Injeeli Consultancy Limited

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection of Injeeli Consultancy Limited on 24 November 2014. This was a comprehensive inspection under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. The practice achieved an overall rating of requires improvement. This was based on the safe, effective and well-led domains and six population groups we looked at achieving the same requires improvement rating.

Our key findings were as follows:

- Patients reported very good access to the practice. Appointments, including those required out of normal working hours or in an emergency were available and phone access was good.
- Systems were in place to identify and respond to concerns about the safeguarding of adults and children.
- We saw patients receiving respectful treatment from staff. Patients felt that their privacy and dignity was respected by courteous and helpful staff.

There were areas of practice where the provider needs to make improvements.

Importantly, the provider must:

- Ensure staff use the agreed procedure for reporting and recording incidents and events.
- Ensure there is a clear process for the monitoring of and learning and improving from incidents and significant events. Also, that staff are made aware of the decisions made and changes in practice required as a result of discussions about incidents and significant events.
- Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited.

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- Ensure a coordinated approach to medicines management and that a system is in place to record the amount and type of medicines kept at the practice.
- Ensure adequate recruitment procedures are in place including completing the required background checks on staff.
- Ensure there is a recurring programme of clinical audit.

In addition the provider should:

- Ensure staff are trained in areas relevant to their roles, which may include details of the Mental Capacity Act (2005).
- Ensure that clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF) are used more extensively to improve patient outcomes. QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

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 safe. There were incident and significant event reporting procedures in place; however these were informal and undocumented. It was unclear if action was always taken to prevent recurrence of incidents when required. The structure of management communications did not ensure that all staff were informed about risks and decision making. Systems were in place to identify and respond to concerns about the safeguarding of adults and children. There was no system in place to record the amount and type of medicines kept at the practice. However, the medicines we checked were stored appropriately and within their expiry dates. The practice was clean, but some areas of infection control process and practice were lacking, such as audit and the use of a hand wash sink for other purposes. Systems to ensure staff received the relevant recruitment checks were lacking. Arrangements were in place for the practice to respond to foreseeable emergencies.

Are services effective?

Requires improvement

The practice is rated as requires improvement for effective. The practice reviewed, discussed and acted upon best practice guidance to improve the patient experience. However, there was no recurring programme of clinical audit at the practice to further improve patient care. The practice provided a number of services designed to promote patients' health and wellbeing. The practice took a collaborative approach to working with other health providers and there was multi-disciplinary working at the practice. However, systems to ensure staff received the relevant checks were lacking. Staff were aware of the process used at the practice to obtain patient consent. However, they had not received training on the Mental Capacity Act (2005).

Are services caring?

Good

The practice is rated as good for caring. On the day of our inspection, we saw staff interacting with patients in reception and outside consulting rooms in a respectful and friendly manner. There were a number of arrangements in place to promote patients' involvement in their care. Patients told us they felt listened to and included in decisions about their care. Accessible information was provided to help patients understand the care available to them.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive. There were services targeted at those most at risk such as older people and those with

Summary of findings

long term conditions. Patients reported very good access to the practice. Appointments, including those required out of normal working hours or in an emergency were available. Methods were available for patients to leave feedback about their experiences. The practice demonstrated it responded to patients' comments and complaints and where possible, took action to improve the patient experience.

Are services well-led?

Requires improvement

The practice is rated as requires improvement for well-led. Staff were aware of their own roles and objectives and felt engaged in a culture of openness and consultation. The management and meeting structure ensured that clinical decisions were reached and action was taken. However, systems to ensure that risks to patient care were anticipated, monitored, reviewed and acted upon were informal, undocumented and unclear as to the outcomes achieved. Staff were supported by management and a system of policies and procedures that governed activity. However, the governance arrangements at the practice were not fully embedded and the practice was not yet safe and effective.

Summary of findings

The six population groups and what we found

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

Older people

Requires improvement

The practice is rated as requires improvement for the population group of older people because some of the processes and procedures at the practice were not safe or effective. However, the practice offered personalised care to meet the needs of older people in its population. Older patients had access to a named GP, a multi-disciplinary team approach to their care and received targeted vaccinations. A range of enhanced services were provided such as those for end of life care. The practice was responsive to the needs of older people offering home visits including the provision of flu vaccinations. The practice participated in a frail and older people project cluster group of nine local practices to improve the care of those patients.

People with long term conditions

Requires improvement

The practice is rated as requires improvement for the population group of people with long term conditions because some of the processes and procedures at the practice were not safe or effective. However, the practice provided patients with long term conditions with an annual review to check their health and medication needs were being met. Patients with diabetes received a six monthly review. They had access to a named GP and targeted immunisations such as the flu vaccine. There were GP or nurse leads for a range of long term conditions such as asthma and diabetes.

Families, children and young people

Requires improvement

The practice is rated as requires improvement for the population group of families, children and young people because some of the processes and procedures at the practice were not safe or effective. However, systems were in place for identifying and protecting patients at risk of abuse. There were six week post natal checks for mothers. Programmes of cervical screening for women over the age of 25 and childhood immunisations were used to respond to the needs of this patient group. Appointments were available outside of school hours and the premises was suitable for children and babies.

Working age people (including those recently retired and students)

Requires improvement

The practice is rated as requires improvement for the population group of working age people (including those recently retired and students) because some of the processes and procedures at the practice were not safe or effective. However, the practice offered online services such as appointment booking and repeat

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prescriptions. The practice responded to the needs of working age patients with extended opening hours every Saturday from 8.00am to midday. Routine health checks were also available for patients between 40 and 74 years old. At the time of our inspection, 678 of the 756 (89.6%) eligible patients had been assessed.

People whose circumstances may make them vulnerable

Requires improvement

The practice is rated as requires improvement for the population group of people whose circumstances may make them vulnerable because some of the processes and procedures at the practice were not safe or effective. However, the practice held a register of patients living in vulnerable circumstances including those with learning disabilities. Patients experiencing a learning disability received annual health checks and there was a lead GP for this group of patients. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. The practice maintained a register of patients who were identified as carers and additional information was available for those patients. Clinical and non-clinical staff at the practice spoke a number of South Asian languages to assist in the health management of patients from those communities whose English was poor.

People experiencing poor mental health (including people with dementia)

Requires improvement

The practice is rated as requires improvement for the population group of people experiencing poor mental health (including people with dementia) because some of the processes and procedures at the practice were not safe or effective. However, the practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health including those with dementia. Maximum monthly prescriptions were available for patients experiencing poor mental health including those with suicidal tendencies.

Summary of findings

What people who use the service say

During our inspection, we spoke with seven patients, reviewed 42 comment cards left by them and spoke with a representative of the patient participation group (PPG). The PPG is a group of patients who work with the practice to discuss and develop the services provided. Patients told us that the care they received at the practice was good. They said they felt staff were respectful and friendly. They told us the practice was very accessible and they were able to get the appointments they wanted.

The results of the last patient survey completed in December 2013 showed that 89% of the 101 respondents felt the GPs at the practice listened to them and involved them in their care. Patients rated the accessibility of the practice well, with 96% agreeing it was easy to get through on the phone. Overall, 93% rated their experience of the practice as good to excellent.

Areas for improvement

Action the service MUST take to improve

Ensure staff use the agreed procedure for reporting and recording incidents and events.

Ensure there is a clear process for the monitoring of and learning and improving from incidents and significant events. Also, that staff are made aware of the decisions made and changes in practice required as a result of discussions about incidents and significant events.

Ensure that systems designed to assess the risk of and to prevent, detect and control the spread of infection are fully implemented and audited.

Ensure a coordinated approach to medicines management and that a system is in place to record the amount and type of medicines kept at the practice.

Ensure adequate recruitment procedures are in place including completing the required background checks on staff.

Ensure there is a recurring programme of clinical audit.

Action the service SHOULD take to improve

Ensure staff are trained in areas relevant to their roles, which may include details of the Mental Capacity Act (2005).

Ensure that clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF) are used more extensively to improve patient outcomes. QOF is a national data management tool generated from patients' records that provides performance information about primary medical services.

Injeeli Consultancy Limited

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 second CQC inspector and a GP and practice manager acting as specialist advisers.

Background to Injeeli Consultancy Limited

Injeeli Consultancy Limited at the Sundon Park Health Centre provides a range of primary medical services from a purpose built premises at Tenth Avenue, Luton, LU3 3EP. The practice is neither a training or dispensing service. The practice serves a population of approximately 3,000. The area served has an average deprivation rate compared to England as a whole. A considerable number of the practice population are from an Indian, Pakistani and Bangladeshi background. The practice serves a higher than average population between the ages of 25 and 39 and a lower than average population over the age of 70. The full clinical staff team includes a senior GP, three GP locums and two nurses. The team is supported by a practice manager, two medical secretaries, two prescription clerks and three reception and administration staff.

Why we carried out this inspection

We inspected this practice as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this practice under Section 60 of the Health and Social Care Act (2008) as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act (2008). Also, to look at the overall quality of the service and to provide a rating for the practice under the Care Act (2014).

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.

How we carried out this inspection

Before our inspection visit, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection visit on 24 November 2014. During our inspection we spoke with a range of staff including the senior GP, a GP locum, a nurse, the practice manager and members of the reception and administration team. We spoke with seven patients and a representative of the patient participation group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed the practice's own patient survey and 42 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

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

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

Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people
- The working-age population and those recently retired (including students)
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing poor mental health

Requires improvement

Are services safe?

Our findings

Safe track record

Although there was an agreed process in place for reporting and recording incidents and events, this was not widely used by staff. The staff we spoke with told us that incidents and events were reported using an incident book kept at reception. They said this was reviewed by the practice manager who dealt with any actions required along with the senior GP and nurses. The senior staff told us they reviewed and actioned incidents and events informally with each other.

We looked at the incident book and found two recorded entries in March 2014. The details were limited to what had happened and did not include any response by the practice and details of action taken. We saw that some further pages had been torn from the book. All the staff we spoke with were aware of a number of other incidents and events throughout 2014. We asked senior staff to provide examples of how other incidents and events had been recorded. These could not be provided.

Learning and improvement from safety incidents

There was no clear process in place for the monitoring of and learning and improving from incidents and significant events. Significant event analysis is used by practices to reflect on individual cases and where necessary, make changes to improve the quality and safety of care.

We found that some incidents and events that staff were aware of had not been recorded as reported, discussed or actioned. There was no record of the discussions and actions taken over the two recorded incidents and events from 2014. Senior staff at the practice told us they reviewed and discussed all reported incidents and events informally amongst themselves and communicated the relevant information to staff at practice meetings or informally through conversation. We looked at the minutes of some monthly practice meetings and found no recorded discussion, learning and improvement following the incidents and events that were known by staff to have occurred. We found that some details of some incidents and events were recorded in patient notes and in written messages between the staff members involved. During our conversations with them, we found that not all staff members knew the details of those incidents and events and any action they should take as a result. We asked to see an annual review or analysis of all significant events at the practice. This was not provided.

The staff we spoke with said safety alerts were distributed to them by the practice manager. Staff were able to give examples of recent alerts relevant to the care they were responsible for.

Reliable safety systems and processes including safeguarding

There were systems in place for staff to identify and respond to potential concerns around the safeguarding of vulnerable adults and children using the practice. We saw the practice had a safeguarding policy in place and the senior GP was the nominated lead for safeguarding issues. The staff we spoke with demonstrated a clear knowledge and understanding of their own responsibilities, the role of the lead and the safeguarding processes in place. From our conversations with them and our review of training documentation, we saw that all staff had received safeguarding and child protection training at the level specific to their roles.

We looked at the details of a recent safeguarding concern raised at the practice. We saw the practice response was well documented and included discussion at the monthly multi-disciplinary team meeting. All the relevant agencies were informed and involved. Identifying symbols were used on the patients' notes to inform staff they were considered to be at risk.

Medicines management

A system was in place to receive and store vaccinations at the required temperature. The checks included daily monitoring of the temperature at which the vaccines were stored. All of the staff we spoke with were aware of the system in place and how to use it. Apart from vaccinations, there was no system in place to record the amount and type of medicines kept at the practice. This included the absence of an inventory of incoming and outgoing medicines. However, we saw that all the medicines and vaccines kept at the practice were stored securely at the appropriate temperature and within their expiry dates.

Cleanliness and infection control

We saw that the practice appeared clean. Hand wash facilities, including hand sanitiser were available

throughout the practice. The records we looked at showed that staff were trained in and had access to a policy on infection control issues. There were appropriate processes in place for the management of sharps (needles) and clinical waste. We saw that the risk management for Legionella was the responsibility of the property management company and most records relating to this were kept by them. However, records were available to demonstrate regular checks were made on the water temperatures at the practice.

However, we saw that one hand wash basin near the specimen/vaccination fridge was also being used to wash crockery and cutlery used by staff. The privacy curtains used in the consulting rooms were not dated and no schedule was available to demonstrate when they had last been replaced. The nominated lead for infection control issues had only been appointed on the day of our inspection visit. Both the lead and the other staff we spoke with were unaware of the lead's responsibilities. A documented audit of cleanliness and infection control issues at the practice was not available. Staff told us that visual checks were completed but not recorded.

Equipment

Patients were protected from the risk of unsuitable equipment because the practice had procedures in place to ensure the equipment was maintained and fit for purpose. We looked at documentation which showed the practice completed annual checks on its equipment. This included the calibration of medical equipment to ensure the accuracy of measurements and readings taken. All of the equipment we saw during our inspection appeared fit for purpose. All portable electrical equipment was routinely tested and displayed stickers indicating the last testing date.

Staffing and recruitment

The staff we spoke with understood what they were qualified to do and this was reflected in how the practice had arranged its services. The practice had calculated minimum staffing levels and skills mix to ensure the service could operate safely. The staffing levels we saw on the day of our inspection met the practice's minimum requirement and there was evidence to demonstrate the requirement was regularly achieved.

Records we looked at contained evidence that some of the appropriate recruitment checks were undertaken prior to employment. However, from our review of documentation and conversations with staff we found that most staff at the practice, including clinical staff, did not have a current criminal records check.

Monitoring safety and responding to risk

From our conversations with staff and our review of documentation we found the practice had a system in place to ensure that all staff received safety alerts. The practice manager received and distributed safety alerts to the relevant staff.

There was no clear system in place for senior staff to review and action all reported incidents and events. The process used was informal and undocumented. This involved senior staff dealing with such matters through unrecorded discussion and conversation. Staff told us about incidents and events they were aware of, but there were no records of these having been discussed or actioned by senior staff. Conversely, we saw limited records in patient notes of some incidents that most staff told us they weren't aware of. Staff said any information on incidents and events was communicated to them in monthly practice meetings. We looked at the minutes of some monthly practice meetings and found no recorded discussion, learning and improvement following the incidents and events that were known by staff to have occurred. We asked to see an annual review or analysis of all significant events at the practice. This was not provided.

Arrangements to deal with emergencies and major incidents

The practice had procedures in place to respond to emergencies and reduce the risk to patients' safety from such incidents. We saw that the practice had a disaster handling and business continuity plan in place. The plan covered the emergency measures the practice would take to respond to any loss of premises, records and utilities among other things. The relevant staff we spoke with understood their roles in relation to the contingency plan.

There was documentary evidence to demonstrate staff at the practice had completed Cardiopulmonary resuscitation (CPR) training. We looked at the emergency medical equipment and drugs available at the practice including oxygen and a defibrillator. All of the equipment and emergency drugs were within their expiry dates and receiving regular checks to ensure this.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice reviewed, discussed and acted upon best practice guidelines and information to improve the patient experience. A system was in place for National Institute for Health and Care Excellence (NICE) quality standards to be distributed and reviewed by clinical staff.

The practice participated in recognised clinical quality and effectiveness schemes such as the national Quality and Outcomes Framework (QOF). QOF is a national data management tool generated from patients' records that provides performance information about primary medical services. However, from talking with staff and our review of the practice's systems and records, we found that there was only a limited use of the information generated by QOF to improve services and outcomes for patients.

A coding system was used to ensure the relevant patients were identified for and allocated to a chronic disease register and the system was subject to checks for accuracy. Once allocated, each patient was able to receive the appropriate management, medication and annual review for their condition. A register was also maintained to assist in the appropriate care and treatment of patients identifying as carers.

Management, monitoring and improving outcomes for people

From our conversations with staff and our review of documentation we found the practice did not have a system in place for completing clinical audit. Clinical audit is a way of identifying if healthcare is provided in line with recommended standards, if it is effective and where improvements could be made. The senior staff we spoke with were aware of the importance of clinical audit and acknowledged the importance of establishing a recurring programme. On all of our inspections, we are accompanied by a GP working as a specialist adviser to CQC. The GP specialist adviser with us on this inspection found no urgent risk or detriment to patients from the practice's lack of a clinical audit programme. However, the absence of clinical audit presented a potential future risk to patients.

Despite the lack of clinical audit, we found that clinical case discussions were held at staff meetings. This included individual patient based discussions among the relevant clinical staff. We also found that the senior GP allocated set time each week to attend the practice (out of his surgery times) to monitor and review the work of locum GPs at the practice. This included providing feedback where practise relating to patient care was going well or could be improved.

Effective staffing

Systems were in place to ensure that people received care from appropriately qualified staff. Due to the long term employment nature of most staff, where possible, the staff we spoke with said they could recall completing a series of recruitment checks including criminal records checks, references from previous employers and checks on their professional registration. However, the staff files we looked at only contained some of the checks staff referred to. From our review of staff files we found that most staff, including clinical staff did not have a current (within the past three years) criminal records check. There was no formal or informal risk assessment on those staff as to whether an updated check was required. There was a risk to patients of unsafe or inappropriate care because the practice had not ensured the required information in respect of each person employed was available and up-to-date. However, the professional registrations and revalidations of clinical staff at the practice were up-to-date and as part of this process, the relevant bodies check the fitness to practise of each individual.

The practice had systems in place to ensure that its staff remained competent and effective in their roles. From speaking with staff and our review of documentation we found that staff such as locum GPs received an appropriate induction when joining the service.

There were systems in place to ensure patients received care from competent and effective staff. All of the staff we spoke with said they received an annual appraisal of their performance and competencies. We looked at some examples of these and saw that there was also an opportunity for staff to discuss any training requirements. Staff told us that the training provision at the practice was good and they accessed much of their training during protected learning time. The various certificates we looked at demonstrated staff had access to a range of training. For nurses, this included training relating to clinical skills. The resulting clinical competence and professional development of staff promoted improved patient care.

Requires improvement

Are services effective?

(for example, treatment is effective)

Working with colleagues and other services

The practice worked with other service providers to meet patients' needs and manage complex cases. We saw that a system was in place for such things as patient blood and pathology results and radiology reports to be received electronically. The process allowed for patients requiring follow up to be identified and contacted. All the staff we spoke with understood how the system was used.

The practice held multi-disciplinary team meetings once each month to discuss the needs of complex patients. This included those with end of life care needs. These meetings were attended by district nurses, health visitors and community matrons among others. We saw that the issues discussed and actions agreed for each patient were documented.

The practice was part of a frail and older people project within a cluster group of nine local practices. The aim of the group was for the practice managers to discuss the needs of frail and older (over 75) patients, learn from each other's practice and improve the care provided to those patients. This included reducing referrals and prescribing among those patients.

Information sharing

The practice used several processes and electronic systems to communicate with other providers. For example, there was a system in place with the local out of hours provider to enable patient data to be shared in a secure and timely manner. An electronic system was also in place for making referrals through the Choose and Book system. The Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital.

The practice had systems in place to provide staff with the information they needed. An electronic patient record (SystmOne) was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system for future reference.

Consent to care and treatment

From our conversations with staff and our review of training documentation we saw that staff at the practice had not received Mental Capacity Act (MCA) training. Despite this, patients' capacity to consent was assessed in line with the Mental Capacity Act (2005). When interviewed, clinical staff gave examples of how a patient's best interests were taken into account if a patient did not have capacity. The clinical staff we spoke with demonstrated an understanding of the MCA and its implications for patients at the practice. Staff were also aware of the Gillick competency test (a process to assess whether children under 16 years old are able to consent to their medical treatment, without the need for parental permission or knowledge).

Health promotion and prevention

We saw that all new patients at the practice were offered a health check. This included a review of their weight, blood pressure, smoking and alcohol consumption. Routine health checks were also available for all patients between 40 and 74 years old. At the time of our inspection, for the five year check period commencing in 2010, 678 of the 756 (89.6%) eligible patients had been assessed.

We saw that the practice operated patient registers and nurse led clinics for a range of long term conditions (chronic diseases). The senior GP was the lead for most of the registers. However, the practice nurse was the lead for patients with asthma and chronic obstructive pulmonary disorder (COPD).

We found that the practice offered a number of services designed to promote patients' health and wellbeing and prevent the onset of illness. We saw various health related information was available for patients in the waiting area. This included information on cancer, heart disease, flu, asthma and pregnancy advice.

The practice had participated in targeted vaccination programmes for older people and those with long term conditions. These included the shingles vaccine for those aged 70 to 79, and the flu vaccine for people with long term conditions and those over 65. At the time of our inspection 75% of eligible patients had received the flu vaccine.

Both nurses at the practice were qualified to carry out cervical screening. A system of alerts and recalls was in place to provide smear tests to women aged 25 years and older. At the time of our inspection there was a 93.1% take up rate for this programme. This was achieved due to the efforts made by the practice to ensure a high take up rate.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

During our inspection we saw that staff behaviours were respectful and professional. We saw examples of patients receiving courteous and helpful treatment from the practice reception staff. We saw the clinical staff interacting with patients in the waiting area and outside clinical and consulting rooms in a friendly and caring manner. All staff spoke quietly with patients to protect their confidentiality as much as possible in public areas.

We spoke with seven patients on the day of our inspection, all of whom were positive about staff behaviours. A total of 42 patients completed CQC comment cards to provide us with feedback on the practice. All of the responses received about staff behaviours were positive. They said staff were approachable, caring and helpful and treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consulting rooms and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We found that doors were closed during consultations and that conversations taking place in those rooms could not be overheard.

Care planning and involvement in decisions about care and treatment

The practice had made suitable arrangements to ensure that patients were involved in, and able to participate in decisions about their care. All of the seven patients we spoke with said they felt listened to and had a communicative relationship with the GPs and nurses. They said their questions were answered by the clinical staff and any concerns they had were discussed. We also read comments left for us by 42 patients. Of those who commented on how involved they felt in their care and the explanations they received about their care, all of the responses were positive. The practice's patient survey from December 2013 showed that 89% of the 101 respondents felt listened to by the GPs and 87% felt any condition or treatment they were experiencing was well explained by them.

Patient/carer support to cope emotionally with care and treatment

Although there was no register of recently bereaved patients at the practice, all patients receiving palliative care and those recently deceased were discussed at the monthly multi-disciplinary team meetings. From speaking with staff, we found that one of the nurses at the practice sent the family of each deceased patient a card with the team's sympathy and an invitation to approach the practice for support. All of the staff we spoke with knew of the availability of a local bereavement counselling service (CRUISE) and the practice referred patients requiring such support to them.

Patients in a carer role were identified where possible. From our conversations with staff and our review of documentation we saw the practice maintained a register of 11 patients who identified as carers. This information was mainly sourced from patients upon registering with the practice. Staff told us that patients on the register had access to services such as home visits and immunisations provided at home. We saw information aimed at carers displayed in the waiting area. This gave details of the local support available among other things.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

We found the practice was responsive to patients' needs and had systems in place to maintain the level of service provided. The needs of the practice population were understood and systems were in place to address identified needs.

The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. As part of this, each relevant patient received a specialised care plan and multi-disciplinary team monitoring. If needed, these patients had access to double appointment slots, home visits and six monthly medicines monitoring among other things. There was also a palliative care register at the practice with regular multi-disciplinary meetings to discuss patients' care and support needs.

The practice was one of nine engaged as a local cluster group developing systems and services for frail and older patients. The aim of the group was to provide each patient with coordinated care from the organisations involved and reduce referrals and prescribing among those patient groups.

Smoking cessation services including advice were provided at the practice by a qualified nurse. Smoking cessation services had been offered to 88.3% of eligible patients. Of those patients accepting intervention, 87.7% had received advice or referral from the practice at the time of our inspection.

We saw that patients with diabetes received six monthly health checks at the practice. All newly diagnosed patients with diabetes were referred to the Diabetes Education and Self-Management for Ongoing and Diagnosed (DESMOND) project. Along with English, the self-management education and information provision was available for Punjabi, Urdu, Bengali and Gujarati speakers.

Tackling inequity and promoting equality

We saw the premises and services were adapted to meet the needs of people with disabilities. We saw that all of the clinical services were provided on the ground floor and the practice had step free access to the main entrance. We saw that the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms. Accessible toilet facilities were available for all patients attending the practice. Some staff at the practice were able to speak a number of languages other than English including Hindi, Bengali and Urdu. This allowed patients from the considerable local Asian population to see a doctor without an external translator.

Access to the service

The practice was accessible to patients because it responded to the varying requirements and preferences of its patient population. On the day of our inspection we checked the appointments system and found the next routine bookable appointment to see a GP was available within 24 hours. Dedicated urgent and telephone consultation appointment slots were available on the day of our inspection. We saw that the appointments system was structured to ensure that urgent cases could be seen on the same day and the GPs were able to complete home visits following morning surgery (between midday and 3pm).

Information was available to patients about appointments on the practice website. This included how to book appointments through the website. Patients were able to make their repeat prescription requests in person or online through the practice's website. There were also arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours (OOH) service was provided to patients.

We saw there was a standard process in place for the practice to receive notifications of patient contact and care from the out of hours provider. We saw evidence that the practice reviewed the notifications and took action to contact the patients concerned and provide further care where necessary.

As well as being open from 8.30am to 6.30pm Monday to Friday, the practice had extended opening for bookable appointments from 8.00am to midday every Saturday. This allowed access to services for those who found attending in working hours difficult.

During our inspection, we spoke with seven patients and read the comments left for us by 42 patients. All of the patients who commented on the appointments system and access to the practice said they were satisfied and had no

Good

Are services responsive to people's needs?

(for example, to feedback?)

concerns. They said they could get the appointments they wanted and felt they were seen quickly when needed. The staff we spoke with said they felt the appointment system at the practice was working well for patients.

Results from the NHS England GP patient survey in 2014 showed that 93% of patients at the practice reported a good experience of making an appointment and 96.9% rated the phone access as good. Both of these results were considerably above average when compared to the rest of England. The practice's own patient survey from December 2013 showed that 96% of the 101 respondents said it was easy to get through to the practice on the phone.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system. A leaflet informing patients of how to complain about the practice was available in the reception and waiting area. The complaints leaflet was also available through the practice's website. All of the staff we spoke with were aware of the process for dealing with complaints at the practice. During our inspection we spoke with seven patients. They were aware of the process to follow should they wish to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

We saw that where necessary, actions were taken and the complainants formally responded to in writing in accordance with the practice's own procedure. We looked at the practice's records of complaints. The last complaint received was in November 2013. As part of the complaint investigation, senior practice staff met with the complainant to discuss and resolve the issues raised. The records showed that as a result, the practice had agreed and taken actions to resolve the complaint satisfactorily. The complainant also received an apology.

Are services well-led?

Requires improvement

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

Our findings

Vision and strategy

From speaking with staff and our review of documentation, we found the practice had no clear formal or documented vision or strategy. We were aware that at the time of our inspection, the practice's contractual arrangements to provide GP services had not been agreed beyond March 2015. Senior staff at the practice were clear that this made it very difficult for them to develop a longer term strategy. However, all the staff we spoke with felt the informal vision and strategy of the practice was to deliver high quality care and promote good outcomes for patients. Staff said their ethos was to put aside their own personal concerns for their jobs and the future of the practice and focus on delivering excellent patient care. From information about the practice we reviewed both before and during our inspection, we saw that the practice's performance was improving year on year.

Monthly meetings requiring all staff attendance were used to involve all staff in the running and direction of the practice. Staff told us this made them feel valued and supported and provided them with the opportunity to discuss relevant issues that affected them as staff and also their patients.

Governance arrangements

The practice had decision making processes in place. Staff at the practice were clear on the governance structure. They understood that the senior GP was the overall decision maker supported by the practice manager. All staff contributed to practice processes and issues through multi-disciplinary and practice staff meetings.

The practice had a system of policies and procedures in place to govern activity and these were available to all staff. The policies and procedures we looked at during our inspection were regularly reviewed and up to date. However, policies and systems around areas such as medicines management and infection control were not yet embedded at the practice. Therefore the practice was not yet fully safe and effective and there was a risk to patients from the lack of some infection control systems and the potential for the unsafe use and management of medicines among other things.

There was no clear process in place for identifying, recording and managing risks. Although there was an agreed process in place for reporting and recording incidents and events, this was not widely used by staff. There was no clear system in place for senior staff to review and action all reported incidents and events. The process used was informal and undocumented. This involved senior staff dealing with such matters through unrecorded discussion and conversation and learning from these incidents was not routinely shared with practice staff.

Staff told us about incidents and events they were aware of, but there were no records of these having been discussed or actioned by senior staff. Conversely, we saw limited records in patient notes of some incidents that most staff told us they weren't aware of. Staff said any information on incidents and events was communicated to them in monthly practice meetings. We looked at the minutes of some monthly practice meetings and found no recorded discussion, learning and improvement following the incidents and events that were known by staff to have occurred. We asked to see an annual review or analysis of all significant events at the practice. This was not provided.

Leadership, openness and transparency

There was a clear leadership structure at the practice which had named members of staff in lead roles. We saw the senior GP was the lead for most areas. There were nurse leads for patients with asthma and chronic obstructive pulmonary disorder. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were. The exception to this was for infection control, as the nurse responsible was given the role for the first time on the day of our inspection. The staff we spoke with were clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns. All the staff we spoke with said they felt part of a committed team.

From our conversations with staff and our review of documentation, we saw there was a regular schedule of all staff and multi-disciplinary meetings at the practice. Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss issues at the meetings.

Practice seeks and acts on feedback from its patients, the public and staff

Are services well-led?

Requires improvement

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

The practice had mechanisms in place to listen to the views of patients and those close to them. The practice had a patient participation group (PPG) of five members. The PPG is a group of patients who work with the practice to discuss and develop the services provided. Meetings of the PPG had been infrequent and up to the time of our inspection had mainly focussed on the members' wish to keep the practice open and have its contract renewed. However, the PPG was also integral in the development of a practice newsletter. We saw the newsletter displayed in the waiting area during our inspection. It provided patients with messages from the senior GP and practice manager and with health related information. We spoke with a member of the PPG who said the group had very good and open working relationships with practice staff.

The practice had distributed a patient survey in December 2013 and responses were received from 101 patients. The results showed that 93% rated their experience of the practice as good to excellent and 92% would recommend the practice. We saw there was no action plan with the survey. Staff told us this was because the few negative ratings given by patients were not accompanied by any written feedback for the matters to be progressed. The current patient survey of 40 questions was available on the practice's website at the time of our inspection.

We saw a comments and suggestions box was provided in the waiting room for patients to use. Staff said this was used twice in 2014. We saw that a comment left in July 2014 had provided excellent feedback. However, a more recent comment raised concerns about the delay in a prescription being provided. This was scheduled to be discussed at the next practice meeting.

The staff we spoke with said the results of the patient survey, patient complaints and other patient feedback were discussed in their meetings so they were clear on what patients thought about their care and treatment. They said the practice meetings also provided them with an opportunity to share their views on the practice.

Management lead through learning and improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and mentoring. Non-clinical staff also said their development was supported. The staff files we looked at demonstrated that regular appraisals took place which included a personal development plan. We saw that protected learning time was used to provide staff with the training and development they needed to carry out their roles effectively. However, there was no clear system in place for senior staff to review and action all reported incidents and events and learning from these incidents was not routinely shared with practice staff.

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 Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** We found that the registered person had not protected people against the risk of inappropriate or unsafe care and treatment because systems designed to identify, assess and manage risks relating to the health, welfare and safety of patients were lacking, unclear or not used appropriately. This was in breach of Regulation 17 (2) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:** We found that the registered person had not protected people against the risk of infection because some systems designed to assess the risk of and to prevent, detect and control the spread of infection were lacking, or did not meet specification. This was in breach of Regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **How the regulation was not being met:**

This section is primarily information for the provider

Requirement notices

We found that the registered person had not protected people from the risks associated with the unsafe use and management of medicines by means of the making of appropriate arrangements for the recording of medicines used for the purpose of the regulated activity.

This was in breach of Regulation 12 (f) and (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **How the regulation was not being met:** We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment arising from a lack of proper information in records appropriate to the management of the regulated activity. Clear and accurate records around incidents and events at the practice were lacking. This was in breach of Regulation 17 (2) (d) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening 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:** We found that the registered person had not protected people from the risks of unsafe or inappropriate care and treatment by ensuring all the required information in respect of each person employed was available and up-to-date. This was in breach of Regulation 19 (3) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.