

Dr Kumara Srikrishnamurthy

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Shrikrishnamurthy on 22 September 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

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

Importantly the provider must:

- Undertake fire, legionella and control of substances hazardous to health (COSHH) risk assessments.

Importantly the provider should:

- Provide staff with a single point of access for all human resource information.

Summary of findings

- Develop a strategy for the continuation of service provision in the event of the GP being unable to continue to deliver the service.
- Develop a system for the oversight and management of the cleaning of the practice.
- Consider improving communication with patients who have a hearing impairment.
- Strengthen governance arrangements for practice meetings including standing agenda items and the minuting of clinical meetings.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements.

Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. The practice had not undertaken fire, legionella or control of substances hazardous to health risk assessments and therefore governance arrangements for identifying, recording and managing risks needs to be improved.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

It reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff.

Are services well-led?

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

It had a clear vision and staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular practice meetings. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular appraisals and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

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

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients could book appointments, order repeat prescriptions and engage with the Patient Participation

Good



Summary of findings

Group online. Telephone and Face Time consultations were available on request. Extended hours were available on Wednesdays each week. The practice offered a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It had carried out annual health checks for people with a learning disability and 87% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations and referred patients internally to the substance abuse counsellor and the primary care navigator as appropriate. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

87% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing in line with local and national averages. There were 88 responses and a response rate of 20%.

- 91% find it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 74%.
- 95% find the receptionists at this surgery helpful compared with a CCG average of 86% and a national average of 87%.
- 93% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87% and a national average of 85%.
- 93% say the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.

- 87% describe their experience of making an appointment as good compared with a CCG average of 80% and a national average of 74%.
- 33% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%.
- 30% feel they don't normally have to wait too long to be seen compared with a CCG average of 59% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards and spoke with eight patients who were all positive about the standard of care received. Patients stated staff were friendly, helpful and sensitive to their needs.

Areas for improvement

Action the service **MUST** take to improve

- Undertake fire, legionella and control of substances hazardous to health (COSHH) risk assessments.

Action the service **SHOULD** take to improve

- Provide staff with a single point of access for all human resource information.
- Develop a strategy for the continuation of service provision in the event of the GP being unable to continue to deliver the service.

- Develop a system for the oversight and management of the cleaning of the practice.
- Consider improving communication with patients who have a hearing impairment.
- Strengthen governance arrangements for practice meetings including standing agenda items and the minuting of clinical meetings.

Dr Kumara Srikrishnamurthy

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 and Practice Manager Specialist Advisors.

Background to Dr Kumara Srikrishnamurthy

Dr Srikrishnamurthy Practice provides GP primary medical services to approximately 2,260 patients living in the London Borough of Westminster. The borough of Westminster has a diverse population being home to some of the wealthiest people in Britain alongside a high proportion of people living in poverty. The practice area has a population of approximately 12,750 people and is ranked highly on the list of London's most deprived wards. Patients registered with the practice are predominantly from ethnic minority backgrounds including Bangladesh, India and Asia.

The practice team is made up of one male GP, a practice manager, a Nurse Practitioner/assistant practice manager, a practice nurse and two administrative staff.

The practice opening hours are between 9:00am-7:00pm Monday, Tuesday and Friday, 9:00am-8:00pm on Wednesdays and 9:00am-2:00pm on Thursdays. Appointments were from 9:00am to 2:00pm every morning and 3:00pm-7:00pm Monday, Tuesday and Friday afternoons and 3:00pm-8:00pm on Wednesdays. Telephone access is available during core hours and home visits are provided for patients who are housebound or too ill to visit the practice.

The practice has a General Medical Services (GMS) contract (GMS is one of the three contracting routes that have been available to enable the commissioning of primary medical services). The practice refers patients to the London Central & West Unscheduled Care Collaborative Out of Hours and the NHS '111' service for healthcare advice during out of hours.

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

The practice provides a range of services including maternity care, childhood immunisations, chronic disease management and travel immunisations.

Why we carried out this inspection

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

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. 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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

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 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

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 September 2015. During our visit we spoke with a range of staff (GP, assistant practice manager, practice nurse, receptionist) and spoke with patients who used the service. We observed how people were being cared for and talked with patients and reviewed personal care or treatment records of patients. We reviewed comments cards where patients and members of the public shared their views and experiences of the service.

Are services safe?

Our findings

Safe track record and learning

The practice used a range of information to identify risks and improve patient safety, for example significant events, incident reports, complaints and national patient safety alerts. Staff we spoke with were aware of their responsibilities to raise concerns and knew how to report incidents and near misses. Staff told us they would inform the GP of any incidents and there was also a significant event recording form available on the practice's shared drive.

We reviewed minutes of practice meetings where incidents and complaints were discussed during the last 12 months and reviewed incident reports which had been collated for the last three years. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a district nurse administered three flu vaccines to housebound patients and it was subsequently identified that these vaccines which were from the practice's stock, were out of date.

Learning from this incident included not retaining any flu vaccines at the end of the flu campaign period for patients who may have been away.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Patients we spoke with during the inspection told us they felt their care and treatment at the practice was safe.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. Posters were available in the reception office and treatment rooms which clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GP was the lead member of staff for safeguarding. The GP did not routinely attend

safeguarding meetings but always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.

- A notice was displayed in the waiting room, advising patients that a chaperone service was available, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- Procedures for monitoring and managing risks to patient and staff safety required improvement. The practice carried out fire alarms and drills however there was no fire risk assessment of the building undertaken. The practice had also not carried out legionella or control of substances hazardous to health (COSHH) risk assessments. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy however we found there was no system in place to formally monitor the cleaning rota and ensure all necessary cleaning tasks had taken place. The practice nurse was the infection control clinical lead who liaised with the local practice nurses to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.
- Recruitment checks were carried out and the three files we reviewed showed that appropriate recruitment

Are services safe?

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted

staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit available. Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 94% of the total number of points available, with 3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 showed;

- Performance for diabetes related indicators was 89% which was 3% above the CCG average and 1% below the national average. The practice was working to improve performance of diabetes indicators and was working with a diabetes mentor who provided a clinic at the practice.
- The percentage of patients with hypertension having regular blood pressure tests was 82% which was 6% above the CCG average and 7% above the national average.
- Performance for mental health related indicators was 94% which was 9% above the CCG average and 4% above the national average.
- The dementia diagnosis rate was 100% which was 24% above the CCG average and 20% above the national average.

Clinical audits were carried out to demonstrate quality improvement. There had been 17 clinical audits completed in the last 12 months, four of which were completed audits

where the improvements made were implemented and monitored. The practice participated in applicable local audits and local and national benchmarking. Findings were used by the practice to improve services. For example, as a result of an A&E admissions audit the practice had improved on following up patients post-discharge. Action taken included discharge summaries being received electronically through the new IT system and the receptionist telephoning patients to arrange either a telephone consultation or an appointment at the practice once the discharge summary has been processed by the GP.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as basic life support, safeguarding, fire safety, infection control, equality and diversity and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, coaching and mentoring, clinical supervision and support for the revalidation of the GP. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Are services effective?

(for example, treatment is effective)

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. The multidisciplinary team meetings included attendance by palliative care nurses, district nurses, health visitors, mental health nurses and social workers.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of

developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and substance misuse. Patients were then signposted to the relevant service. For example, patients experiencing problems with alcohol and substance misuse were referred to the substance abuse counsellor who attended the practice on Wednesdays and smoking cessation advice was available from a smoking cessation advisor who attended the practice on Mondays.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 80% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 95% and five year olds from 69% to 95%. Flu vaccination rates for the over 65s were 88%, and at risk groups 68%. These were above the national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. We found staff were highly motivated and inspired to offer care that is kind and promotes people's dignity. Staff recognised and respected the totality of people's needs and always took patients personal, cultural, social and religious needs into account.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the three patient CQC comment cards we received and eight patients we spoke with were positive about the service experienced. Patients told us they felt staff went the extra mile and the care they received exceeded their expectations. We also received comments from three members of the patient participation group (PPG) prior to the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were very happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with the GP and nurses. For example:

- 100% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.

- 100% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 95% patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt they were active partners in decision making about their care and treatment. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were above the local and national averages. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 100% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 2% of the practice list had been identified as carers and were being supported, for example, by

Are services caring?

offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

Patients emotional and social needs were seen by staff to be as important as their physical needs. The practice recognised a high proportion of the patient population

lived in deprivation. In response to this, the practice worked with a Primary Care Navigator who attended the practice weekly and assisted patients with a review of their housing needs.

Staff told us that if families had suffered bereavement, the GP contacted them and patients were offered a consultation and advice on how to find a support service. Patients we spoke with who had experienced bereavement confirmed they had received this type of support and said they had found it helpful.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice attended monthly 'Commissioning Learning Set' meetings with the CCG to monitor and benchmark with other local practices, performance and quality of care. The practice also worked closely with a local practice and had set up 'buddy meetings' on a quarterly basis to engage in benchmarking and analysis of the needs of the local population.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours on Wednesday evenings until 8.00pm and telephone and 'Face Time' (video and audio calls) daily for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- Staff confirmed that they had completed equality and diversity training as part of e-learning and were able to describe various forms of discrimination.
- There were disabled facilities and translation services available.
- The practice website had a translation function for patients to be able to read all the information about the practice in their preferred language.
- There were treatment rooms on the ground floor to accommodate patients with disabilities and mobility difficulties.

However, the practice did not have a hearing loop system to assist patients with reduced ranges of hearing.

Access to the service

The practice opening hours were between 9:00am-7:00pm Monday, Tuesday and Friday, 9:00am-8:00pm on Wednesdays and 9:00am-2:00pm on Thursdays. Appointments were from 9:00am to 2:00pm every morning and 3:00pm-7:00pm Monday, Tuesday and Friday afternoons and 3:00pm-8:00pm on Wednesdays. Telephone access was available during core hours and home visits were provided for patients who are housebound or too ill to visit the practice. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages with exception to waiting times. People we spoke with on the day of our inspection confirmed they were able to get appointments when they needed them. For example:

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 76%.
- 91% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 74%.
- 87% patients described their experience of making an appointment as good compared to the CCG average of 80% and national average of 74%.
- 33% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and national average of 65%.

Staff told us that they did not have any patients who were of "no fixed abode" but would see someone if they came to the practice asking to be seen and would register the patient so they could access services. There was a system for flagging vulnerability in individual patient records.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The GP was the designated responsible person who handled all clinical complaints in the practice and the deputy practice was lead for all non-clinical complaints.

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

We saw that information was available to help patients understand the complaints system. The practice had a complaints policy, leaflet and form available for patients. Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice.

There were no formal complaints received since December 2013 however we found this complaint was satisfactorily

handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, as a result of a complaint relating to an appointment not being made for a child as a result of a full list of appointment bookings; staff were instructed that all appointments for children are to be prioritised.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to provide a comprehensive service to all irrespective of age, disability, gender, race, religion or sexual orientation. The practice had a mission statement which was displayed in the waiting area and staff knew and understood the values. The practice had a strategy in place to procure services as part of working within the federation however; there was no strategy or business plan in place to manage the service if the GP was unable to sustain this provision. For example, as a result of sickness or other commitments.

Governance arrangements

The practice had a number of policies and procedures in place to govern activity and these were available to staff on the desktop on any computer within the practice. We looked at four of these policies and procedures and staff had confirmed they had read these policies electronically. All four policies and procedures we looked at had been reviewed and were up to date.

There was a clear leadership structure with named members of staff in lead roles. For example, there was a lead nurse for infection control and the GP lead for safeguarding. We spoke with four members of staff and they were all clear about their own roles and responsibilities. They all told us they felt valued, well supported and knew who to go to in the practice with any concerns.

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements

However, the practice had not undertaken fire, legionella or control of substances hazardous to health risk assessments and therefore governance arrangements for identifying, recording and managing risks needed to be improved.

Leadership, openness and transparency

The GP in the practice has the experience, capacity and capability to run the practice and ensure high quality care. Safe, high quality and compassionate care was prioritised. Staff told us that the senior staff were approachable and always took the time to listen to all members of the team. The GP encouraged a culture of openness and honesty.

The practice held whole team meetings on a monthly basis and these were followed on by a clinical meeting afterwards. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the senior staff in the practice. All staff were involved in discussions about how to run and develop the practice, and the senior staff encouraged all members of staff to identify opportunities to improve the service delivered by the practice. However, we found whilst whole practice team meetings were minuted, the clinical team meeting which followed was not minuted. We looked at minutes from the whole team meetings and found that performance, quality and risks had been discussed but there was no agenda set for these meetings to ensure all necessary information was cascaded to staff.

The assistant practice manager was responsible for human resource policies and procedures. We reviewed a number of policies, for example whistleblowing and management of sickness which were in place electronically on any computer within the practice to support staff. Staff we spoke with knew where to find these policies if required however there was no staff handbook available to provide staff with a single point of access for all human resource information.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and

Are services well-led?

Good 

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

complaints received. The assistant practice manager analysed feedback received from patients on a monthly basis and circulated this information with the practice team to keep them updated.

There was an active online PPG of 36 members which carried out patient surveys and submitted proposals for improvements to the practice management team. For example, in response to feedback received from patients, the waiting room area was redecorated and a telephone triage system was implemented for patients contacting the practice whilst the GP was engaged in consultations.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice nurse had suggested that she managed her appointment diary so longer appointments could be allocated for various treatments such as child

immunisations and the clinics would run to time. We observed that this suggestion had been implemented by the practice. Staff told us they felt involved and engaged to improve how the practice was run.

Innovation

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and encouraged staff to discover and propose new ideas to improve outcomes for patients. For example, the receptionist was being provided with mentorship from the assistant practice manager to develop her role and the practice nurse was being supported with training to provide contraceptive services for patients.

Future plans for the practice included bringing the Improving Access to Psychological Therapies (IAPT) services in-house for patients and involvement with Out of Hospital services within the federation.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <p>Risk assessments relating to the health, safety and welfare of people using services must be completed and reviewed regularly by people with the qualifications, skills, competence and experience to do so. Risk assessments should include plans for managing risks. The provider had not undertaken risk assessments for fire, legionella or control of substances hazardous to health (COSHH).</p> <p>Regulation 12, (2), (a)</p>