

Dr Anil Indwar

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?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Requires improvement 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Anil Indwar's practice on 2 June 2

We carried out an announced comprehensive inspection at Dr Anil Indwar's practice on 2 June 2016. Following that inspection the overall rating for the practice was requires improvement. The full comprehensive report for the June 2016 inspection can be found by selecting the 'all reports' link for Dr Anil Indwar on our website at www.cqc.org.uk.

This inspection was undertaken to follow up progress made by the practice since the inspection on 2 June 2016. It was an announced comprehensive inspection on 23 June 2017. Overall the practice is rated Good

- We found the practice had taken action to address concerns identified at our previous. This included improvements in the management of safety alerts, medicines and fire safety. However during this inspection we continued to identify areas for improvement.

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. The practice explained the process for clinical supervision, however this was not always documented..
- There was limited evidence of improvement activity. Clinical audits seen were one cycle and had yet to demonstrate any quality improvement.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.

Summary of findings

- Results from the national GP patient survey showed access to appointments was mostly in line with local averages but below national averages. The practice had taken some action to improve access and make more appointments available. Urgent same day appointments were available.
- The practice was well equipped to treat patients and meet their needs. However, access for patients who used a wheelchair was difficult due to the limitations of the premises. Some adaptations had been made but no formal assessment undertaken to identify what further improvements could be made.
- There was a clear leadership structure and staff felt supported by management.
- Feedback from patients and their involvement in improving the service was limited in the absence of a patient participation group.
- The provider was aware of the requirements of the duty of candour. Examples were seen in which patients were informed and apologised to when things went wrong with care and treatment.

The areas where the provider must make improvement are:

- Ensure effective systems and processes to assess, monitor and improve the quality and safety of the services provided.

The areas where the provider should make improvement are:

- Consider the use of care plans in the management of dementia and palliative care to ensure patients wishes are formally recorded.
- Consider the benefits to establishing a formal recording process for clinical supervisions.
- Ensure records are available to demonstrate reliable recruitment processes are being followed for all staff.
- Ensure all staff are fully aware of their roles and responsibilities when acting as a chaperone.
- Review and continue to take action to improve the uptake of national screening programmes for breast and bowel cancer.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services

Good



- At our previous inspection in June 2016 the practice had been rated as requires improvement for providing safe services. We previously identified risks in relation to shared care agreements in the management of patients prescribed high risk medicines; medicines for meningitis were not available in case of emergency and systems for ensuring safety alerts were acted on were not in place. In addition we had found electrical safety checks not fully completed, fire evacuation drills had not been undertaken; systems for monitoring blank prescriptions were not in place and no risk assessments in relation to lone working. At this inspection we found that all these issues had been addressed.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared with staff and more widely to make sure action was taken to improve safety in the practice. When things went wrong patients were informed and received an apology.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. We saw positive examples of joint working to safeguard patients at risk of harm.
- The practice had systems, processes and practices to minimise risks to patient safety. However, we did identify that reception staff were not clear about their role when chaperoning and some of the spill kits for cleaning bodily fluid spills were out of date.
- The practice had adequate arrangements to respond to emergencies and major incidents. Although we noticed the oxygen cylinder was running low. The practice manager told us that they would address this as soon as possible.

Are services effective?

The practice is rated as good for providing effective services.

Good



- At our previous inspection in June 2016 the provider was rated as requires improvement for providing effective services as the provider did not have systems and processes such as clinical audits to assess, monitor and improve the quality and safety of

Summary of findings

the service. At this inspection we found clinical audits had been undertaken but these were largely driven by the CCG pharmacist and had yet to demonstrate any quality improvement.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes was comparable to CCG and national averages.
- Staff were aware of current evidence based guidance.
- Rates of antibiotic prescribing compared to the CCG and national averages were high. The practice was working to try and improve this through self help and delayed prescribing.
- Uptake of national screening programmes for breast and bowel cancer was below CCG and national averages.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs including those with end of life care needs.
- Staff had access to training to support them in their roles and responsibilities. We found the practice nurse carried out some extended roles. They told us that ongoing regular supervision sessions with medical staff were in place, however these were not always recorded.
- There was evidence of appraisals and personal development plans in place for staff.

Are services caring?

The practice is rated as good for providing caring services.

- At our previous inspection on 2 June 2016, we rated the practice as requires improvement for providing caring services as the practice was rated below the CCG and national averages for several aspects of care, conversations in the consulting rooms could be overheard from the waiting room when quiet. Also the number of carers identified was low. At this inspection we saw that the practice had addressed these issues and made improvements which included sound proofing of the consulting rooms. The number of carers identified from the practice list had also increased.
- Data from the latest national GP patient survey also showed improvements and patients rated the practice higher than or in line with others for several aspects of care.
- Feedback received from patients through our CQC comment cards told us that patients were happy with the service they received; were treated with compassion, dignity and respect and felt involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Our previous inspection in June 2016 rated the practice as good for providing responsive services.
- The practice understood its population profile and had used this understanding to meet the needs of its population. The practice was participating in the CCG led primary care commissioning framework to improve outcomes for patients.
- Data from the national GP patient survey showed scores on access were comparable to the CCG in most areas but lower than national averages. Feedback through our CQC comment cards also showed a small proportion of patients who found it difficult to access appointments or felt they experienced long waits.
- The practice was taking action to address some of these issues relating to access. The practice was offering telephone consultation where appropriate and the practice nurse saw minor ailments at times of high demand. Patients were also signposted to the pharmacy first scheme for minor ailments.
- Patients were able to obtain same day urgent appointments if needed.
- Within the limitations of the premises the practice was well equipped to treat patients and meet their needs. Some adaptations had been made to make it easier for wheelchair users to access but no formal equality assessment had been undertaken to identify what further improvements could be made.
- Information about how to complain was available and evidence seen showed the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Good



Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework which supported the delivery of the service.

Requires improvement



Summary of findings

- Performance in relation to patient outcomes was in line with other practices and the practice was achieving standards set by the CCG.
- The practice had responded to issues identified in the previous CQC inspection report and had made improvements across many areas including fire safety, medicines management and the management of safety alerts. However, we also identified areas for improvement in relation to service improvement activity and in the monitoring of the service.
- The provider was aware of the requirements of the duty of candour. There was a culture of openness and honesty. We saw evidence of learning from incidents and when things went wrong with care or treatment patients were informed and received an apology.
- The practice did not have an active patient participation group to ensure the patient voice was heard but had discussed initiatives with the CCG, There had been some response to patient feedback received from the national GP patient survey which the practice had acted on.

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



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The practice aimed to offer older patients same or next day appointments.
- The practice met as part of a multi-disciplinary team to discuss the needs of those approaching end of life.
- Older patients were able to make requests for repeat prescriptions via telephone.
- The practice carried out over 75 year old health checks and told us that they had tried to do this opportunistically when patients had attended for flu vaccinations.
- Flu vaccines were provided during home visits if patients were unable to attend the surgery.

People with long term conditions

Good



- The practice nurse supported the GP in long term disease management and had taken additional courses in the management of patients with diabetes and asthma.
- The practice had made improvement in relation to outcomes for patients with diabetes. At our previous inspection in June 2016 the practice was identified as an outlier for diabetes indicators. At this inspection the practice performance was comparable to the CCG and national averages. For example, 2015/16 QOF data showed the practice had achieved 76% for patients whose last HbA1c (an indicator of diabetic control) was 64mmol/mol or less in the preceding 12 months compared to the CCG average of 77% and national average of 78%.
- Clinics with a diabetes consultant and specialist diabetes nurse were held to support the management of some of the practice's most complex diabetes patients.
- The practice provided in-house services such as spirometry and phlebotomy (blood taking) for the convenience of patients.

Summary of findings

Families, children and young people

Good



- From the sample of documented examples we reviewed we found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, the practice followed up children and young people who did not attend from their immunisations.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. Practice staff were aware of the right to confidentiality in children and young people. The practice also had purchased a changing mat and offered a breast feeding friendly service if needed.
- Appointments were available outside of school hours with both a GP or practice nurse.
- The practice worked with midwives, health visitors and school nurses to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice offered a one stop clinic for patients attending the 6 to 8 week baby checks and the first immunisations.

Working age people (including those recently retired and students)

Requires improvement



- The needs of these populations had been identified and adjustments made to ensure services were accessible. The practice offered online services for appointments and repeat prescription requests but despite efforts to date there had been no uptake.
- Although, the practice did not currently offer extended opening hours, appointments were currently available until 6pm and the principal GP advised that he would see patients later on a Friday. The practice was also working with others in the local commissioning group to deliver seven day opening from September 2017.
- The practice offered a range of health promotion and screening that reflects the needs for this age group. However, there was low uptake of national screening programmes for breast and bowel cancer.
- The practice offered NHS health checks and enlisted support from a third sector organisation 'My time active' to promote and support healthier lifestyles.
- Travel vaccinations were available under the NHS. Patients requiring those available privately were signposted to other services.

Summary of findings

- An electronic prescribing service was offered for the convenience of patients.
- The practice made use of texting to remind patients of their appointments.
- Patients were advised of the pharmacy first scheme in which they could get advice and support on some minor ailments.

People whose circumstances may make them vulnerable

- The practice held register of patients living in vulnerable circumstances such as those with a learning disability.
- Annual healthchecks were offered to patients with a learning disability.
- The practice offered longer appointments for patients who needed them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. We saw positive examples of joint working through incident reporting to safeguard patients at risk of harm.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations. For example, carers.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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. We saw positive examples of joint working to safeguard patients at risk of harm.
- The practice participated in a tuberculosis screening among new entrants into the UK (from countries with high prevalence) to identify those who are at risk of developing the disease so that it can be detected and treated at the earliest possible stage.
- The practice provided interpretation services and hearing loop for those who needed it. Some of the staff were also multilingual and able to support.
- Information was available to practice staff which informed them that they could register patients with no fixed abode using the practice address if needed.

Good



People experiencing poor mental health (including people with dementia)

- Data for 2015/16 showed that 75% of patients diagnosed with dementia had their care reviewed in a face to face meeting in

Good



Summary of findings

the last 12 months, which was below the CCG and national average of 84%. However, this indicator was skewed by the small numbers involved as only one patient had been exception reported.

- Data for 2015/16 showed 89% of patients with poor mental health had a comprehensive care plan agreed and documented in the records compared to the CCG average of 91% and the national average of 89%.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- Counselling services were provided from the practice. Patients could self refer.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 355 survey forms were distributed and 107 (30%) were returned. This represented 4.6% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and national average of 73%.
- 62% 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 61% and national average of 76%.

- 80% of patients described the overall experience of this GP practice as good compared to the CCG average of 75% national average of 85%.
- 65% 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 67% and the national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 49 comment cards which were all positive about the standard of care received. Patients were complimentary about the staff, they told us that they were treated with dignity and respect and that staff were friendly and helpful.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvement are:

Ensure effective systems and processes to assess, monitor and improve the quality and safety of the services provided.

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Consider the use of care plans in the management of dementia and palliative care to ensure patients wishes are formally recorded.
- Consider the benefits to establishing a formal recording process for clinical supervisions.
- Ensure records are available to demonstrate reliable recruitment processes are being followed for all staff.
- Ensure all staff are fully aware of their roles and responsibilities when acting as a chaperone.
- Review and continue to take action to improve the uptake of national screening programmes for breast and bowel cancer.

Dr Anil Indwar

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Anil Indwar

Dr Anil Indwar's practice (also known as Walford Street Surgery) is part of the NHS Sandwell and West Birmingham Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

The practice is located in a residential property that has been adapted for the purpose of providing primary medical services. Clinical services are provided on the ground floor of the premises. There is limited parking available at the front of the building however, parking is also permitted on the street. The practice's registered list size is approximately 2300 patients.

Based on data available from Public Health England the practice is located in an area with higher levels of deprivation than the national average (within the 30% most deprived areas). The population age distribution of the practice broadly follows the national average.

The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is owned by a single handed GP (male), currently supported by a long term locum GP (male) who had been working at the practice since December 2016. Other practice staff include a practice nurse (female), a practice manager and a team of administrative staff.

The practice is open Monday to Friday 8am to 6.30pm with the exception of Wednesday afternoons when the practice closes at 1pm. On a Wednesday afternoon the practice has reciprocal arrangements with another local practice for patients to be seen there. Consulting times are between 8am to 12 noon and 4pm to 6pm. When the practice is closed services are provided by an out of hours provider which are reached through the NHS 111 telephone service.

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 such as the local clinical commissioning group to share what they knew. We carried out an announced visit on 23 June 2016. During our visit we:

Detailed findings

- Spoke with a range of clinical and non-clinical staff (including the principal and locum GP, the practice manager and administrative / reception staff).
- Observed how patients were being cared for in the reception area.
- Reviewed a 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.
- Looked at information the practice used to deliver care and treatment plans.
- Reviewed documentation made available to us for the running of the practice.

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 living 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

At our previous inspection on 2 June 2016, we rated the practice as requires improvement for providing safe services as the practice did not have effective arrangements in place to manage risks in relation to shared care agreements in the monitoring of patients prescribed high risk medicines, for the management of all medical emergencies, and to ensure safety alerts were acted on.

At this inspection on 23 June 2017 we saw that significant improvements had been made in response to the issues raised at the previous inspection. The practice is now rated as good.

Safe track record and learning

The practice had a system in place for reporting and recording significant events.

- There had been 13 significant events reported in the last 12 months. We reviewed a summary of significant events from the last 12 months and minutes from practice meetings which demonstrated that these had been investigated, acted on and learning shared.
- The systems in place 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). From documented examples reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Significant events were shared with the local CCG and systems had recently been introduced for practices to share learning from incidents with their peers at the local commissioning group meetings.

At our previous inspection we found that the practice did not have effective systems for ensuring safety alerts including those from the Medicines and Healthcare Products Regulation Agency (MHRA) were acted on. At this inspection we saw that systems were in place for managing safety alerts and action taken. For example, a MHRA report

had been received for a specific emergency contraception which interacts with some other medicines. A search was carried out to check whether any patients had been affected by this but no further action was required.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff. We saw contact details displayed within the practice for further guidance if staff had concerns about a patient's welfare. The principal GP was the lead member of staff for safeguarding. We saw evidence from incidents which demonstrated good working arrangements with other agencies to safeguard vulnerable patients. Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level three and the practice nurse to safeguarding level two.
- Notices throughout the practice advised patients that chaperones were available if required. Staff who acted as chaperones had received online training but not all had a clear understanding of this role. Staff who acted as chaperones 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.

- Although the premises were in need of some refurbishment they were visibly clean and tidy. There were cleaning schedules and monitoring systems in place. There were also cleaning schedules in place for clinical equipment. Staff had access to appropriate hand washing facilities and personal protective equipment. We noticed that some of the spill kits for cleaning bodily fluids were out of date.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local

Are services safe?

infection prevention teams to keep up to date with best practice. There was IPC policies and protocols in place and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence of action taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice had in place shared care arrangements for the management of patients on high risk medicines. At our previous inspection we found this had not been well managed and one patient had been prescribed a high risk medicine without the necessary blood monitoring. At this inspection we reviewed the management of five patients on high risks medicines and found appropriate monitoring in place in all cases reviewed. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred.
- The practice had carried out some medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- At our previous inspection in June 2016 we identified that there were no systems in place to monitor the use of blank prescription forms and pads. At this inspection blank prescription forms and pads were securely stored and systems were in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We reviewed five personnel files. We saw evidence of appropriate recruitment checks undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We noticed for one member of staff there had been no formally documented application or interview process having taken place however, all other recruitment checks had been followed up.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment. There was evidence that fire equipment was regularly serviced and staff had received fire training. At our previous inspection in June 2016 we found the practice had not carried out regular fire drills. At this inspection we saw evidence that fire drills had taken place and the evacuation procedure was displayed.
- At our previous inspection in June 2016 we also identified that not all electrical items had been checked to ensure they were safe to use and that a hard wire test of the building had not been completed within the last five years. At this inspection we saw that the electrical testing of equipment and hard wiring of the building had been completed. We also saw clinical equipment was calibrated to ensure it was in good working order. These checks had been undertaken in the last 12 months.
- The practice had a variety of other risk assessments 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). At our previous inspection we identified that the risks of lone working had not been assessed. At this inspection we saw a lone working risk assessment was in place.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were restrictions on the number of non-clinical staff that could take leave at the same time. Reception staff told us that they all worked part time and would cover for each other when needed. The principal GP was supported by a long term locum and made further use of locum GPs when needed.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were also available. During the inspection we noticed that the oxygen cylinder was only a quarter full. We raised this with the practice manager who advised that they would arrange for the replacement but told us they were surprised as the oxygen cylinder had never been used.
- Emergency medicines were available and easily accessible to staff in a secure area of the practice and staff knew of their location. The medicines we checked were in date and stored securely.
- At our previous inspection in June 2016 we identified that the emergency medicines did not include medicines for treating meningitis. At this inspection we saw that this medicine was now in place.
- Records were maintained which demonstrated the emergency equipment and medicines were regularly checked by staff to ensure they were in date and ready for use when needed.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and services that might be needed in an emergency.

Are services effective?

(for example, treatment is effective)

Our findings

At our previous inspection on 2 June 2016, we rated the practice as requires improvement for providing effective services as the provider did not have systems and processes such as clinical audits to assess, monitor and improve the quality and safety of the service.

At this inspection the practice has been rated as good for providing effective services. However, improvement activity such as follow up of clinical audit was an area for improvement.

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The principal GP told us that they kept up to date through reading journals. They also attended local commissioning group meetings with other practices and CCG learning events.
- Staff had access to guidelines from NICE from their computers.
- We saw that some templates were used in the management of certain long term conditions such as diabetes and asthma but not all.
- Guidance was displayed in the practice such as for sepsis guidance and information from the resuscitation council.
- The principal GP told us that they followed local CCG prescribing guidance.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2015/16. This showed the practice had achieved 94% of the total number of points available, which was comparable to the CCG and national average of 95%. Overall exception reporting by the practice was 11% compared to the CCG and national average of

10%. (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).

- At our previous inspection in June 2016 the practice was identified as an outlier for diabetes related indicators. For example, 2014/15 QOF data showed the practice had achieved 69% for patients whose last HbA1c (an indicator of diabetic control) was 64mmol/mol or less in the preceding 12 months compared to the CCG average of 77% and national average of 78%. Data for 2016/17 showed improvement against this indicator with the practice achieving 76% compared to the CCG average of 77% and national average of 78%.
- Performance for mental health indicators was comparable to CCG and national averages. For example, 89% of patients with severe poor mental health had a comprehensive documented care plan in place compared to the CCG average of 91% and the national average of 89%.
- The practice had a high prevalence of hypertension within its population. Performance for hypertension indicators was comparable to CCG and national averages. For example, 85% of patients with hypertension had a blood pressure reading of 150/90 mmHg or less (as measured in the preceding 12 months) compared to the CCG average of 82% and the national average of 83%.

At our previous inspection in June 2016 we found limited evidence of quality improvement activity including clinical audit to assess, monitor and improve the quality and safety of the service. At this inspection we found there was little change.

- The practice shared with us three medicines audits that had been completed in the last year. One was a repeat prescribing audit (completed in May 2017) which looked at prescribing practice against set standards. The second audit looked at the management of patients on a medicine used in the treatment gout (carried out in April 2017) and the third looked at whether patients on a medicine used in hypertension had received an appropriate blood test in the last year. All three audits had identified areas for improvement but were currently only one cycle audits that had yet to demonstrate any improvements.

Are services effective?

(for example, treatment is effective)

- Data available nationally showed the practice's antibiotic prescribing was higher than CCG and national averages but lower than CCG and national averages for broad spectrum antibiotics. The practice was trying to address this through the promotion of self care and delayed antibiotic prescriptions where appropriate.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. We saw that staff had access to training which included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- We found that there was no written documentation to support locum staff working at the practice but practice staff told us that they would show locum staff around and provide support as required. We spoke with the locum GP who confirmed this.
- We saw evidence of role-specific training and updating undertaken by relevant staff. For example, for those reviewing patients with long-term conditions. The practice nurse saw patients with minor ailments. They informed us that additional training in triage and physical assessments had been completed. The practice nurse told us they were cautious about what patients they saw and that the principal GP was available to discuss any issues at the time if needed. We saw evidence of this in practice. The practice nurse advised us that they received regular supervision although this was not formally documented as a record of what was discussed.
- Staff administering vaccines and taking samples for the cervical screening programme received specific training which had included an assessment of competence.
- Staff received annual appraisals in which their learning needs were identified. We saw that staff were supported in their learning and development. For example, the practice nurse was due to start an independent prescribers course in September 2017.

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. We saw that the practice was up to date in managing information received such as hospital discharge information and test results.

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. The practice held regular multi-disciplinary team meetings with other health care professionals such as the community nursing team, palliative care nurses and health visitors. This provided the opportunity to discuss and review the care needs of some of the practice's most vulnerable patients such as those at end of life and complex care needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and guidelines for capacity to consent in children and young people.
- We saw evidence from a reported incident where the practice had considered a patients best interest in sharing information.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. 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. The practice was working with a third sector organisation 'My time active' a healthy lifestyle service for patients who would benefit from receiving additional support.

- The practice's uptake for the cervical screening programme was 77%, which was comparable with the CCG average of 80% and the national average of 81%. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme. The practice had a slightly higher

Are services effective?

(for example, treatment is effective)

inadequate cervical screening rate at 7.4% (2016/17) than the 5% recommended by the laboratory. The practice nurse had reviewed their inadequate smears to identify the reasons for this and any learning.

The uptake of national screening programmes for bowel and breast cancer screening (2015/2016) was lower than the CCG and national averages. For example,

- 58% of females aged 50-70 years of age had been screened for breast cancer in the last 36 months compared to the CCG average of 66% and the national average of 73%.
- 33% of patients aged 60-69 years, had been screened for bowel cancer in the last 30 months compared to the CCG average of 45% and the national average of 58%.

There had been a slight decline in the uptake of the bowel and breast cancer screening programmes since the previous year. The practice demonstrated that they were working with the CCG to actively promote the importance of screening.

The practice told us that they had sent out personal letters from the practice to patients who had not participated in the bowel screening to try and encourage uptake.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given to under two year olds were above CCG and national averages and exceeded the 90% standards. Vaccinations given at five years were comparable to the CCG and national averages. For example: uptake of dose 1 MMR was 94% compared to the CCG and national average of 94%. Uptake of dose 2 MMR was 88% compared to the CCG average of 86% and national average of 88%.

The practice participated in tuberculosis (TB) screening among new entrants into the UK (from countries with high prevalence) to identify those who are at risk of developing the disease so that it could be detected and treated at the earliest possible stage.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice had carried out 44 NHS health checks in the last 12 months.

Are services caring?

Our findings

At our previous inspection on 2 June 2016, we rated the practice as requires improvement for providing caring services as the practice was rated below the CCG and national averages for several aspects of care, conversations in the consulting rooms could be overheard from the waiting room when quiet. Also the number of carers identified was low.

At this inspection we found improvements in patient satisfaction. In the latest national GP patient survey patients rated the practice above or in line with other practices locally and nationally. Consulting room doors had been sound proofed and the number of carers identified on the practice's carers register had increased from seven to 37.

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and 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.
- Since our previous inspection the practice had sought to sound proof consultation and treatment room doors in order to minimise the risk of conversations taking place in these rooms from being overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. A notice in the reception area advised patients of this.
- The principal GP and long term locum GP were both male. We were advised that if a patient wished to be seen by a female clinician they would be offered an appointment with the practice nurse who would help if possible or if needed try to persuade the patients to see the GP. The principal GP told us that they had on occasions referred patients directly to the hospital to be seen.

All of the 49 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

Results from the national GP patient survey (published in July 2016) showed patients felt they were treated with compassion, dignity and respect. The practice had significantly improved on their satisfaction scores since the previous national patient survey (published in January 2016) was carried out and was in many areas performing above local and national averages. For example:

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 84% and the national average of 87%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 93% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 88% and the national average of 92%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 90% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 87% and the national average of 91%.
- 88% of patients said the nurse gave them enough time compared with the CCG average of 87% and the national average of 92%.
- 97% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 96% and the national average of 97%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared with the CCG average of 81% and the national average of 87%.

The practice shared with us their action plan for responding to the patient survey. These mainly related to improving access. Information was displayed in the waiting room informing patients of action taken in response to feedback.

Care planning and involvement in decisions about care and treatment

Feedback received from patients through the CQC comment cards indicated that patients felt involved in

Are services caring?

decision making about the care and treatment they received and that they felt listened to. Results from the national patient survey showed patients felt they were given enough time during their consultations.

There was limited use of care plans in place. For example, the practice did not have care plans in place for patients with dementia or for patients with palliative care needs, although records seen showed appropriate care was received.

Results from the national GP patient survey (published in July 2016) showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. The practice results had significantly improved since the previous national GP patient survey. Results were in line with local and national averages. For example:

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 81% 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 76% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 86% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 82% and the national average of 85%.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language. Some of the staff were multi-lingual and also able to support some of the practice patients whose first language was not English.

- The practice had an induction loop for patients with a hearing impairment.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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 held a carers register. There was a dedicated carers' board in the waiting area and a form available inviting patients to identify themselves to the practice if they were a carer. As part of the new patient questionnaire patients were also asked if they had caring responsibilities. Patients on the carers register were given written information to direct them to the various avenues of support available, were offered flu vaccinations and health checks. The practice also tried to offer flexibility where possible with appointments. The number of identified carers' had increased since our previous inspection in June 2016 from seven (0.3% of the practice list) to 37 (1.6% of the practice list).

There was information available on the practice website to support families who had recently suffered a bereavement. The website contained practical advice as well as signposting to other support. There were leaflets displayed in the waiting room which provided information on bereavement support. The principal GP told us that they would offer bereavement counselling if patients came to see them.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

At our previous inspection on 2 June 2016, we rated the practice as good for providing responsive services. At this inspection the practice remains as good.

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population. The practice participated in the CCG led Primary Care Commissioning Framework (PCCF) which aims to improve services and patient outcomes across ten key areas such as diabetes, mental health and cancer diagnosis treatment.

- The practice did not currently offer extended opening hours but was working with other practices within the local commissioning group to develop seven day access to primary care services. Appointments were available most days until 6pm and the principal GP told us that they would see patients after that on a Friday.
- There were longer appointments available for patients on request. A notice in reception alerted patients that they could book double appointments if needed.
- Home visits were available for patients whose clinical needs resulted in difficulty attending the practice.
- Same day appointments or telephone consultations were available for children and those patients with medical problems that require them.
- The practice made use of text messages to remind patients of their appointments and test results.
- Patients were able to receive travel vaccines available on the NHS and were signposted to other clinics for vaccines available privately including Yellow Fever clinics.
- The practice had made some adjustments to improve access for patients who required wheelchair access such as a portable ramp and a frame for the toilet but had not carried out any formal equality assessment to identify further improvements.
- The practice had a hearing loop and interpretation service was available. The practice website could also be translated into many other languages.
- Due to the confines of the premises the practice did not have formal baby changing facilities but had purchased a baby changing mat and allowed patients the use of an upstairs room. The practice also offered a breast feeding friendly service.

- The practice offered some inhouse services including phlebotomy (blood taking) and spirometry (a test used to diagnose and monitor lung conditions) for the convenience of patients.
- Patients with complex diabetes needs were able to be seen by a specialist consultant or diabetic nurse at the practice. These clinics were held on a monthly basis.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, the exception being Wednesday afternoon when the practice closed at 1pm. On a Wednesday afternoon the practice had arrangements in place for patients to be seen at another local practice if needed. These arrangements were reciprocated on a Thursday. Appointments were from 9am to 12pm and 4pm to 6pm daily except Wednesdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, same day urgent appointments were also available for patients that needed them. The practice also offered telephone consultations. When the practice was closed services were provided by an out of hours provider which were reached through the NHS 111 telephone service.

Results from the national GP patient survey (published July 2016) showed patient's satisfaction with how they could access care and treatment. In most areas this was comparable to local but below national averages. The latest results were similar to the previous GP patients survey for access however we did note some improvement such as the proportion of patients who said they could get through on the phone had increased from 53% to 57%.

- 72% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 71% and the national average of 76%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.
- 62% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 61% and the national average of 76%.
- 88% of patients said their last appointment was convenient compared with the CCG average of 87% and the national average of 92%.

Are services responsive to people's needs?

(for example, to feedback?)

- 57% of patients described their experience of making an appointment as good compared with the CCG average of 62% and the national average of 73%.
- 40% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 46% and the national average of 58%.

Of the 49 CQC comment cards received, five patients commented on difficulties making an appointment and three commented that they sometimes experienced long waits to see the GP. The practice told us about some of the actions they had taken to try to improve access. This had included a review of appointments. This had been achieved through the introduction of telephone consultations and allocation of minor ailments to the practice nurse. The practice told us that they were part of a working group to provide seven days per week opening from the 1 September 2017. The practice had also signed up to the CCG telephony procurement for a new telephone system with a queue waiting system. However, there was no clear date for when a new telephone system might be in place although it was anticipated that it would be implemented in September 2017.

We saw that the next available routine appointment with a GP was within two working days

The practice had a system to assess:

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

Reception staff told us that in these situations they obtained details from the patients and passed this to the

GP. If there were any concerns they would advise the patient to dial 999 instead. A call handling protocol was displayed in reception advising staff what to do if patients mentioned certain symptoms.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- At our previous inspection in June 2016 we found that information on how to provide feedback such as complaints was not clearly visible to patients. At this inspection we saw information on display to help patients understand the complaints system. This included a complaints leaflet which included details about expected timescales, advocacy services and how to escalate a complaint if the patient was unhappy with the response received. However, we did notice the contact name for complaints at the practice needed updating on the leaflet.

We saw there had been three complaints received in the last 12 months and found that these had been dealt with in a timely manner and apologies given. Lessons were learned from individual concerns and complaints and action was taken to as a result to improve the quality of care. These were discussed and shared with staff at the practice meetings.

Are services well-led?

Requires improvement 

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

Our findings

At our previous inspection on 2 June 2016, we rated the practice as requires improvement for providing services that were well led as we identified concerns in relation to the management of risks, there was no programme of clinical audits to monitor and improve the quality of care and no active patient participation group to ensure the patient voice is heard.

There had been improvements in relation to the management of risks. However, there was still limited evidence of improvement activity for example clinical audits seen did not demonstrate improvements and the practice still did not have a patient participation group with which to hear the patient voice.

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was shared with staff who knew and understood the values.
- There was a written business plan that detailed the future strategy. The principal GP spoke about the future and told us they were keen to remain as a small personal practice in where the practice knew their patients but was unable to demonstrate what future planning had been made in relation to this.

Governance arrangements

The practice had an overarching governance framework to support the delivery of the service.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The practice nurse supported in the management of long term conditions.
- Practice policies were available to all staff from their computers.
- The practice was performing well in relation to the quality outcomes framework and outcomes for patients and was able to demonstrate continued improvement from the previous year. The practice told us that they had also achieved 100% against the standards set in the CCG led Primary Care Commissioning Framework.

- Since our previous inspection of the practice we saw improvements in the systems for identifying, recording and managing risks, issues and implementing mitigating actions. For example in relation to fire safety, medicines and safety alerts.

However we also found areas for improvement:

- We saw some evidence of clinical and internal audit but these did not demonstrate improvement. Clinical audits seen were only one cycle.
- We found spill kits that were out of date and oxygen that was in need of replacement and no formal equality assessment of the premises.
- Although the practice nurse advised us that they received regular supervision for their extended role, there was limited recorded documented evidence of this.

Leadership and culture

The practice leadership consisted of the principal GP and practice manager who aimed to prioritise safe, high quality and compassionate care. Staff told us the principal GP and practice manager were approachable and took the time to listen to members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The practice leadership encouraged a culture of openness and honesty. We saw examples, where things went wrong with care and treatment that patients received reasonable support and apology. The practice maintained records of interactions with patients.

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

- The practice held and minuted multi-disciplinary meetings with other health care professionals in the management of some of the practices most vulnerable patients.
- Staff told us the practice held regular team meetings and we saw the minutes from these.
- 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.

Are services well-led?

Requires improvement 

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

- Staff said they felt respected, valued and supported in their role.

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

The practice obtained feedback from patients through the national GP patient survey and the friends and family test. We saw that the practice had actions in place to try and address some of the issues relating to access that had arisen from this feedback.

The practice did not have a patient participation group (PPG) and this had been raised at our previous inspection. We saw notices displayed to try and encourage new members but were told this had been unsuccessful. The practice told us at our previous inspection they had contacted the local Clinical Commissioning Group (CCG) for support. Since our last inspection the practice had discussed with CCG initiatives to take forward in setting up a PPG..

There was limited feedback from the NHS Friends and Family test. The practice shared with us the data for May 2017 in which there had been only three responses. All three patients said they would be extremely likely to recommend the service to others.

Feedback from staff was obtained through practice meetings and general discussions. Staff told us it was a small practice so they spoke frequently.

Continuous improvement

There was a focus on continuous learning and improvement within the practice. The practice nurse was being encouraged and supported to undertake an independent prescribing course due to start in September 2017 to help improve patient access.

The practice was also currently working with others in the local areas to identify how seven day opening could be achieved with the view to implementing in September 2017.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>How the regulation was not being met:Effective systems and processes to assess, monitor and improve the quality and safety of the services provided were not consistently in place.</p> <p>Improvement activity such as clinical audit was not effective in demonstrating improvement to the service.</p> <p>Items in need of replacement were identified for example bodily fluid spill kits and oxygen.</p> <p>No formal equality assessment had been carried out to identify areas for improvement.</p> <p>Ensure effective systems in place for hearing the patient voice in delivering service improvement.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>