

# Dr Pratim Chaudhury

## 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?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr Pratim Chaudhury	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	22

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Pratim Chaudhury on 6 June 2016. Overall the practice is rated as requires improvement.

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

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, the information recorded was not in sufficient detail to be able to demonstrate the actions taken or the sharing of information with staff.
- Risks to patients were assessed and managed, with the exception of those relating to health and safety.
- The practice had a number of policies and procedures to govern activity, but some were out of date, overdue a review, incomplete or missing.
- Recruitment checks had been carried out for permanent staff; however there was no locum pack in place to ensure these staff received appropriate checks or induction prior to employment.
- There was no system in place to ensure medicine alerts or patient safety alerts were actioned.
- Data showed patient outcomes were mixed compared to the national average. Some systems in place to monitor and review the care and treatment of patients with long term conditions varied in effectiveness. Data for the national cervical screening programme was low when compared with local and national averages.
- There was no evidence of clinical audits or prescribing data being used to drive improvement in patient outcomes.
- The practice did not engage with other health and social care to deliver a multidisciplinary approach to the care and treatment of patients with complex needs, although there was a meeting planned for the future.
- There were adequate arrangements in place for dealing with medical emergencies.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with the only GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure significant events are recorded to detail and demonstrate actions taken and the sharing of learning outcomes.
- Carry out a health and safety risk assessment.
- Put systems in place to ensure patient safety and medicines alerts are acted upon.
- Complete the formal governance arrangements including appropriate policies and guidance, and systems for assessing and monitoring risks and the quality of the service provision.

- Carry out clinical audits and re-audits to improve patient outcomes. This includes a prescribing audit to ensure the practice is prescribing in line with best practice guidance.
- Ensure locum staff receive appropriate checks and inductions prior to employment.
- Ensure there are systems in place in order to provide patient care in relation to the monitoring of patient's health conditions and to increase the uptake of health screening.
- Continue with plans to implement a multidisciplinary approach to the care and treatment of patients with complex needs.

In addition the provider should:

- Act on plans to enhance patient access through the use of online services.
- Include information in the business continuity plan regarding arrangements in the event of a major incident and emergency contact numbers for staff and external organisations.

**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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, the information recorded was not in sufficient detail to be able to demonstrate the actions taken or the sharing of information with staff.
- Although most risks to patients who used services were assessed, there was no health and safety risk assessment and no practice specific fire safety policy.
- The practice recorded medicine and patient safety alerts but did not have evidence of these alerts being actioned.
- The practice had performed recruitment checks for permanent staff; however there was no locum pack or checklist to ensure locum staff had appropriate checks in place prior to employment.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff were suitable trained and understood their responsibilities.
- The practice had arrangements in place to deal with medical emergencies.
- Chaperones were available and staff acting as chaperones were suitably trained and had received Disclosure and Barring Service (DBS) checks.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mixed when compared to the national average. For example, some diabetic indicators showed patient outcomes were significantly below local and national averages.
- The practice had not ensured that health screening, immunisations and patient reviews were offered to as many patients as possible.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- There was no evidence that audit was driving improvement in patient outcomes.

**Requires improvement**



# Summary of findings

- Multidisciplinary working was not taking place at the time of our inspection, although we were told there was a meeting planned for the future.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients told us that staff had a very personal approach to the care and treatment provided. They 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. There was also a wide range of health information within the Primary Care Centre.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had identified 1.6% of their practice list as carers and signposted these patients to support organisations.
- Information about bereavement support was available in the waiting area and the GP contacted families suffering bereavement to offer additional support.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff had recently engaged with the NHS England Area Team and Clinical Commissioning Group to identify areas for improvements, such as infection control.
- Patients told us they were able to make an appointment with the only GP and there was continuity of care, with urgent appointments available the same day.
- The practice belonged to the local GP Alliance which offered patients appointments at weekends.
- The practice had good facilities provided by the Primary Care Centre 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 at an annual review.
- The practice had plans to launch a practice website and to utilise technology to improve patient access, such as text messaging.

# Summary of findings

## Are services well-led?

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

- The practice had a vision to provide compassionate care and had recently written a 12 month business plan. Although this business plan had started to address areas for improvement such as staffing levels and the use on technology to improve access, we were told that these issues had existed for a long period of time.
- There was a simple leadership structure in place that supported a small team of staff.
- The practice had a number of policies and procedures to govern activity, but some of these were out of date, some had not been reviewed and some were incomplete.
- There was no system of auditing clinical performance or prescribing data to drive improvement in patient outcomes.
- Although there were systems in place for recording significant events and safety alerts, there was incomplete evidence of actions taken and information being shared with all staff.
- Staff had received annual appraisals and had the opportunity to attend monthly practice meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

## 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

**Requires improvement**



The practice is rated as requires improvement for the care of older people. The provider was rated as requires improvement for offering safe, effective and well-led services and good for providing caring and responsive services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice offered a personal approach to the care of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The Primary Care Centre in which the practice was located was easily accessible by anyone with limited mobility.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable to local and national averages. For example, 92% of patients with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months; this was comparable to the CCG average of 88% and the national average of 90%.

### People with long term conditions

**Requires improvement**



The practice is rated as requires improvement for the care of people with long-term conditions. The provider was rated as requires improvement for offering safe, effective and well-led services and good for providing caring and responsive services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The GP had to take lead roles in chronic disease management as there were no permanent nursing staff. Patients at risk of hospital admission were identified as a priority.
- Practice performance for long-term conditions was mixed. For example, 62% of patients with diabetes, on the register, had their last measured total cholesterol (measured within the preceding 12 months) as 5 mmol/l or less, this was below the CCG average of 77% and the national average of

# Summary of findings

81%. 81% of patients with hypertension had their last blood pressure reading measured in the preceding 12 months as 150/90mmHg or less; this was comparable to the CCG average of 79% and the national average of 84%.

- Longer appointments and home visits were available when needed.
- All these patients had a named GP, as there was only one GP, and an annual review to check their health and medicines needs were being met.
- At the time of our inspection, staff were not working with relevant health and care professionals to deliver a multidisciplinary package of care. We were told a meeting was planned for the future.

## 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 offering safe, effective and well-led services and good for providing caring and responsive services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The GP was aware of and followed 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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Immunisation rates were mixed for standard childhood immunisations. We were told this was due to a lack of permanent nursing staff.
- 74% of women aged 25-64 notes recorded that a cervical screening test had been performed in the preceding 5 years; this was below the CCG average of 87% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies with baby changing facilities available within the Primary Care Centre.
- We saw positive examples of joint working with midwives and health visitors who were located in the same Primary Care Centre.

**Requires improvement**





# Summary of findings

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

Requires improvement



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 offering safe, effective and well-led services and good for providing caring and responsive services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice tried to identify the needs of the working age population, those recently retired and students on an on-going basis, although the practice population aged between 20 and 49 years was smaller than the national average.
- The practice was a member of the local GP alliance which offered patients appointments at weekends; this was particularly useful for working age people.
- The practice was due to launch a practice website to increase the use of online services.
- Health screening rates were slightly below average, we were told this was due to the lack of permanent nursing staff.

## People whose circumstances may make them vulnerable

Requires improvement



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 offering safe, effective and well-led services and good for providing caring and responsive services. 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 living in vulnerable circumstances including those with a learning disability.
- We saw evidence of the practice registering and caring for vulnerable patients such as those with no fixed abode.
- The practice offered longer appointments for patients with a learning disability.
- There was a range of information available to inform 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 suitably trained and were

# Summary of findings

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 actively identified carers within the patient list and signposted these patients to support organisations.
- The practice had not worked with other health care professionals in the case management of vulnerable patients.

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

**Requires improvement**



The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The provider was rated as requires improvement for offering safe, effective and well-led services and good for providing caring and responsive services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was above the CCG average of 80% and the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded in the preceding 12 months; this was above the CCG average of 83% and the national average of 90%.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had not worked with multi-disciplinary teams in the case management of people experiencing poor mental health.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. 314 survey forms were distributed and 107 were returned. This represented a 34% completion rate.

- 84% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 69% and the national average of 73%.
- 93% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 82% 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 75% 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 22 comment cards, of which 20 which were positive about the standard of care and treatment received by the GP, and the way in which they were treated by receptionists and non-clinical staff.

We spoke with three patients during the inspection. All three patients said they were very satisfied with the care they received and they told us that all the staff were approachable, committed and caring.

## Areas for improvement

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

- Ensure significant events are recorded to detail and demonstrate actions taken and the sharing of learning outcomes.
- Carry out a health and safety risk assessment.
- Put systems in place to ensure patient safety and medicines alerts are acted upon.
- Complete the formal governance arrangements including appropriate policies and guidance, and systems for assessing and monitoring risks and the quality of the service provision.
- Carry out clinical audits and re-audits to improve patient outcomes. This includes a prescribing audit to ensure the practice is prescribing in line with best practice guidance.

- Ensure locum staff receive appropriate checks and inductions prior to employment.
- Ensure there are systems in place in order to provide patient care in relation to the monitoring of patient's health conditions and to increase the uptake of health screening.
- Continue with plans to implement a multidisciplinary approach to the care and treatment of patients with complex needs.

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

- Act on plans to enhance patient access through the use of online services.
- Include information in the business continuity plan regarding arrangements in the event of a major incident and emergency contact numbers for staff and external organisations.

# Dr Pratim Chaudhury

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team also included a GP specialist adviser.

### Background to Dr Pratim Chaudhury

Dr Pratim Chaudhury is located within a purpose built, Primary Care Centre in the centre of Canvey Island in Essex. This purpose built centre offers parking for patients, facilities for disabled patients, lift access and an on-site pharmacy run by an external company.

The practice has a higher than average population aged 15 to 19 years old and aged 55 years and over. The practice has a smaller than average population aged 0 to 9 years old and aged 25 to 39 years old. The practice is located in an area with a higher than average population score.

At the time of our inspection, Dr Pratim Chaudhury had a list size of 1986 patients. Dr Pratim Chaudhury is registered with the Care Quality Commission as a sole provider; there is no permanent nursing staff so locum nurses are used to cover nursing duties. There is a part-time practice manager, a medical secretary and a team of four receptionists.

The practice is open from 8am to 6.30pm Monday to Friday. Appointments are offered between 8.30am and 10.30am (11.30am on Thursday), and between 4pm and 6pm Monday to Friday, except Thursday afternoons when there are only emergency appointments available.

When the practice is closed, patients are directed to out of hours services by calling 111. These services are provided by Integrated Care 24.

### 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.

### 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 June 2016. During our visit we:

- Spoke with the GP, practice manager, medical secretary and receptionists. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

# Detailed findings

- 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 or GP of any incidents and there was a paper recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We were told that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- There was little evidence provided of significant events and learning outcomes being regularly shared with staff.

We reviewed safety records, incident reports, medicine alerts and patient safety alerts. Alerts were received by the practice manager and passed to the GP who signed to acknowledge them. There was no evidence of this information being used to audit patients affected by the alerts or of any changes being implemented to protect patient safety although we were told the GP checked for patients affected.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children from abuse. These arrangements reflected relevant legislation and local requirements. The policy was accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. However; there was no policy in place to protect vulnerable adults. The GP was the lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and

vulnerable adults relevant to their role. The GP and locum nurses were trained to child protection level three and non-clinical staff had completed level one training.

- A notice in the waiting room and on the doors of treatment 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy, cleaning duties were undertaken by the Primary Care Centre Management Team. The GP was the infection control clinical lead who was assisted by the practice manager; both members of staff had undertaken infection control training and had recently liaised with the local infection prevention teams. There was an infection control policy in place and 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 by the GP. Vaccines were stored appropriately and the cold chain was maintained with daily temperatures recorded. We were not provided with any evidence of regular medicines audits to ensure prescribing was in line with best practice guidelines. Blank prescriptions were securely stored and there was a newly implemented system 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. These were available for new locum nurses to sign as and when required.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

# Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There was no locum pack available to ensure that new locum staff were informed about practice policies and procedures prior to undertaking clinical work or that suitable checks were in place prior to employment.

## Monitoring risks to patients

Risks to patients were mostly assessed and well managed.

- There were procedures in place for monitoring and managing most 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 but the practice had not carried out a health and safety risk assessment. Staff had all been trained as Fire Wardens and the Primary Care Centre carried out regular fire drills; however the practice did not have a fire safety policy. The practice had risk assessments in place related to fire, health and safety, the control of substances hazardous to health and legionella, these were carried out by the premises management company but copies were available to the practice. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). 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 did not have an infection control risk assessment available but had carried out annual audits and actioned these appropriately.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in

place for all the different staffing groups to ensure enough staff were on duty, there was also a policy in place for minimal staffing levels; however this did not align with current practice as it suggested a risk assessment had been carried out and stated a practice nurse would be available every day. No risk assessment had been recorded and nurses were not always available.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the GP consulting room as well as additional anaphylaxis kits in the other treatment rooms. These 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 an agreement with another practice in the same building to use their defibrillator if required; a risk assessment had also been carried out to address this issue. Emergency oxygen was available with an adult and child mask. A first aid kit and accident book were available.
- The practice had a basic business continuity plan in place; however this plan did not detail alternative arrangements in the event of major incidents such as power failure or building damage. The plan included an emergency contact numbers for the GP but no other staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- As there was only one GP and no permanent nursing staff, the GP took responsibility for keeping himself up to date with guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- There was no system in place such as risk assessments, audits or random sample checks of patient records to ensure these guidelines were implemented, although on the day of our inspection, a random sample of anonymised records demonstrated treatment being delivered in line with current guidance.

### 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 89% of the total number of points available. Overall exception reporting was 5% which was lower than the CCG average of 7% and the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was an outlier for some QOF diabetes indicators. Data from 2014/2015 showed:

- Performance for diabetes related indicators was mixed, with two indicators showing a large variation in comparison to the local and national averages. For example; 60% of patients with diabetes, on the register, had their last IFCC HbA1c as 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), this was below the CCG average of 75% and the national average of 78%.
- Performance for mental health related indicators was above local and national averages. For example, 91% of

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015); this was above the CCG average of 77% and the national average of 88%.

The practice was aware of this data and was trying to recruit a permanent practice nurse to improve the on-going treatment of long term conditions. A review and recall system was also being implemented to ensure patients were recalled in a timely manner to ensure the appropriate checks were made and recorded.

There was no evidence provided of quality improvement through clinical or non-clinical audit.

- There had been three audits completed in the last two years, one of these was clinical and carried out by an external organisation. This audit was not a complete audit and no actions had been implemented to address the findings. Two non-clinical audits were complete but did not demonstrate quality improvements.
- The practice could not provide any evidence of having participated in any local audits, national benchmarking, accreditation, peer review or research.

### Effective staffing

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

- The practice had a basic induction checklist for all newly appointed staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. A staff handbook was also available.
- The practice manager had records of staff training. Due to the high volume of locum nurses being used, it was difficult to monitor their role-specific training or updates.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Again, this work was carried out by locum nurses who also administered vaccines.
- 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



# Are services effective?

## (for example, treatment is effective)

scope of their work. This included protected Time to Learn through the CCG and access to online training. All staff had received an appraisal within the last 12 months which identified training needs.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and localised training opportunities with the CCG.

### 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.

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

The practice had identified patients with complex or palliative needs but there was no engagement with other health and social care professionals to understand and meet the range and complexity of these patients' needs and to assess and plan ongoing care and treatment. We were told that a meeting of this nature was planned for the future.

### Consent to care and treatment

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

- Staff we spoke to 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, smoking and alcohol cessation. Patients were signposted to relevant services. The practice hoped to be able to offer additional support to these patients when permanent nursing staff were recruited.

The practice's uptake for the cervical screening programme was 74%, which was below the CCG average of 87% and the national average of 82%. There was no policy in place to offer telephone or written reminders for patients who did not attend for their cervical screening test. There was limited information available to promote other screening options available, for example for breast or bowel cancer. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were mixed in comparison to CCG averages. For example:

- The percentage of childhood PCV vaccinations given to under one year olds was 100% compared to the CCG percentage of 97%.
- The percentage of childhood infant Men C vaccinations given to under two year olds was 90% compared to the CCG percentage of 98%.

The practice were aware of the data for cervical screening and for child immunisations and suggested this would be improved when permanent nursing staff were recruited.

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, for which reminders were sent out by reception staff. 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

During our inspection, we observed members of staff were courteous and helpful to patients and treated them with dignity and respect, both face to face and whilst on the telephone.

- Curtains were provided in all 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 area to discuss their needs.
- Patients we spoke to also told us how well they were treated by all staff at the practice and felt they could discuss issues privately if needed.

Nearly all of the 22 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent, personal service and all staff were helpful, caring and treated them with dignity and respect, especially the GP.

We spoke with one member of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the GP and other staff at the practice; they said their dignity and privacy was always respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required and felt the staff knew patients individually so were aware of their circumstances and able to offer support.

Results from the national GP patient survey, published in January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.

- 88% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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. Patients felt the GP had a very personal approach to their care and would call them regularly with updates on their treatment plans when required. They also told us they felt listened to and supported by staff and had ample 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, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

## Are services caring?

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 regarding accessing this service was available in reception.
- Information leaflets were available in the waiting area as well as a wide range of health promotion throughout the Primary Care Centre.

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers which represented 1.6% of the practice list. Written information was available upon request to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP contacted them to give them advice on how to find a support service. There was also information on bereavement services available in the waiting area.

# 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 on an on-going basis and had recently engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) regarding our inspection, staff also attended Time To Learn sessions run by the CCG for staff training.

- The practice was a member of the local GP Alliance which gave patients access to weekend appointments at an alternative location.
- There were longer appointments available for patients who needed them, such as those with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- There were good facilities provided within the Primary Care Centre including parking for disabled patients, lift access and accessible toilets. A hearing loop and translation services were also available.
- Baby changing facilities, as well as a private area for breast feeding, were available within the Primary Care Centre.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 10.30am every morning (11am on Thursdays), and between 4pm and 6pm every afternoon except Thursdays when only emergency appointments were available in the afternoon. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. The practice was also a member of the local GP Alliance which offered patients weekend appointments at an alternative location.

Results from the national GP patient survey, published in January 2016, showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

Most people told us on the day of the inspection that they were able to get appointments when they needed them, although we did receive two comments regarding problems getting appointments at short notice.

If patient's requested a home visit, the receptionists recorded it on the computer system and passed a message to the GP who would assess the request and speak to the patient if required. If the GP deemed it to 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 was in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager dealt with complaints. There was not a specific recording form for complaints but significant event forms had been used in the past.
- There was a poster in the waiting area which provided details on how to complain.

We looked at three complaints received in the last 12 months and found these contained brief notes detailing what had happened and some evidence of actions taken and sharing learning outcomes with staff. We found evidence of an annual review at a practice meeting to discuss complaints from the previous year. Staff acknowledged this system could be improved with better documentation.

# 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 vision to deliver compassionate, personalised care. The practice had recently composed a business plan for the year ahead which focused on the recruitment of new staff in order to improve patient outcomes, as well as attempting to use technology to improve access in the forms of a practice website and the use of text messaging services.

### Governance arrangements

The practice did not have an overarching governance framework to support the delivery of the strategy and good quality care. Work was underway to improve this framework, with some policies and procedures updated although staff acknowledged that this was a work in progress.

- There was a clear and simple staffing structure and staff were aware of their own roles and responsibilities.
- A range of practice specific policies were being composed and implemented, although this was incomplete at the time of our inspection.
- Although there was an understanding of the performance of the practice, there was no evidence of actions taken to address areas of performance that fell below expectations.
- There was not a programme of continuous clinical or internal audit which could have been used to monitor quality or to make improvements.
- There were limited arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. The practice did not have a fire safety policy or a health and safety risk assessment.

### Leadership and culture

The GP was focused on delivering caring, compassionate treatment to all of his patients. The practice manager was new to the practice and was addressing the governance framework; however at the time of our inspection, this was incomplete. The practice staff acknowledged that

permanent nursing staff were needed to help drive improvement in patient outcomes. Staff told us the GP was approachable and took the time to listen to 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). This included support training for all staff on communicating with patients about notifiable safety incidents. 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, the practice gave affected people reasonable support, truthful information and an apology.

There was a simple leadership structure in place and staff felt supported by the practice manager and the GP.

- Staff told us the practice held regular practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so.
- Most staff said they felt valued and supported.
- Staff were involved in discussions about how to run and develop the practice.

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

The practice encouraged, sought and valued feedback from patients, the public and staff.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through national data and complaints received. The PPG met once a year to discuss developments within the practice and had submitted some proposals for improvements. For example, the group suggested changes to the telephone system to improve patient access; this phone system has been updated.
- The practice had gathered feedback from staff through practice meetings and appraisals as well as on-going discussions. Staff told us they would give feedback and discuss any concerns or issues with colleagues and management on an ad-hoc basis.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p>The registered person did not do all that was reasonably practicable to provide person centred care by delivering a multidisciplinary approach to the care and treatment of patients with complex or palliative needs.</p> <p>The practice had not ensured the continuity of care from nursing staff.</p> <p>This was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated health and safety and there was no fire safety policy in place.</p> <p>This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person did not do all that was reasonably practicable to ensure an overarching governance framework. Some policies were missing, incomplete or out of date. There was no locum pack to ensure locum</p>

This section is primarily information for the provider

## Requirement notices

staff received adequate checks or inductions prior to employment. There was no programme of clinical audit to drive improvement. Evidence did not demonstrate sharing learning outcomes from significant events or safety alerts.

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