Dr N Niranjan's Practice

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?	Requires improvement
Are services responsive to people's needs?	Good
Are services well-led?	Requires improvement

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Niranjan's Practice (Victoria Medical Centre) on 11 and 18 May 2016. The overall rating for the practice was requires improvement. The full comprehensive report on the May 2016 inspection can be found by selecting the 'all reports' link for Dr Niranjan's Practice (Victoria Medical Centre) on our website at www.cqc.org.uk.

We rated the practice good for providing a caring and responsive service and requires improvement for providing an effective and well led service. The practice was found inadequate for providing a safe service and was issued with requirement notices for regulation 12 HSCA (RA) Regulations 2014, safe care and treatment due to a lack of staff training for areas such as safeguarding and chaperoning

The practice also received a requirement notice for regulation 17 HSCA (RA) Regulations 2014 good governance due to no significant events recording procedure, no adult safeguarding policy and infection control procedures were in need of update.

We carried out an announced comprehensive inspection at Dr Niranjan's Practice (Victoria Medical Centre) on 16 January 2017. Overall the practice is rated as requires improvement.

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

- Risks to patients were not always being managed effectively. For example, the practice did not have a defibrillator and had not risk assessed whether this was needed. A risk assessment was in place at the time of our inspection in May 2015 but this had been discarded by the practice.
- Data showed some outcomes for patients with diabetes and mental health were low compared to the national average.

Summary of findings

- The practice did not keep a record of prescription pads in order to provide an audit trail.
- Portable electrical equipment testing was out of date.
- There was no schedule in place for the cleaning of handheld clinical equipment such as spirometer, nebulizer or ear irrigator.
- The practice did not have a system in place to identify and support patients who were also carers.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Reviews and investigations were carried out. Patients always received an apology.
- Clinical audits had been carried out, and there was evidence that they were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect. They felt cared for, supported and listened to.
- The practice had a number of policies and procedures to govern activity.

The areas where the provider must make improvements are:

- Ensure a defibrillator is available for use in an emergency or an appropriate risk assessment is in place.
- Ensure that it monitors and improves outcomes for patients with diabetes and mental health, and the number of children receiving childhood immunisations.
- Ensure systems are in place to identify and support patients who are also carers.

In addition the provider should:

- Produce a schedule for the cleaning of handheld clinical equipment.
- Log prescription pads to ensure an audit trail is available.
- Carry out Portable Appliance Testing (PAT) to ensure it is up to date.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Requires improvement

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

- Risks to patients were not always assessed and managed. For example, the practice did not have a defibrillator and had not assessed the risk of this.
- Portable electrical equipment testing was in need of renewal and there was no log of the cleaning of handheld clinical equipment.
- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Are services effective?

Requires improvement

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

- Data from the Quality and Outcomes Framework (QOF) showed some outcomes for patients with diabetes and mental health conditions were lower than the national average and the practice had not produced an action plan to identify ways to improve.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Requires improvement

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

Summary of findings

- The practice had no system in place to identify and support patients that were also carers.
- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Requires improvement

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

- There was limited understanding of the practice performance and a limited governance framework. For example the practice was aware of the low outcomes for diabetes and mental health conditions but failed to put a plan in place to improve patient outcomes.
- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had recently developed a virtual patient participation group (PPG) who were currently working on a questionnaire to be used as the basis for improvement in the practice.

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 provider was rated as requires improvement for safe, effective, caring and well led and good for providing a responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients were signposted to local exercise and slimming groups to help maintain their ongoing health.

People with long term conditions

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and well led and good for providing a responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for some diabetes related indicators were below the CCG and the national average. Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and well led and good for providing a responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

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

Summary of findings

example, children and young people who had a high number of A&E attendances. Immunisation rates were lower than the national benchmark of 90% for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 79% and the national average of 81%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and well led and good for providing a responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services including booking appointments and requesting repeat prescriptions.
- A full range of health promotion and screening that reflected the needs for this age group was available.

People whose circumstances may make them vulnerable

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and well led and good for providing a responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Requires improvement

The provider was rated as requires improvement for safe, effective, caring and well led and good for providing a responsive service. The issues identified as requiring improvement overall affected all patients including this population group.

- Performance for mental health related indicators were mainly below the CCG and to the national average. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 79%, compared to the CCG average of 90% and the national average of 88%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 50%, compared to the CCG average of 87% and the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was generally performing in line with local and national averages. Three hundred and fifty six survey forms were distributed and 109 were returned. This represented 2% of the practice's patient list.

- 56% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 64% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 62% national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 77% and the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 68% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients commented that they were happy with the service provided and they were treated with dignity and respect by the caring and professional staff.

Areas for improvement

Action the service MUST take to improve

- Ensure a defibrillator is available for use in an emergency or an appropriate risk assessment is in place.
- Ensure that it monitors and improves outcomes for patients with diabetes and mental health, and the number of children receiving childhood immunisations.
- Ensure systems are in place to identify and support patients who are also carers.

Action the service SHOULD take to improve

- Produce a schedule for the cleaning of handheld clinical equipment.
- Log prescription pads to ensure an audit trail is available.
- Carry out Portable Appliance Testing (PAT) to ensure it is up to date.

Dr N Niranjan's Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr N Niranjan's Practice

Dr N Niranjan's Practice (also known as Victoria Medical Centre) is a practice located in the London borough of Barking and Dagenham. The practice is part of the NHS Barking and Dagenham Clinical Commissioning Group (CCG) which is made up of 40 practices. It currently holds a General Medical Service (GMS) contract and provides NHS primary care services to 4435 patients.

The practice serves a diverse population with many patients attending where English is not their first language. The practice does not have a large older population (5% compared to the local average of 15%) and 64% of the population is under the age of 18 (compared to the local average of 52%). The practice is situated within a purpose built health centre. Consulting rooms are on two levels with stairs and a lift available for those patients with impaired mobility or who have young children. There are currently five GPs (three male and two female) offering a total of 23 sessions per week, a practice nurse, clinical co-ordinator (who is also employed as a healthcare assistant), administrative staff and a practice manager.

The practice is open between 8am and 6.30pm Monday, Tuesday, Thursday and Friday. Appointments are from 8.30am to 1.00pm every morning and 3.00pm to 6.30pm daily. The practice is open between 8am and 1.00pm on a Wednesday. The practice is closed for appointments on Wednesday afternoon where patients are directed to the out of hour's provider. Extended hours surgeries are offered on Monday and Friday between 6.30pm and 7.30pm. The practice opted out of providing an out of hours service and refers patients to the local out of hours service or the '111' service.

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

The practice provides a range of services including child health and immunisation, minor illness clinic, smoking cessation clinics and clinics for patients with long term conditions. The practice also provides health advice and blood pressure monitoring.

Why we carried out this inspection

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

The practice was previously inspected in May 2015 and received an overall rating of requires improvement. We rated the practice good for providing a caring and responsive service and requires improvement for providing an effective and well led service. The practice was found inadequate for providing a safe service and was issued with requirement notices for regulation 12 HSCA (RA) Regulations 2014, safe care and treatment due to a lack of

staff training for areas such as safeguarding and chaperoning. The practice also received a requirement notice for regulation 17 HSCA (RA) Regulations 2014 good governance due to no significant events recording procedure, no adult safeguarding policy and infection control procedures were in need of update. We were provided with an action plan by the practice that addressed the issues involved.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 January 2017. During our visit we:

- Spoke with a range of staff (GP partners, nurse, clinical assistant, practice manager and administrative) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Requires improvement

Are services safe?

Our findings

When we inspected in May 2015 we found the practice inadequate for providing a safe service. This was due to practice policies and procedures being out of date, a lack of recording and learning from significant events and non-clinical staff had not received up to date training for child protection and safeguarding. Staff on the chaperone list had not received appropriate training. When we inspected in January 2017 we found that the practice had taken action to address these matters however we found other areas that required improvement.

These arrangements had improved when we undertook a follow up inspection on 16 January 2017. The practice is now rated as requires improvement for providing safe services.

Safe track record and learning

At the inspection in May 2015 we found no evidence of significant events being recorded in the previous 12 months. A recording form was on the practice computer system but this was not being used. We were informed that significant events were handled informally at the time and not recorded.

When we inspected in January 2017 we found that there was now an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed four completed significant event forms along with patient safety alerts. The minutes of meetings where these events were discussed were available for view. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when a patient was booked in for an appointment and it was found that they had been booked in under another patient's details because they shared the same surname, the policy was changed to ensure that more identifiable information including date of birth was requested when a patient presented for an appointment.

Overview of safety systems and processes

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

- When we inspected in May 2015 the practice did not have a practice safeguarding policy. We were informed that staff used NHS policy guidance but there was no practice procedure. Details for external safeguarding contacts were out of date. Only clinical staff had received safeguarding training.

  At the inspection in January 2017 we found that arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Both child protection and adult safeguarding policies were available and were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. All contact details were up to date. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level 3. Non clinical staff had received level 1 training.
- At the inspection in May 2015 we found that non clinical staff had not received formal training to undertake chaperone duties. When we inspected in January 2017 all staff who acted as chaperones had received training

for the role and had received a Disclosure and Barring Service (DBS) check. DBS A notice in the waiting room advised patients that chaperones were available if required.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We viewed cleaning schedules for the cleaning of the premises but there was no cleaning schedule for the cleaning of hand held clinical equipment such as spirometer, nebuliser and ear irrigator. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. When we inspected in May 2015 we noted that the infection control policy and procedure was out of date and in need of revision. At the inspection in January 2017 the policy had been updated and contained current information. 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored but there was no system in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.
- We reviewed three personnel files and found appropriate recruitment 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. There was a record that electrical equipment was checked to ensure the equipment was safe, however this was last tested in 2013 and in need of further testing. Clinical equipment was last checked in March 2016 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice did not use bank staff but offered extra shifts to existing staff when needed.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice did not have defibrillator available on the premises and had not carried out a risk assessment as

Requires improvement

Are services safe?

to the impact of not having a defibrillator on site. When we inspected in May 2015 we were advised that the practice had planned to call emergency services if the need arose but no formal risk assessment was in place at the time of the follow up inspection in January 2017.

- Oxygen was available with adult and children's masks. A first aid kit and accident book were 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 stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Requires improvement

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed that the practice achieved 80% of the total number of points available. The practice had a total exception rate of 5% compared to the Clinical Commissioning Group (CCG) average of 6% and the national average of 6% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/2016 showed:

- Performance for diabetes related indicators were below the CCG and the national average. For example:
  - The percentage of patients in whom the last blood sugar level was 64 mmol/mol or less was 54%, compared to the CCG average of 67% and the national average of 78%.
  - The percentage of patients in whom the last blood pressure reading was 140/80 mmHg or less was 71%, compared to the CCG average of 79% and the national average of 78%.
  - The percentage of patients whose last measured total cholesterol was 5 mmol/l or less was 71%, compared to the CCG average of 74% and the national average of 81%.
  - The percentage of patients with a record of a foot examination and risk classification was 69%, compared to the CCG average of 77% and the national average of 80%.
- Performance for mental health related indicators were mainly below the CCG and to the national average. For example:
  - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented was 79%, compared to the CCG average of 90% and the national average of 88%.
  - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review was 50%, compared to the CCG average of 87% and the national average of 84%.
- Performance for other health related indicators were comparable to the CCG and the national average. For example:
  - The percentage of patients with atrial fibrillation with CHADS2 score of 1 who were currently treated with anticoagulation drug therapy or an antiplatelet therapy was 89%, compared to the CCG average of 85% and the national average of 87%.
  - The percentage of patients with asthma who had an asthma review that included an assessment of asthma control using the RCP three questions was 76%, compared to the CCG average of 75% and the national average of 76%.
  - The percentage of patients with Chronic Obstructive Pulmonary Disease (COPD) who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale was 86%, compared to the CCG average of 88% and the national average of 90%.

    The practice was aware of the low scores and the GPs were currently reviewing the results in order to implement a plan to improve the results. However

there had been no improvement in performance between the inspection in May 2015 and the inspection in January 2017 with the practice attaining 80% of QOF points in 2013/2014.

There was evidence of quality improvement including clinical audit.

- We saw evidence that there had been two clinical audits undertaken since the last inspection in May 2015, both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit was undertaken to ensure that patients with COPD had been prescribed the correct inhaler, and if on the combination inhaler, whether a suitable alternative had been tried due to any adverse effects. In the first audit cycle (2015), 14 patients were identified as using the combination inhaler and none were reporting any adverse effects. When the audit was repeated in 2016, nine patients were identified with COPD. Three of the nine patients were stable and no changes made but were referred for smoking cessation, and two of the patients had a COPD exacerbation in the preceding 12 months so were kept on the combination inhaler. The remaining patients were on alternative medication. The audit highlighted the need to ensure that awareness was raised to ensure patients were receiving the correct COPD medication. It also highlighted the importance of ensuring inhaler technique and the referral for smoking cessation. The practice was planning to repeat the audit in 2017 to ensure that they continued to monitor patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- At the inspection in May 2015 we found that there were gaps in non-clinical staff training including chaperone, safeguarding and child protection. When we inspected in January 2017 we found that all staff had received appropriate training that included: safeguarding, child protection, chaperoning (for those on the practice chaperone list) fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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 investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Requires improvement

Are services effective?

(for example, treatment is effective)

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 79% and the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Latest figures showed that 61% of female patients attended the breast screening programme (compared to the CCG average of 60%), and 38% of patients attended the bowel screening programme (compared to the CCG average of 43%).

Childhood immunisation rates for the vaccinations given were below the national standard of 90% For example,

- The percentage of children aged 1 with a full course of recommended vaccines completed was 76%.
- The percentage of children aged 2 with the Measles, Mumps and Rubella (MMR) vaccination was 81%.
- The percentage of children age 5 who had received the MMR dose 1 was 88% (CCG average of 87%), and MMR dose 2 was 58% (CCG average of 72%).

The practice was aware of the low results for the childhood immunisations but had not looked at addressing these.

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

Requires improvement

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff 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 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 81% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 78% and the national average of 87%.
- 89% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 86% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 76% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. 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. We also saw that care plans were personalised.

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 78% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 73% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

Requires improvement

Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

In May 2015 a number of carers had been identified but this had not been developed because attention had been given to other areas of the practice that needed improvement. In January 2017 the practice could not identify the number of carers that they had at the practice due to patients not being coded on the system. When prompted, the practice could identify some individual patients who could be classed as carers but there was no register in existence. There were no services available to carers such as early flu vaccinations or health reviews. The practice agreed that this was an area of work that was in need of development and stated that they would put plans in place to identify and support carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered an extended hour's clinic on a Monday and Friday evening until 7.30pm 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 patients who would benefit from these.
- The practice operated a GP led triage system to enable patient's faster access to appointments and to help reduce admissions to accident and emergency.
- Patients with chronic conditions were offered health advice and if appropriate a referral to exercise and slimming groups.
- Female patients were booked with an appropriate GP to meet their cultural needs.
- Patients were able to book an appointment with the same GP which provided continuity of care.
- The practice met with working age patients for opportunistic health intervention which enabled patients to identify health issues at an early stage so they were managed before they escalated.
- An NHS psychiatrist held a clinic for patients on the mental health register.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice provided a full sexual health and contraception service.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 1pm every morning and 3pm to 6.30pm daily. The practice was closed for appointments on Wednesday afternoon where patients were directed to the out of hour's provider. Extended hours surgeries were offered on Monday and Friday between 6.30pm and 7.30pm. In addition to pre-bookable appointments that could be booked up to six 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 comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

The practice was aware of the low score for patients not being able to get through by telephone easily. In order to address this matter they had rearranged staff duty times to answer phones so more staff were available. We viewed evidence that the number of complaints regarding telephone access had reduced. Online booking of appointments is also now available.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

The practice had an effective 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.
- 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 including complaints leaflet and information on display in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

We looked at four complaints received in the last 12 months and found they were responded to in line with the practice policy. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a complaint was received that child immunisations were not available at the time of a patient's appointment. The practice organised a further appointment and changed the policy on stock control to ensure that they no longer went short.

Are services well-led?

Requires improvement

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

Our findings

When we inspected in May 2015 we rated the practice as requires improvement for providing a well led service. The main areas of concern were that not all governance arrangements had been fulfilled which included policies not being developed, risks not dealt with appropriately and the practice not having a patient participation group (PPG) in place to gain patient feedback on service. Just before the last inspection a practice manager had been appointed after a period without the role being fulfilled. The practice manager had made significant improvements. When we inspected in January 2017 we found that the practice had addressed most of these issues but there were still areas that remained outstanding.

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

At the inspection in May 2015 we found that there were areas of governance that were in need of development. The practice had appointed a practice manager shortly before the inspection who was being trained and was in the process of developing systems to improve the governance of the practice. When we inspected in January 2017 we found that the governance of the practice had improved but still required further development.

- 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.
- We saw that clinical and internal audit was used to monitor quality and to make some improvements.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

However we could not be assured that there was a comprehensive understanding of practice performance as the practice had failed to address low patient outcome QOF scores, particularly for patients with diabetes and mental health conditions, and childhood immunisation results. There was no plan in place to improve the outcomes for these patients.

Leadership and culture

The practice told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from 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 encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had recently developed a virtual patient participation group (PPG) following the collapse of the physical PPG in 2014. The PPG were currently developing a patient survey based on the national patient survey which was to be issued in February 2017. The results of this would be used for further discussion and development of the practice.
- The practice had gathered feedback from staff through practice meetings and staff appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to identify the risks associated with not having access to a defibrillator for use in emergencies. This was in breach of regulation 12(1) (of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. The practice was aware of the low QOF results in relation to patients with mental health conditions and diabetes and low numbers of childhood immunisations but had failed to put a plan in place to improve. The practice did not have any systems in place to identify and support patients that may also be carers. This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.