Dr Suvajit Chatterjee (also known as Vernon Park Surgery)

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Suvajit Chatterjee, also known as Vernon Park Surgery on 2 and 8 November 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and managed, with the exception of those relating to recruitment checks.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice provided open GP surgeries in the morning and afternoon and patients said said they liked this and could always see the GP when they needed to. Pre-bookable appointments were also available.
- Information about services and how to complain was available and easy to understand. The practice had not received any complaints in last 12 months nor had patients raised any issues with the practice despite a feedback book being available for patients to record comments
- The practice was aware their facilities required improving and been granted in principle some funding by NHS England to implement improvements. However the practice was waiting on the Clinical Commissioning Group (CCG) to release this funding. Equipment to treat patients was available and maintained appropriately.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- Evidence was available that demonstrated the practice complied with the Duty of Candour requirement. However a practice specific policy was still being developed.

We saw one area of outstanding practice:

- The GP provided open surgeries five days per week and patients could see a doctor when they needed to. In addition to patient's praise for this service, evidence was available to indicate this open access was influencing favourably on reducing the admissions of patient with a long term condition to hospital emergency departments.

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include obtaining the required pre-employment checks for all staff including locum clinical staff.

In addition the provider should:

- Develop and strengthen governance arrangements by ensuring written records of all informal meetings, audits and checks carried out are maintained.
- Review the practice management arrangements to provide opportunities to reflect on past and current achievements and plan more effectively the future direction of the GP service.
- Review the access and availability of clinical polices to support clinical staff practice.
- Continue to promote, develop and facilitate a patient participation group to provide feedback about the service provided by the practice.
- Pursue with the CCG the funding for the development and refurbishment of the GP practice.

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?

Requires improvement

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

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice although a written record of this was not always maintained.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed except those relating to staff recruitment.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, some clinical protocols were not available to support the staff's practice.
- There was evidence of appraisals, personal development plans for all staff, and individual mentoring for the practice nurse. The practice nurse and health care assistant had not benefited from a recent appraisal although appraisal meetings were arranged.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice highly and this was comparable or better

Summary of findings

than local and national averages. For example: 90% of patients said the GP was good at involving them in decisions about their care and treatment compared to the CCG average of 85% and national average of 82%.

- Feedback from patients about their care and treatment was consistently and strongly positive. Patients' comments provided examples of the personal support they received from the GP, for example coping with cancer and at times of bereavement.
- Information for patients about the services available was easy to understand and accessible.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Staff were committed and trained to provide good customer care.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- The practice provided open surgeries both in the morning and afternoon. Patients told us they liked these and they liked the GP. Patient feedback about the open access appointments was wholly positive.
- Patients at risk of unplanned admission to hospital had an agreed recorded plan of care in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.
- The practice was well equipped to treat patients and meet their needs. However, the practice was aware that the practice building needed improving and plans had been submitted for funding to implement these improvements.
- Information about how to complain was available and easy to understand however the practice had not received.

Are services well-led?

Good

The practice is rated as good for being well-led.

- The practice had a vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about their responsibilities in relation to delivering good outcomes for patients

Summary of findings

- There was a clear leadership structure and staff felt supported by management. In addition to providing GP care and support to his patients, the GP provided day to day practice management also. The practice manager worked 12 hours per week; most of these hours were worked remotely at home. The practice manager provided the GP invaluable support with IT and maintenance of online records. However, day to day support to proactively manage and develop the practice was not available.
- The practice had a number of policies and procedures to govern activity and held governance meetings, although these were not always recorded.
- The provider was aware of and complied with the requirements of the duty of candour. A practice specific policy was being developed. The GP promoted a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was not very big and the practice was advertising for members to restart this.
- There was a strong focus on continuous learning and improvement at all levels.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered open access surgeries and home visits for those with enhanced needs.
- Palliative care meetings were held every second month and community health care professionals such as the district nurse and Macmillan nurse attended these.
- Monthly multi-disciplinary team meetings were held in the local neighbourhood to review specific patients considered at high risk.

People with long term conditions

Good

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

- The practice performed similarly or better than the local and national average in the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2015/16.
- Evidence supplied by the practice showed that there had been no emergency admissions to hospital in the last 12 months for patients with long term conditions such as diabetes, asthma and heart failure.
- The practice encouraged patients to self refer to education programmes such as Expert for the management of diabetes and other long term conditions.
- Longer appointments and home visits were available when needed.
- All patients had a named GP (Dr Chatterjee) 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.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to the Clinical Commissioning Group (CCG) rates for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours.
- Quality and Outcome Framework (QOF) 2015/16 data showed that 92% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the CCG and England average of 75%.
- The practice's uptake for the cervical screening programme was 71%, which was below than the CCG and the national average of 82%. The practice was aware of this and was actively trying to encourage women to attend for this screening.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered open surgeries in the morning and afternoon and patients could also pre book routine appointments. Later evening appointments were available until 7.30pm on Mondays and the practice offered pre-bookable appointments one Saturday per month.
- The practice offered online services such as booking appointments and ordering prescriptions and was in the process of extending the availability and choice of online services to patients.
- The practice website also offered information on health promotion and screening.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients who were vulnerable and those with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- Data from 2015/16 showed that 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the Clinical Commissioning Group (CCG) average of 85% and the England average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was higher than the CCG average of 92% and the England average of 79%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing better in the majority of areas when compared to local and national averages. A total of 322 survey forms were distributed, and 107 were returned. This was a return rate of 33% and represented approximately 6.9% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 79% and national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 91% 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 83% 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 nine comment cards, all of which were extremely positive about the standard of care received. Every comment card described the practice, Dr Chatterjee and reception staff as being responsive, caring and willing to listen. Patients said they liked the open surgeries as this meant they could see the GP when they needed to. They said they were willing to wait the time it took to see the GP.

We spoke with three patients at the inspection. All were extremely complimentary about the quality of care they received from the GP and their comments reflected the information we received from the CQC comment cards.

The practice was trying to recruit to its patient participation group (PPG) and had limited success. However, three patients had agreed to be involved. We spoke with one patient who confirmed they were a member of the PPG. They said they had not met face to face yet and contact had been through emails. There was evidence that the practice was trying to encourage support from patients to join and develop this group.

Areas for improvement

Action the service MUST take to improve

- Ensure recruitment arrangements include obtaining the required pre-employment checks for all staff including locum clinical staff.

Action the service SHOULD take to improve

- Develop and strengthen governance arrangements by ensuring written records of all informal meetings, audits and checks carried out are maintained.
- Review the practice management arrangements to provide opportunities to reflect on past and current achievements and plan more effectively the future direction of the GP service.
- Review the access and availability of clinical polices to support clinical staff practice.
- Continue to promote, develop and facilitate a patient participation group to provide feedback about the service provided by the practice.
- Pursue with the CCG the funding for the development and refurbishment of the GP practice.

Outstanding practice

We saw one area of outstanding practice:

- The GP provided open surgeries five days per week and patients could see a doctor when they needed to.

Summary of findings

In addition to patient's praise for this service, evidence was available to indicate this open access was influencing favourably on reducing the admissions of patient with a long term condition to hospital emergency departments.

Dr Suvajit Chatterjee (also known as Vernon Park Surgery)

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Suvajit Chatterjee (also known as Vernon Park Surgery)

Dr Suvajit Chatterjee, Vernon Park Surgery, 32 Brinnington Road, Stockport, SK1 2EX is part of the NHS Stockport Clinical Commissioning Group (CCG). The GP practice is registered to a single handed provider Dr Suvajit Chatterjee. Services are provided under a general medical services (GMS) contract with NHS England. The practice has 1554 patients on their register.

The registered provider Dr Chatterjee provides GP cover at the practice and employs a part time practice manager, a practice nurse, a health care assistant and three receptionists. The practice is an undergraduate training practice for medical students.

Information published by Public Health England rates the level of deprivation within the practice population group as two on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 74 years and female life expectancy is 78 years in the practice geographical area, which is significantly below the England and CCG averages of 79 years and 83 years respectively.

The practice building is a converted Victorian terraced property that provides one GP consultation room on the ground floor and one consultation room on the first floor. The practice nurse uses this room, one day per week for six hours, and the health care assistant one afternoon each week for two hours. A passenger lift is not available but staff confirmed that arrangements are made to ensure patients with mobility problems or parents who struggle with young children could use the ground floor consultation room as required.

Plans to provide additional adaptations to the building to allow patients with disabilities better access to the GP practice have been submitted to NHS England and agreed in principle. However, the practice stated that they were waiting on the CCG to release funding to support these improvements. There is on street parking available.

The practice reception is open from 8.00am until 6.30pm Monday to Friday. The practice provides open surgeries each day Monday to Friday between 9.30 and 10.30am followed by booked appointments. In the afternoon open surgeries are provided from 4.30 until 6pm each day, except Thursday when GP cover is provided by the neighbouring GP practice by telephone appointment only. Later evening appointments appointment are provided Mondays until 7.30pm and on one Saturday morning each month.

Detailed findings

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book and cancel appointments and order prescriptions.

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 2 November 2016. We also returned on the 8 November to interview the practice nurse.

During our visits we:

- Spoke with a range of staff including the GP, a practice nurse, a health care assistant, the practice manager, and two receptionists.
- Spoke with three patients who used the service.
- Observed how reception staff communicated with patients.
- Reviewed an anonymised sample of patients' personal care or treatment records.
- Reviewed comment cards where patients shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 saw evidence 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.

We reviewed safety records, incident reports and patient safety alerts. Staff told us about incidents that had occurred and the action taken as a result of these. However, minutes of meetings recording discussions, decision made and the agreed actions were not available for all the meetings undertaken.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was a lead member of staff for safeguarding and they were trained in both adult safeguarding and children's safeguarding to level 3. The GP attended safeguarding meetings when possible and provided reports where necessary for other agencies. They monitored children identified at risk on their patient register and liaised with health visitors and school nurses. Staff spoken with demonstrated they understood their responsibilities in relation to safeguarding adults and children and had received training appropriate to their role. The practice nurse was trained in children's safeguarding to level 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice building was old and areas we observed required refurbishment. The practice staff were aware of this and were waiting on funding to undertake improvements in the building and to extend it. The practice employed a cleaning company to undertake the cleaning of the practice rooms. The GP was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The local authority health protection nurse had undertaken an infection control audit at the practice in late October 2015. This identified two areas for improvement including changing the flooring in the two treatment/ consultation rooms .The practice confirmed that they intended to undertake this once funding was in place to improve and extend the practice facilities.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. The practice nurse had qualified as non medical prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GP and attended regular update meetings provided by the CCG for this extended role. Patient group directions had been adopted by the

practice to allow nurses to administer medicines in line with legislation and health care assistants were trained to administer vaccines against a patient specific direction from a prescriber.

- We reviewed three personnel files and found two files were complete and reflected the practices policy on recruitment. However, one staff recruitment file for a clinical staff member had gaps in the recruitment checks undertaken prior to employment. For example, the recruitment file contained a DBS check from another employer and there was no evidence that this had been reviewed and there were no references available. The GP acknowledged these omissions and was taking action to address this.

Monitoring risks to patients

Most risks to patients were assessed and managed.

- There were some 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 patient waiting room.
- The practice did not have a defibrillator available on the day of inspection and there was no risk assessment in place. Following a discussion with the GP, they provided a risk assessment and evidence that a defibrillator had been purchased for the practice.
- The practice had an up to date fire risk assessment, fire maintenance certificates were available and staff had received training in fire safety. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the staffing to ensure enough staff were on duty. The small staff team confirmed they worked closely together to cover sudden staff absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received basic life support training.
- 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 and arrangements to use other premises if necessary.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The GP and practice manager confirmed they received updates directly by email. They told us that they discussed those relevant to the work they carried out to ensure patients' needs were met in line with best practice.
- Discussion with members of the clinical staff team demonstrated that staff were aware of the guidelines and implemented these appropriately.

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 from 2015/16 were 97.6% of the total number of points available with a rate of 5.5% exception reporting for all clinical indicators. The rate of exception reporting was lower than the 7.2% average for the Clinical Commissioning Group (CCG) and much lower than the England average rate of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data available for the QOF diabetic indicators in 2015/16 showed:

- The percentage of patients with diabetes on the register in whom the last blood test (HBbA1c) was 64 mmol/mol or less in the preceding 12 months was 75%, compared to the CCG average of 80% and the England average of 78%. The practice's exception reporting was also lower by 5% and 6% respectively for the CCG and England average.
- The record of diabetic patients with a blood pressure reading 140/80mmHG or less recorded within the preceding 12 months was 86%, which was higher than the CCG average of 81% and the England average of 78%.
- The record of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 86%, which reflected the CCG average of 85%, but was better than the England average of 80%.
- 98% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average and the England average of 88%. The practice's clinical exceptions rate was also lower by 4% compared to the CCG.

Other data from 2015/16 showed the practice performance was better than the local and England averages. For example:

- 92% of patients with hypertension had their blood pressure measured in the preceding 12 months and was less than 150/90 mmHg compared to the CCG average of 83% and the England average of 82%.
- 92% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG and the England average of 75%.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 85% and the England average of 84%. However, clinical exception reporting was also higher at 25%. The practice explained that this was because the practice had such low numbers of patients with a dementia diagnosis and one patient not attending a review increased their exception report rate.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was higher than the CCG average of 92% and the England average of 79%. The practice had no clinical exceptions for this indicator.

There was evidence of quality improvement including clinical audit.

- Evidence from two clinical audits was available which demonstrated improvements were implemented and monitored. For example, one audit reviewed the treatment of patients presenting at the practice with

acute otitis media (AOM is an ear infection). The audit referred to NICE guidance and the criteria for treating this with antibiotics. The initial audit identified that the treatment of patients diagnosed with AOM did not reflect NICE guidelines in that patients had been prescribed antibiotics when alternative effective strategies were available. The re-audit three months later, showed the prescribing practice for the treatment of AOM reflected NICE guidelines, although the patient sample and time period was much smaller than the initial audit.

- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Following training both the practice nurse and GP had participated in two research projects.
- The practice had evidence that demonstrated that there had been no emergency admissions to hospital in the last 12 months for patients with long term conditions such as diabetes, asthma and heart failure. There had been only one admission for a patient with chronic obstructive pulmonary disease (COPD). The GP believed the open surgeries, where patients could attend for appointments, as they needed them without having to wait assisted in keeping admission to emergency departments down.
- The practice supplied data, which benchmarked its performance against other practices locally and within Stockport CCG. Data supplied by the practice for August 2015/16 showed its number of GP referrals to A&E was lower than the majority of other GP practices in the CCG. Other data showed the number of patients referred by the GP for an outpatient appointment was also much lower. The practice was ranked fifth out of 45 practices.

Effective staffing

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

- The practice had a stable staff team. We saw there was an induction training programme for all newly appointed staff, however we were unable to see a completed record because no new staff had been employed for a number of years.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- Clinical staff were knowledgeable and experienced in undertaking clinical tasks. However, some clinical protocols were not available to support the staff's practice.
- 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. The staff team were actively encouraged and supported with their personal development.
- The practice staff team was very small and they confirmed that they provided daily support to each other. Staff confirmed the the GP was available to discuss any issues and concerns and they could contact the practice manager by phone if needed. The practice nurse told us that the GP had provided clinical mentorship and one to one support whilst they were undertaking the minor illness course. Reception staff had received an appraisal within the last 12 months, however the practice nurse and health care assistant had not yet benefited from this. The GP and practice nurse confirmed the process had been started.
- Staff told us about the training they had received including safeguarding, fire safety awareness, basic life support and information governance.

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 shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Good

Are services effective?

(for example, treatment is effective)

moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding meetings.

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 and Deprivation of Liberty Safeguards (DoLS).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 71%, which was below the CCG and the national average of 82%. The practice was aware of this and was actively trying to encourage women to attend for this screening. The practice nurse told us that many patients did not attend their appointments. The practice sent out up to three letters and offered telephone reminders to encourage their attendance for cervical screening test. There were systems in place to ensure results were received for all samples sent for cervical screening and the practice followed up women who were referred because of abnormal results.
- The practice also referred its patients to attend national screening programmes for bowel and breast cancer screening. The practice patient uptake of these tests was below the CCG and England average. The GP was aware of this and had been promoting awareness of these tests by advertising them in the practice waiting room.
- Childhood immunisation rates for the vaccinations given in 2014/15 were slightly below the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 57.75% to 81% compared to the CCG range of 69% to 91%. Rates for five year olds 82% compared to the CCG range of 85% to 92%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–70. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff demonstrated that they knew the patients attending the surgery. They provided examples where they had made the GP aware of patients whose needs were more urgent and arrangements made to ensure these patients were seen quickly.
- Reception staff were also responsive to patients who wanted to discuss sensitive issues or appeared distressed they could offer them some privacy to discuss their needs.

We received nine CQC comment cards, all of which were extremely positive about the standard of care received. Every comment card described the practice, Dr Chatterjee and reception staff as being responsive, caring and willing to listen. Patients said they liked the open surgeries as this meant they could see the GP when they needed to. They said they were willing to wait the time it took to see the GP.

We spoke with three patients at the inspection. All were extremely complimentary about the quality of care they received from the GP and their comments reflected the information we received from the CQC comment cards. For example, comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

The results from the most recently published GP Patient Survey (July 2016) rated aspects of the care and service provided to patients similar to the Clinical Commissioning Group (CCG) and England averages. Results from the national GP patient survey showed patients felt that they were treated with compassion, dignity and respect. For example:

- 92% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the England average of 85%.
- 91% 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 England average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England 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.

The practice ensured vulnerable patients such as those who were housebound or had a long term condition had an agreed plan of care in place. We were told that almost 2% of the patient population had a care plan recorded and examples of these were available.

Results from the national GP patient survey showed patients' responses were similar to or better than the averages for the CCG and England. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.

Good

Are services caring?

- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.
- A sign language service could be arranged if required for patients with a hearing impairment.
- The practice facilities were not suited for patients with mobility problems. However, the practice provided adaptations to for example the practice entrance when required to assist patients. The practice were waiting on funding to implement improvements to the practice environment.

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 GP was very knowledgeable about his patients and their individual circumstances. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as carers, 2% of the practice population. 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 GP was very supportive and we were provided of examples of where the GP had visited people at home to provide personal support.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The GP practice was very small with one GP, who employed one practice nurse for six and half hours each week and one health care assistant for two hours each week. The GP therefore reviewed the majority of his patients and provided a comprehensive and holistic service to his patients. For example, if a patient needed a review of their long term condition he would perform all the required tests, including taking bloods and ECGs. Patients told us they liked this personal comprehensive service they received.
- The practice offered extended surgery times for working patients and this included a later evening surgery until 7.30pm on a Monday and one Saturday morning once a month. These appointments were for pre-booked appointments only.
- The practice provided open surgeries each day, so that children and those patients with medical problems that require same day consultation were seen.
- Patients could also pre-book appointments. Longer appointments available for patients with a learning disability or special vulnerability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice building was a converted Victorian terraced property that provided one GP consultation room on the ground floor and one consultation room on the first floor. A passenger lift was not available but staff confirmed that arrangements were made to ensure patients with mobility problems or parents who struggled with young children could use the ground floor consultation room when needed.

Access to the service

The practice reception was open from 8.00am until 6.30pm Monday to Friday. The practice provided open surgeries each day Monday to Friday between 9.30 and 10.30am followed by pre- booked appointments. In the afternoon open surgeries were provided between 4.30 and 6pm each day, except Thursday when GP cover was provided by the neighbouring GP practice, and appointments were accessible by telephone. Extended hours appointments were offered Monday evenings and one Saturday morning each month

Results from the national GP patient survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was comparable to or better than the local and national averages.

- 94% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 95% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.
- 100% said the last appointment they got was convenient compared to the CCG average of 93% and England average 92%

People told us on the day of the inspection told us they could always see the GP on the day they wanted to.

Listening and learning from concerns and complaints

Information about how to complain was available and easy to understand the complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. However, the practice had not received any written complaints. The practice also had a book available for patients to write comments in. There was no comments recorded. Reception staff spoken with said that patients did not complain or raise concerns, even when they had waited a long time on occasion to see the GP.

Staff understood the procedure to follow should patients raise any issues, concerns or complaints.

Evidence was available to demonstrate that issues identified by the practice were investigated under the practice's significant event protocol. Learning from this was shared with staff and other stakeholders, including patients when appropriate.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice vision was to deliver a quality service for patients. The GP and all staff spoken with were committed to delivering this level of service, however, the practice vision and strategy was not formally recorded within a business plan.

Governance arrangements

The governance framework, which supported the delivery of a quality service care, was informal in that checks on different aspects of the practice were undertaken but these were not always planned or recorded.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice management specific policies were implemented and were available to all staff. However, some clinical protocols were not available.
- A comprehensive understanding of the performance of the practice was maintained and was supported by clinical audit.
- Arrangements for identifying, recording and managing risks and issues and implementing mitigating actions were in place.
- The practice engaged with the Clinical Commission Group (CCG).

Leadership and culture

The GP had the experience 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 GP was approachable and always took the time to listen to all members of staff. The practice manager worked remotely from home most of the time. They provided advice and guidance to staff and leadership around IT and the IT infrastructure. However, the GP undertook the day to day practice management responsibility alongside his role of clinical leader. The addition of a practice based manager would provide the GP with opportunities to reflect on past and current achievements and plan more effectively the future direction of the GP service.

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 partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Staff also told us they raised issues informally and these were addressed immediately.
- Staff said they felt respected, valued and supported by both the GP and practice manager.

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 was trying to recruit to its patient participation group (PPG) and we heard about the limited success they had received. However, three patients had agreed to be involved. We spoke with one patient who confirmed they were a member of the PPG . They said they had not met face to face and contact had been through emails. There was evidence that the practice was trying to encourage support from patients to join and develop this group.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

Are services well-led?

Good

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

- The staff team were actively encouraged and supported with their personal development.
- The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk and vulnerable patients. The multi-disciplinary team had recently commenced regular meetings.
- The practice monitored its performance and benchmarked themselves to ensure they provided a safe and effective service.

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	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed How the regulation was not being met: Appropriate employment checks were not carried out for all staff to ensure the safe and effective recruitment of staff. Regulation 19 (1)