCG average of 72% and the national average of 88%.

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 13 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 one member of the patient participation group (PPG) who 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 comparable to others for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 93% 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%.
- 77% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.

- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 82% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 78% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 76% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 68% 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%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 76% 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Are services caring?

The practice did not have a register of carers. The GP told us he knew all his patients and had a personal knowledge that three to four patients were also carers. He was unaware of the need to identify and support carers and there was no written information available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was no access to a female GP to meet the needs of patients with gender specific requirements.

Access to the service

The practice was open between 9am and 6.30pm Monday to Friday with the exception of Thursday where the practice closed at 12pm. Appointments were from 9am to 1pm every morning and 4pm to 5.30pm daily. There were no extended hours appointments available however patients could use a weekend HUB service provided by the local GP federation. In addition to pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 76%.

- 68% of patients said they could get through easily to the practice by phone compared to the CCG average of 53% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone last time they tried compared to the CCG average of 77% and the national average of 85%.

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

The practice had a system in place to assess:

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

The procedure was that reception staff recorded the details of the home visit request, informed the doctor who would carry out a telephone consultation with the patient to assess if a home visit was necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had a system 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 posters and leaflets.

We reviewed the practice's complaints file and found the last documented complaint was in 2013. The complaint involved a patient who felt they had been treated disrespectfully by the GP. The practice provided a written response to the complainant including an apology. There were no examples of shared learning from complaints.

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 did not have a strategy or supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had a governance framework in place however it required improvement:

- 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.
- An understanding of the performance of the practice was maintained.
- Clinical and internal audit was not used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- However, there were shortfalls in the systems in place to keep patients safe.

Leadership and culture

On the day of inspection the GP in the practice told us they prioritised safe, high quality and compassionate care. Staff told us the GP was 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 GP encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment affected people were given support and a written apology.

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

- Regular team meetings did not take place. Informal discussions took place however they were not minuted. There were no formal meetings to review complaints, incidents, safety alerts and share learning.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with the GP and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through patient satisfaction surveys which it had acted on. For example, patient confidentiality had been improved so that conversations between staff and patients could not be overheard. There was a patient participation group (PPG) however it was not very active. The practice were proactively recruiting with a PPG noticeboard in the waiting area encouraging patients to become members.
- The practice had gathered feedback from staff through informal discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 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: The provider had failed to ensure all patients on high risk medicines had been monitored in accordance with national guidance and received blood tests at appropriate intervals and failed to risk assess the need for non-clinical staff who acted as chaperones to receive a criminal check via the Disclosure and Barring Service.</p> <p>This was in breach of regulation 12(1) 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	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>How the regulation was not being met: The provider had failed to ensure staff were appropriately trained in safeguarding, chaperoning, infection control and basic life support and appraisals were not completed and documented for all staff.</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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met: Governance systems and processes were not operated effectively.</p> <p>Governance arrangements were not in place to:</p>

This section is primarily information for the provider

Requirement notices

- ensure a policy was in place for the handling of patient safety alerts
- ensure there was a comprehensive business continuity plan
- ensure a strategy and business plan was in place to meet the practice vision and values
- ensure there was a program of quality improvement to include clinical audit

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.