

# Dr Sunil Mayor

## Quality Report

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Date of inspection visit: 8 January 2016  
Date of publication: 26/05/2016

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?

Good



Are services effective?

Good



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 of Dr Sunil Mayor on 8 January

2016. Overall the practice is rated as requires improvement.

We found that improvements had been made since the previous inspection of January and February 2015 when the practice was rated as inadequate and placed into 'special measures'. The practice was meeting the regulations which it had previously breached.

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

- The GP principal, practice manager and the staff had worked hard to undertake a complete review of the service, make many improvements and creating an open team culture.
- There was a positive, transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was mixed patient feedback about the practice. The national GP patient survey results tended to score below average for questions asking about care and concern. The feedback we received from patients was wholly positive.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP. Urgent appointments were available the same day.
- The practice had taken steps to improve continuity of care for patients.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was developing its leadership structure and staff felt supported by management through this process. The practice proactively sought feedback from staff and patients, which it acted on.

# Summary of findings

- On being placed in special measures the practice had sought external advice and support and had engaged positively to improve its service.

The areas where the provider should make improvements are:

- Work on fully embedding new policy and practice and the shift to collaborative team working to ensure improvement is sustained.
- Demonstrate how the practice is supporting patients with serious mental illness, for example through coordinated care planning.

- Provide more information about accessible mental health support services in Hounslow in the waiting area.
- Improve patient experience in particular that patients report having reasonable access to their preferred GP and improved involvement in decisions about their care.

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

**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 good for providing safe services.

Good



- Following our previous inspection in January and February 2015 the practice had made significant improvements to safety, particularly in relation to medicines management, infection control, staff recruitment and induction and workforce planning.
- There was an effective system in place for reporting and recording significant events. Staff told us they were encouraged to report events to promote learning.
- Lessons were shared to make sure action was taken to improve safety.
- The practice was committed to being open with patients and apologising when things went wrong. We saw evidence that the practice engaged with patients and their representatives following incidents.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. The practice had recently raised an alert to ensure a patient received immediate protection from physical abuse.
- Risks to patients were comprehensively assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Following our previous inspection in January and February 2015 the practice had made significant improvements.
- The practice had carried out clinical audits for example on diabetes care and vaccinations in pregnant women which had demonstrated significant quality improvement.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in most areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development planning for all staff.
- The practice had invested in training in medical recording keeping and could demonstrate improvement.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice had implemented systems to ensure that a GP reviewed any incoming clinical correspondence within 48 hours.

## Are services caring?

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

- Following our previous inspection in January and February 2015 the practice had made significant improvements.
- Data from the national GP patient survey showed patients tended to rate the practice below average for the quality of consultations with doctors and nurses.
- However other recent sources of feedback were positive. Patients we spoke with said they were treated with compassion and respect and were involved in decisions about their treatment. The practice scored highly on the 'Friends and family' test and members of the Patient Participation Group also told us the service was very good.
- 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 confidentiality.

**Requires improvement**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Following our previous inspection in January and February 2015 the practice had made significant improvements.
- The practice reviewed the needs of the local population and engaged with the NHS England Area Team, Clinical Commissioning Group and the locality group of practices to provide access to a full range of services.
- Patients said they found it easy to make an appointment with urgent appointments available the same day. The practice participated in a local scheme to provide primary care services in Hounslow at weekends and over public holidays.
- 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.
- The practice had taken steps to improve continuity of care.

**Good**



# Summary of findings

## Are services well-led?

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

- Following our previous inspection in January and February 2015 the practice had made significant improvements. However, the practice could not yet demonstrate that changes in leadership, management and culture were fully embedded and would be sustained when the practice had reduced access to external resources and support.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it. The practice shared their vision with patients.
- The practice was developing its leadership structure. Staff said they were well supported by management. The practice had 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 had systems in place to implement the Duty of Candour and share notifiable safety incidents with patients and their representatives.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels. Staff at all levels articulated an ambition for the practice to become a high achieving service for the benefit of patients.

## 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 provider was rated as requires improvement for caring and being 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 personalised care to meet the needs of older patients and carers. Patients told us that the practice was caring and treated older patients with respect. For example, one patient told us that the practice was flexible about how many issues their frail parent could bring up in an appointment.
- All patients over 75 had a named GP. There was an alert on the electronic record system to prompt the receptionists to offer same day appointments to patients over 75.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- The practice offered the flu and shingles immunisations to older patients.
- The principal GP visited patients living in residential care at the weekend when there tended to be a greater opportunity to meet family members.
- The practice now held regular multi-disciplinary team meetings with the local palliative care nurse and district nursing team to ensure patients with complex needs or those coming to the end of life received coordinated care. Care plans we reviewed were up to date, comprehensive and included patients' goals and preferences and how these would be met.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for caring and being 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 had recently allocated lead roles for common long-term conditions to individual GPs. Patients at risk of hospital admission were identified as a priority.
- At our previous inspection, we noted that the practice was performing below average for the control of blood sugar levels in diabetic patients. Since then, the practice had undertaken an

Requires improvement



# Summary of findings

audit of its diabetes management. The percentage of patients with well controlled blood sugar levels (as measured by HbA1c < 64 mmol/mol) had improved from 60% to 69% within three months. The practice invited patients for an annual health check and referred patients to the local 'Xpert' diabetes self-management and education programme. The practice had become the second highest performing practice in their locality of practices.

- Longer appointments and home visits were available when needed.
- Patients on the long term conditions registers had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice sent SMS text messages to patients with long term conditions for annual review, flu vaccinations, blood tests and medication reviews. Flu vaccination rates for these groups of patients tended to be high, for example 75% of diabetic patients and 81% of patients with ischaemic heart disease had received their annual vaccination by the time of the inspection.
- The practice nurse had almost completed training to become a nurse practitioner. They said this qualification would extend the treatment and advice they could provide to patients with long term conditions.
- Since our previous inspection, the practice had revised its policy on continuity of care. The practice included information about the patient's 'usual GP' on patient notes and identified patients who would particularly benefit from seeing the same GP, such as those with long term conditions.

## Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people. The provider was rated as requires improvement for caring and being 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, for example, children and young people who had a high number of A&E attendances.

**Requires improvement**



# Summary of findings

- Immunisation rates were high for all standard childhood immunisations with the practice achieving 90% targets for all cohorts.
- The percentage of patients with asthma who had an asthma review in the preceding 12 months was 80% (compared to that national average of 75%).
- The practice prioritised young children for appointments the same day.
- 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.
- The practice provided 'shared' ante-natal care alongside the community midwives, enabling women to attend the surgery for example for their initial assessment. We saw positive examples of joint working with midwives.
- The practice provided a range of family planning and contraceptive services. The practice fitted intrauterine devices (coil) but was reviewing whether this service should continue as patient demand was low. Patients were signposted to the local sexual health clinic if they were considering the long acting contraceptive implant.

## 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 provider was rated as requires improvement for caring and being 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 offered extended hours opening on Monday evening and Wednesday morning. The practice participated in the locality scheme to provide seven day opening for patients in Hounslow. The practice team worked in rota with other practices and provided weekend care once every eight weeks. Bath Road Surgery had stayed open over the four day Christmas holiday period. We were told the Christmas clinics had been quite busy.

Requires improvement



# Summary of findings

- The practice was offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- In 2014/15, the practice uptake for the cervical screening programme was 84%, which was higher than the national average of 82%. A female sample taker was available.
- The Clinical Commissioning Group had identified late diagnosis of HIV as a priority issue requiring action in Hounslow. The practice participated in the local scheme encouraging all newly registered patients to be screened for HIV. The practice displayed posters and leaflets about this service and routinely offered the test as part of its new patient health check.

## 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 provider was rated as requires improvement for caring and being 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 held a register of patients with learning disabilities and children known to be at risk were flagged on the electronic records system.
- The practice offered longer appointments for patients with a learning disability and invited patients and their carers if appropriate to attend for an annual review.
- Mental capacity assessments had been carried out in relation to specific decisions involving patients with learning disabilities and the outcome noted in the patient's medical records.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations including culturally specific services, for example for black and minority ethnic women experiencing abuse.
- 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.
- The practice had registered patients who were homeless using the practice address.
- The practice staff supported patients who needed extra assistance with tasks such as arranging transport to hospital appointments or following up appointments and referrals.

## Requires improvement



# Summary of findings

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

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

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 100% (compared to the national average of 84%).
- The practice screened patients at risk of dementia and referred patients with symptoms to a specialist memory clinic.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a documented care plan in the preceding 12 months was 69% (compared to the national average of 88%).
- The practice monitored patients on higher risk medicines such as lithium and methotrexate for example carrying out regular blood tests.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- There was little information about accessible mental health support services displayed in the waiting area.
- 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 and staff were aware of how to access mental health crisis services.

Requires improvement



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. Questionnaires were sent to 388 patients and 102 were returned: a completion rate of 26% (that is, 1% of the patient list). The results showed the practice performed variably when compared to other GP practices in the area on access. The questions on overall patient experience were rated somewhat below average.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% 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%.
- 94% had confidence and trust in the last GP they saw or spoke to compared to the national average of 95%.
- 74% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 68% 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 78%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards. We also spoke with eight

patients during the inspection. All the patient feedback we received was positive about the quality of care and the experience of obtaining an appointment. Many patients commented on the helpfulness and kindness of both the reception and clinical staff. Several patients told us that it was the best surgery they had been to and described the service as excellent.

At our last inspection, we found that many patients were unable to see their preferred doctor because the practice relied heavily on locum GPs. The most recent national GP patient survey results were low in this respect:

- 24% of patients said they usually get to see or speak to their preferred GP compared to the national average of 59%.

Since our last inspection, the practice had recruited two permanent doctors. Two of the patients we spoke with had recently had a consultation with a new doctor. These patients had originally hoped to book an appointment with the GP principal but had needed an urgent appointment. Both of these patients were positive about their experience and said they would be happy to consult with the new doctor again.

# Dr Sunil Mayor

## 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, and a practice manager specialist adviser.

### Background to Dr Sunil Mayor

Dr Sunil Mayor provides NHS primary medical services to around 9300 patients in Hounslow, through a General Medical Services contract. The practice has one surgery which is known as Bath Road Surgery.

The current practice staff team comprises the principal GP (male), two permanent salaried GPs (female), a nurse practitioner, a phlebotomist and a health care assistant. The practice also employed a practice manager and an interim deputy practice manager and a team of receptionists and administrators.

The practice is open from 8am daily and closes at 7.30pm on Monday, 6.30pm on Tuesday and Thursday, 1pm on Wednesday and 5.30pm on Friday. Appointments can be made between:

- 9am - 7.30pm Monday
- 9am - 6pm Tuesday and Thursday
- 7am - 12.30pm Wednesday
- 8am - 5pm Friday.

Patients can arrange to speak with a GP at 12 noon and 3pm. The practice offers online appointment booking and an electronic prescription service. The GPs make home visits to see patients who are housebound or are too ill to visit the practice and visit patients living in a local nursing home every weekend.

When the practice is closed, patients are advised to use a contracted out-of-hours primary care service if they need urgent primary medical care. The practice provides information about its opening times and how to access urgent and out-of-hours services in the practice leaflet, the website and on a recorded telephone message.

The practice differs from the average practice in England in having a larger proportion of children aged under four and adults in the 20-39 age range. It has a relatively small proportion of patients aged over 50. The practice population is ethnically diverse with the majority of patients being Indian by background. The prevalence of some chronic diseases, notably diabetes, is high locally.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of diagnostic and screening procedures; family planning; maternity and midwifery services; and treatment of disease, disorder and injury.

We previously inspected the practice in September 2014 following a whistleblowing concern and then carried out a comprehensive inspection on 8 January 2015 and 3 February 2015. CQC gave the practice an overall rating of inadequate after the inspection visits in 2015. We found the practice to be in breach of regulations relating to safe care; staff recruitment practices; the support and training available for staff; and good governance. In July 2015, CQC placed the practice in 'special measures' for a period of six months during which time the provider was expected to make improvements to meet all required regulations.

Special measures is a process designed to ensure a timely and co-ordinated response to practices providing inadequate care. Practices in special measures are offered support from NHS England and the local Clinical Commissioning Group. Practices can choose to get further

# Detailed findings

peer advice and support from the Royal College of General Practitioners. Being placed into special measures means that a practice must improve within the specified period to avoid having its registration cancelled by CQC.

## 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 timed to coincide with the practice coming to the end of its six month period in special measures.

This inspection aimed to assess whether the registered 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 an updated 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 8 January 2016. During our visit we:

- Spoke with a range of staff (the principal GP, other GPs, the nurse practitioner, the health care assistant, the practice manager and members of the reception and administrative team). We spoke with eight patients who used the service and members of the practice patient participation group (PPG).
- Spoke with the manager of a nursing home where a number of practice patients lived.

- Observed how patients were greeted and treated at reception.
- Reviewed an anonymised sample of the personal treatment records and care plans of patients.
- Reviewed 42 comment cards where patients shared their views and experiences of the service.
- Reviewed a wide range of practice policy documents, protocols and performance monitoring and audits.
- Observed and inspected the environment, facilities and equipment.

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

The practice had effective systems for reporting and recording significant events.

- Staff told us they would immediately inform the principal GP of any adverse clinical events and the practice managers of other types of incidents. There was a log book in the reception area and an online reporting form. Staff were able to locate the online form straight away when asked. Staff told us they were encouraged to report events, near misses, interesting cases and unusual events.
- Practice policy was to inform patients or their representatives if something went wrong with their care and treatment and the practice was aware of its obligations under the Duty of Candour. There had been no events in the last year that were notifiable under the Duty of Candour, (that is, unintended incidents serious enough to result in a patient's death, severe or moderate harm or prolonged psychological harm). The practice was able to give us examples where it had followed up other types of events with patients, their representatives and health and social services professionals, for example an incident involving a patient who was becoming mentally unwell.
- The practice carried out a thorough analysis of significant events as they arose and undertook an annual review to identify trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of the weekly meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when it became clear that some members of staff did not know where the nebuliser was located, the staff team met to go over the location of all emergency medicines and equipment. This information was included in the locum and induction packs.

### Overview of safety systems and processes

The practice had defined 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 outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP was the lead clinician 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 on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding 'level 3'. The practice had recently raised an alert and had acted immediately to safeguard a patient who disclosed abuse.

- Notices in the waiting room and consultation rooms 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). Patients were routinely offered a chaperone if they were booked to have an intimate examination.
- The practice maintained appropriate standards of cleanliness and hygiene and we observed the premises to be clean and tidy. There was an infection control protocol in place and staff had received up to date training. The practice nurse was the infection control clinical lead. The nurse had been appointed recently and had completed refresher training and told us they were supported by the GPs and practice managers. The practice had liaised with the local NHS infection prevention teams to keep up to date with best practice. The local infection prevention team had audited infection control in the practice in June 2015 with the practice scoring 97% against good practice guidelines. The practice had also developed its own monthly infection control audit programme to ensure it maintained these high standards. At our previous inspection in January and February 2015 we found some shortcomings around infection control such as a sharps bin being poorly sited and personal protective equipment being out of date. The practice had addressed these issues.

## Are services safe?

- The practice had improved its arrangements for managing medicines, including emergency medicines and vaccines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice had recently implemented a system, coordinated with the local pharmacy, to ensure that uncollected prescriptions triggered a follow-up call to the patient. The practice participated in regular medicines audits, with the support of the local CCG pharmacy team to ensure prescribing was in line with best practice guidelines. Practice prescribing for example of antibiotics and hypnotic medicines was in line with national prescribing rates. Blank prescription forms and pads were securely stored and the practice had improved its systems to monitor their use. The practice nurse was training to become an Independent Prescriber to prescribe medicines for specific clinical conditions. The nurse told us they were receiving good advice and support from the doctors in preparation for this extended role.
- The practice did not keep controlled drugs (medicines that require extra checks and special storage because of their potential misuse) on the premises.
- The practice had recruited several new members of staff since our previous inspection. We reviewed five personnel files and found appropriate recruitment checks had been undertaken and documented 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.
- The practice had completely reviewed its recruitment process since our previous inspection to move to a competency based assessment process. It had also produced new induction materials. The induction packs for both the clinicians and administrative staff were welcoming, easy to read and covered safety procedures in the practice. We noted that the induction pack for clinical staff did not include a summary of the significant event procedure and the Duty of Candour.
- The practice had reviewed its systems for managing test results and ensured that these were tracked and actions completed within 24 hours. The electronic record

system was updated to show when tests had been requested, the results and to show that all necessary actions had been completed. The electronic system now provided an accurate audit trail.

### 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. 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).
- In one example, the practice had acted when it was found that maximum and minimum temperatures had not been recorded correctly for the practice's second fridge and the fridge temperature was too high. The vaccines which might have been compromised were destroyed and the fridge replaced. This event had been recorded as a significant event and the practice held a staff refresher session on the importance of maintaining the 'cold chain' and monitoring fridge temperatures correctly.
- 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. The practice had assessed its longer term staffing needs and had put in place a recruitment plan to achieve this. Since our last inspection, the practice had successfully recruited two permanent GPs, a practice nurse, several receptionists and had greatly reduced its reliance on locum clinicians.

### Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- 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.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks and a full range of emergency medicines. 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

When we inspected the practice in January and February 2015 we found that the practice was not using performance data and audit to drive improvement. We also found that some staff had not received relevant mandatory training required for their role.

### 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 the local Clinical Commissioning Group and used this information to deliver care and treatment that met patients' needs.
- The practice was increasingly monitoring the implementation of guidelines through audits, daily catch-up meetings between clinicians and the weekly clinical meeting. The principal GP also provided regular mentoring support to the other GPs who had recently completed their training.
- We saw evidence that the practice had reviewed the NICE 'traffic light' guidelines for the management of feverish children at a recent clinical meeting.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF), local incentive schemes, benchmarking and its performance against national screening targets to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

This practice was not an outlier for any QOF (or other national) clinical targets. Practice data for 2014/2015 showed the practice to be performing in line with or slightly better than the English average for most indicators:

- The percentage of patients with diagnosed hypertension whose last blood pressure reading was in the normal range was 89% (compared to the national average of 84%).

- The percentage of patients with COPD who had a review undertaken in the previous 12 months was 94% (compared to the national average of 90%).
- And, fewer practice patients experienced an emergency admission to hospital with a potentially avoidable condition than average (7.9/1000 compared to 14.6/1000 patients nationally).
- Diabetes indicators were more variable. At our previous inspection, we noted that the practice was performing below average for the control of blood sugar levels in diabetic patients. Since then, the practice had undertaken a two-stage audit of its diabetes management. The percentage of patients with well controlled blood sugar levels (as measured by HbA1c < 64 mmol/mol) had improved from 60% to 69% within three months. (The national average was 78% in 2014/15). The practice intended to carry out a third audit cycle to accurately measure further expected improvement and ensure that good practice was being maintained. Other indicators related to diabetes care for the practice were better than average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a documented care plan in the preceding 12 months was 69% (compared to the national average of 88%). We saw evidence that the practice monitored risks to patients with serious mental illness but did not see evidence of coordinated care planning for this group.
- Practice exception reporting rates for QOF were in line with or lower than the local and national averages. (The exception reporting rate reflects the proportion of practice patients removed by the practice from the QOF calculations if they meet predefined criteria as 'exceptions').

The practice had implemented a programme of clinical audit since our previous inspection.

- The practice had carried out several clinical audits which had included a second stage cycle. These included diabetes care; whooping cough vaccination in pregnancy; an audit of prescribing of non-steroidal anti-inflammatory medicines in patients over 65 where were taking protein pump inhibitors and a telephone consultation audit. The practice was able to demonstrate improvement, for example an increase in

# Are services effective?

## (for example, treatment is effective)

the percentage of pregnant women with recorded vaccination against whooping cough from 56% to 88%. The practice had also audited its filing of letters and handling of discharge information.

- The practice participated in local audits and benchmarking and locality reviews. The local prescribing advisor regularly attended the practice to review prescribing performance and provide updates on local and national guidelines. Audit results were shared with the team at the weekly clinical meeting.

### 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 induction pack for clinical staff included the practice's vision and values, clear statements that new staff were expected to participate and lead on quality improvement and transparency about the practice's previous inspection history. The administrative team had developed an induction pack for non-clinical staff which was comprehensive, welcoming and easy to use.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff. For example, individual clinicians with a special interest had undertaken additional training and qualifications. Clinicians with a 'lead' role acted as a source of advice for the wider team and took the lead for reviewing relevant patients. Receptionists were aware of clinicians' lead roles and interests.
- 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 longstanding staff members had received an appraisal within the last 12 months. Newer members of staff had gone through a 'probationary' period.

- Staff received refresher training at appropriate intervals that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules, in-house training and training opportunities offered by the Clinical Commissioning Group.

### 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 plans, medical records and investigation and test results. The practice team had invested in additional medical records training since our previous inspection and provided evidence of improvement in the quality of record keeping.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had implemented protocols to ensure that all letters and results were viewed by a GP within 48 hours.

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 the district nurse and palliative care nurse on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

# Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the 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. For example:

- Patients receiving end of life care, new mothers, 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.
- The health care assistant provided an in-house smoking cessation advice.

In 2014/15, the practice uptake for the cervical screening programme was 84%, which was higher than the national average of 82%. A female sample taker was available. The

practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems 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 met the upper national targets with the practice achieving over 90% for all cohorts. For example, the childhood immunisation rate for the 'five in one' vaccination given to under two year olds was 96% in 2014/15. (The CCG average was 93%).

.Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice had met its targets for uptake of NHS health checks.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were welcoming and helpful to patients. For example, receptionists greeted patients by asking, 'How can I help?'. The practice took steps to protect patients' privacy and dignity:

- 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. The practice had improved the soundproofing between two of the rooms since our previous inspection.
- Reception staff said when patients wanted to discuss sensitive issues or appeared distressed they were able to offer them a private area to discuss their needs.

We received 42 comment cards and spoke with eight patients during the inspection. All the patient feedback we received was positive about the quality of care and the experience of obtaining an appointment. Many patients commented on the helpfulness and kindness of both the reception and clinical staff. Several patients told us that it was the best surgery they had been to and described the service as 'excellent'. We spoke with five members of the patient participation group most of whom had been patients of the practice for a number of years. They told us the practice and the principal GP in particular provided holistic care, taking into account patients' wider personal circumstances.

The manager of the local nursing home told us that they greatly valued the service provided by the practice to patients living in the home. They said they had observed the principal GP to be sensitive and compassionate.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. The practice tended to score somewhat below average 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 84% and the national average of 89%.

- 69% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 85%.
- 75% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 79% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% 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. We also saw that care plans were personalised.

Results from the national GP patient survey again showed patients tended to score the practice below average. For example:

- 81% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 83% and the national average of 89%.
- 69% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and the national average of 86%.
- 66% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and the national average of 82%.
- 67% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

The practice was aware that the survey results were below average. It had identified high turnover of locum staff as a

## Are services caring?

possible issue and had recently recruited permanent clinical staff. Patient feedback on the more recent 'friends and family' test was consistently high with the results showing that over 95% of patients would recommend the practice.

The practice provided facilities to involve patients 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. Patient's electronic records included information on whether patients required a translator so the receptionists could check and book this prior to further appointments.
- The reception check-in screen and practice website could also be displayed in multiple languages. Staff spoke a range of languages including Hindi, Punjabi, Gujarati, Swahili and Urdu.

### **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. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also known to be a carer. The practice had identified one per cent of the practice list as carers and now routinely asked newly registering patients if they were a carer. Carers on the register were offered the annual flu vaccination and a health check which included discussion of their caring role and wellbeing. 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, the principal GP contacted them and 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 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, local resources were available in relation to high quality diabetes care; mental health counselling services for patients and new patient HIV testing in GP practices. The practice was aware of and promoted these initiatives to patients.

- The practice offered extended hours on a Monday evening and Wednesday morning for 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 a full range of travel vaccinations.
- There were disabled facilities, a hearing loop and translation services available. All consultation and treatment rooms were sited on the ground floor.

### Access to the service

The practice was open from 8am during the week until 7.30pm on Monday, 6.30pm on Tuesday and Thursday, 1pm on Wednesday and 5.30pm on Friday. Appointments could be made between:

- 9am - 7:30pm Monday
- 9am - 6pm Tuesday and Thursday
- 7am - 12:30pm Wednesday
- 8am - 5pm Friday.

Patients could arrange to speak with a GP at 12 noon and 3pm. The practice offered online appointment booking and an electronic prescription service. The GPs made home visits to see patients who were housebound or too ill to visit the practice and visited patients living in a local nursing home every weekend.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment tended to be in line with or better than average.

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

At our last inspection, we found that many patients were unable to see their preferred doctor because the practice relied heavily on locum GPs. The most recent national GP patient survey results were again low in this respect:

- 24% of patients said they usually get to see or speak to their preferred GP compared to the national average of 59%.

Since our last inspection, the practice had recruited two permanent doctors, had updated patient notes with their 'usual doctor' and had developed a policy on continuity to ensure that patients were offered appointments with their preferred doctor where possible.

### 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 there was a poster in reception and a complaints leaflet which explained the process and what patients could do if they were unhappy with the practice response. Reception staff members were able to speak a number of languages and said they would advise patients who had difficulty with English about making a complaint.

The practice had not received any formal complaints in the last twelve months but had treated negative comments about the practice which had been posted online as a source of learning. The practice had identified 13

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

comments most of which were anonymous and used these to review issues such as customer service and appointment availability. The practice posted a response to online patient comments asking patients to contact the practice so they could investigate their concerns further.

# 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 developed a clear vision to deliver high quality care and promote good outcomes for patients since our last inspection.

- The practice had a mission statement which was displayed in the waiting area and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. For example the practice had developed a long-term workforce planning strategy and had implemented this, successfully recruiting two permanent doctors and a practice nurse. We noted that the practice had been open with applicants about its previous inspection report, ratings and being placed in special measures and how it wanted to improve.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A newly developed programme of continuous clinical and internal audit was being implemented to monitor quality and to make improvements.
- There were now robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice had completely redesigned its recruitment and induction procedures.

### Leadership and culture

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

However, the practice could not yet demonstrate that changes in leadership, management and culture were fully embedded and would be sustained when the practice had reduced access to external resources and support. We viewed this as a risk. The size of the challenge facing the senior team was made more significant because many staff members were recently recruited.

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 and supported in doing so.
- Staff said they felt respected, valued and supported by their colleagues and the senior team members. All staff were involved in discussions about how to run and develop the practice and to identify opportunities to improve the service.
- Staff expressed full confidence in the changes that had been made since our previous inspection and said they were encouraged by the progress they had made as a practice.
- The practice included a clear statement of its expectation that new staff members participate in practice meetings and quality improvement. The practice also set out the responsibilities of clinical staff members holding a 'lead' role to share good practice and learning with the team.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints. The PPG met quarterly and had around 30 attending members at the last meeting in December. The main issues raised by the group over the previous 12 months had been continuity of care, access to the service outside normal working hours and parking. The meetings were also used to review the latest patient feedback, for example any comments left in the suggestions box. The PPG

# Are services well-led?

Requires improvement 

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

members we met said the practice had addressed the concerns by employment permanent members of staff and opening for extended hours. The parking issue was proving more difficult to resolve. Several patients we spoke with commented that the service had improved with the appointment of a practice nurse and new doctors.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

On being placed in special measures the practice had sought advice and support from NHS England and the local Clinical Commissioning Group. The practice had also invested in support from the Royal College of General Practitioners (RCGP). The RCGP team told us that the practice had fully engaged with the process of turnaround and had impressed them with the work they had put into improving and addressing various challenges.