

Dr Gokaraju Arunaprasad

Quality Report

Patience Lane Surgery
Patience Lane
Altofts
Normanton
WF6 2JZ

Tel: 01924 890729

Website: www.patienceLANESurgery.nhs.uk

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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 Gokaraju Arunaprasad – Patience Lane Surgery on 28 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, we did not see evidence that actions identified as necessary following an incident had been implemented fully and that the reported event could be closed down.
- Patient Group Directions (PGDs) within the practice had not been signed by the authorising manager and the principal GP was unaware of the PGD process, and specifically the need to authorise staff to administer these medicines.
- Some risks to patients were assessed and well managed. Though fire drills/evacuations had not been carried out and fire alarm tests were not being carried out at regular intervals.
- There was no formalised approach to the stocking of emergency medicines. The practice had not carried out a risk assessment with regard to emergency medicines they had not included in the GP's bags or within the surgery.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

Summary of findings

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Data from the latest National GP Patient Survey showed the practice had high patient satisfaction scores.
- Patients said they found it easy to make an appointment with a GP 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 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.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- The practice must ensure that Patient Group Directions are properly authorised, and that the authorising manager fully understands the process and gives the necessary level of scrutiny and oversight to this area of work.

- The practice must hold fire drills/evacuations at suitable intervals and must re-instate weekly tests of the fire alarm system.
- The practice must develop a formalised approach to the stocking of emergency medicines. In particular they must carry out a risk assessment with regard to emergency medicines they had not included in the GP's bags or within the surgery.

The areas where the provider should make improvement are:

- The practice should review the systems in place to assess, monitor and improve the quality and safety of services provided. Quality improvement activity linked to clinical audits was limited and did not achieve two complete cycles.
- Review the immunity status of staff in relation to measles, mumps, rubella and chickenpox in order to assure themselves that their staff were adequately protected in line with the latest guidance.

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.

Requires improvement



- During the inspection we found that Patient Group Directions (PGDs) within the practice had not been signed by the authorising manager (PGDs are documents permitting the supply of prescription-only medicines to groups of patients, without individual prescriptions).
- There was an effective system in place for reporting and recording significant events. However, we did not see evidence that actions identified as necessary following an incident had been implemented fully and that the reported event could be closed down.
- There was no evidence other than a receipt of notification that medicines alerts had been assessed and actioned.
- The practice had not carried out any fire drills/evacuations, and fire alarm tests which should have been carried out on a weekly basis were frequently being held at two to three weekly intervals.
- The practice had not checked the immunity status of staff in relation to measles, mumps, rubella and chickenpox.
- The practice had not developed a formalised approach to the stocking of emergency medicines.
- The practice had some systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally comparable to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance. However, there was though only limited evidence that the practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Summary of findings

- Clinical audits demonstrated some quality improvement, however they had not been carried out over two complete cycles.
- 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.
- The practice offered online consultations with secondary care specialist consultants. In addition the practice used electronic referrals.
- The practice kept detailed registers of people with long term conditions and those who received palliative care. These registers supported the delivery of services and in particular the care planning and review process.
- Childhood immunisation rates for the vaccinations given were generally above or comparable to CCG and national averages.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for most 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. Members of the reception team had received additional training in order to deliver improved services and had attained Level Two BTEC (Business and Technology Education Council) qualifications in customer care.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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 could access a range of online services such as prescriptions, appointments and access to medical records.

Summary of findings

- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- Appointments could be made in person, via the telephone or online. The practice also sent text reminders to patients regarding appointments following Friends and Family Test feedback.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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?

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

- The practice had a clear vision and culture 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.
- Some issues highlighted during the inspection indicated that some governance arrangements required improvement.
- An understanding of the performance of the practice was maintained and this was led by the principal GP and practice manager.
- The provider was aware of and complied with the requirements of the duty of candour, and encouraged a culture of openness and honesty.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

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.

Good



- 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. For example, the practice carried out routine home visits to all housebound patients. These patients were also able to receive flu vaccinations from the GP during these visits. In 2015/2016 the practice achieved an uptake rate of 83% for those aged 65 years and over.
- There was a dedicated page for “Seniors” on the practice website which provided health information and guidance specifically for older people.
- The practice hosted Abdominal Aortic Aneurysm (AAA) screening each year for patients aged 65 years and over.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The nursing team reviewed patients for conditions which included coronary heart disease, asthma and chronic obstructive pulmonary disease.
- The practice had a recall system in place for asthma, rheumatoid arthritis, depression and dementia and was in the process of expanding this to include chronic obstructive pulmonary disease (COPD).
- 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.

Summary of findings

- There was a page on the website dedicated to patients with long term conditions which contained links to other organisations and other information relevant to these conditions.
- A joint diabetes clinic was held in the surgery with support from a specialist diabetic nurse from a local secondary care provider. These clinics were held every two months and dealt with more complex cases. Diabetic reviews were scheduled either three monthly, six monthly or yearly depending on need.
- The practice had set itself a target to have a care plan in place for all patients with a long term condition by the end of March 2017.
- The in-house patient survey with regard to long term conditions showed high satisfaction levels and 100% of respondents stated that they had received enough support from the practice to help them manage their condition.

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.
- Antenatal clinics were held fortnightly with the midwife attached to the practice.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had received Young Persons accreditation in 2015 for delivering accessible services to younger service users. For, example, the practice had an area of the website dedicated to providing information to this group of people. In addition the practice was a c-card distribution centre, which gave local, confidential access to condoms to young people.
- There was a young person's confidentiality policy available to reassure young patients with regard to the privacy and security of their own personal information and in their dealings with the practice.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice had recently extended appointment times so that pre-bookable appointments were available before 9am and after 5.30pm on most days for GP consultations.
- The practice was proactive in offering online services such as repeat prescription requests and appointment booking and cancellation as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice hosted a weekly physiotherapy clinic which was delivered in conjunction with community services. Some of these appointments were available to patients after 5pm.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, carers and patients who received palliative care.
- The practice offered longer appointments for patients with a learning disability and those with more complex needs such as the frail elderly.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The circumstances of vulnerable patients were recognised and the practice sought to flexibly meet these needs whenever possible. As an example they told us of a time when they had arranged to deliver a service to a patient who was unable to come to the surgery (this was a service which was usually only delivered in the environment of a surgery).

Summary of findings

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).

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was above the local and national averages of 84%.
- Performance in relation for patients with mental health issues was generally comparable to local and national averages.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out 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.
- Staff had an understanding of how to support patients with mental health needs and dementia.

Good



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 performing above local and national averages. As part of the survey 236 forms were distributed and 108 were returned which gave a response rate of 46%. This represented around 5% of the practice's patient list.

- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and a national average of 73%.
- 85% 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 83% and the national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national averages of 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 three comment cards which were all positive about the standard of care received. Patients commented that the service was efficient and that staff were caring.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Using data sourced between December 2014 and August 2016 97% of respondents to the Friends and Family Test were either extremely likely or likely to recommend this practice to others close to them (the NHS Friends and Family Test was created to help service providers and commissioners understand whether their patients are happy with the service provided, or where improvements are needed. It is a quick and anonymous way to give your views after receiving care or treatment across the NHS).

Areas for improvement

Action the service **MUST** take to improve

- The practice must ensure that Patient Group Directions are properly authorised, and that the authorising manager fully understands the process and gives the necessary level of scrutiny and oversight to this area of work.
- The practice must hold fire drills/evacuations at suitable intervals and must re-instate weekly tests of the fire alarm system.
- The practice must develop a formalised approach to the stocking of emergency medicines. In particular they must carry out a risk assessment with regard to emergency medicines they had not included in the GP's bags or within the surgery.

Action the service **SHOULD** take to improve

- The practice should review the systems in place to assess, monitor and improve the quality and safety of services provided. Quality improvement activity linked to clinical audits was limited and did not achieve two complete cycles.
- Review the immunity status of staff in relation to measles, mumps, rubella and chickenpox in order to assure themselves that their staff were adequately protected in line with the latest guidance.

Dr Gokaraju Arunaprasad

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team consisted of CQC Lead Inspector and a GP specialist adviser.

Background to Dr Gokaraju Arunaprasad

The practice surgery is located at Patience Lane Surgery, Patience Lane, Altofts, Normanton, West Yorkshire WF6 2JZ. The practice serves a patient population of around 2,300 people and is a member of NHS Wakefield Clinical Commissioning Group (CCG).

The surgery is located in premises which are readily accessible for those with a disability, for example there is a ramp leading to the entrance door. There is limited parking available on site for patients including reserved spaces for those with a disability. There is additional parking available on-street.

The practice age profile shows that 18% of its patients are aged under 18 years (compared to the CCG average of 20% and the England average of 21%), whilst it is above both the CCG and England averages for those over 65 years old (20% compared to the CCG average of 18% and England average of 17%). Average life expectancy for the practice population is 78 years for males and 82 years for females (CCG average is 77 years and 81 years and the England average is 79 years and 83 years respectively). The practice serves an area of lower than average deprivation and is ranked in the seventh most deprived decile in the country

(rankings for deprivation range from one for the most deprived areas to ten for the least deprived areas). The practice population is primarily composed of White British patients.

The practice provides services under the terms of the Personal Medical Services (PMS) contract. In addition the practice offers a range of enhanced local services including those in relation to:

- Childhood vaccination and immunisation
- Influenza and Pneumococcal immunisation
- Avoiding unplanned admissions
- Alcohol intervention and support
- Rotavirus and Shingles immunisation
- Dementia support
- Minor surgery
- Learning disability support
- Improving patient online access
- Patient participation

As well as these enhanced services the practice also offers additional services such as those supporting long term conditions management including asthma, diabetes, and coronary heart disease.

Attached to or closely working with the practice is a team of community health professionals that includes health visitors, midwives, and members of the district nursing team.

The practice is operated by one principal GP (male). The clinical team within the practice comprises three regular GP

Detailed findings

locums (one male and two female), a practice nurse, health care assistant and a phlebotomist/receptionist (all female). Clinical staff are supported by a practice manager and an administration and reception team.

The practice offer the following appointments;

- Book on the day/urgent
- Pre-bookable
- Telephone triage and consultations - where patients could speak to a duty GP to ask advice and if identified as being required obtain an appointment
- Home visits

Appointments can be made in person, via the telephone or online.

The practice is open between 8am to 6.30pm Monday to Friday.

Appointments are available with a GP:

Monday, Tuesday and Wednesday 8.30am to 10.30am and between 4pm to 6pm

Thursday 8.30am to 11.30am and between 3.30pm to 6pm

Friday 8.30am to 10.30am and between 3.30pm to 6pm

Appointments are available with the practice nurse:

Monday, Wednesday and Friday 8.40am to 11.00am and between 3pm to 5.30pm

Appointments are available with the health care assistant;

Thursday 12.30pm to 5.30pm

Friday 8.15am to 1.15pm.

Out of hours care is provided by Local Care Direct Limited and is accessed via the practice telephone number or patients can contact NHS 111.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 September 2016. During our visit we:

- Spoke with a range of staff that included the principal GP, practice nursing team, practice manager and members of the Patient Participation Group (PPG), we also 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)

Detailed findings

- 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.

Are services safe?

Our findings

Safe track record and learning

There was a 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 form available for staff to record their concerns. 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 that the practice investigated and analysed incidents and that these were discussed at meetings. However, we did not see evidence that actions identified as necessary following an incident had been implemented fully and that the reported event could be closed down. When we informed the practice of this they told us that they would review their recording process to capture actions taken as a result of incidents.
- 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.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The principal GP acted as the lead member of staff for safeguarding and the practice nurse acted as deputy. Monthly meetings with the health visitor had begun recently and the practice was also able to share concerns with other health professionals via the common IT system. Concerns regarding vulnerable adults were dealt with on an ad hoc basis and could be discussed at quarterly

multidisciplinary meetings. The practice also reviewed accident and emergency attendances by vulnerable patients and followed these up if necessary. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The principal GP and practice nurse were trained in safeguarding to level three and all other staff had been trained to a minimum of level one.

- A notice in the waiting room and consultation rooms advised patients that chaperones were available if required (a chaperone is a person who serves as a witness for both a patient and a medical professional as a safeguard for both parties during an intimate medical examination or procedure). All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local IPC team to keep up to date with best practice, the practice manager acted as a deputy to the practice nurse to cover periods of absence. There was an IPC 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 last audit carried out in November 2015 showed an overall compliance rate of 98%.
- 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 medicines optimisation team, to ensure prescribing was in line with best practice guidelines for safe prescribing. We did note that there was no evidence other than a receipt of notification that medicines alerts had been assessed and actioned. When informed of this the practice said that they would revise their procedures in relation to this.

Are services safe?

- Blank prescription forms and pads were securely stored within locked rooms and there were systems in place to monitor their use.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received support for this extended role from the medical staff within the practice
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. However during the inspection it was found that PGDs within the practice had not been signed by the authorising manager. When we questioned the principal GP, they were unaware of the PGD process and the need to authorise staff to administer these medicines. We were told by the practice that they would address this issue.
- The practice health care assistant was in the process of being trained to administer vaccines and medicines against a patient specific prescription (PSD) or direction from a prescriber (a PSD is a written instruction, signed by a prescriber eg a doctor, for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed two 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. However, the practice had not checked the immunity status of staff in relation to measles, mumps, rubella and chickenpox.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a 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 and the practice had developed buddy arrangements to obtain support from other nearby practices should this be required.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- There was a defibrillator and oxygen available on the premises. In addition a first aid kit and accident book were also available within the practice.
- 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. However, the practice had not developed a formalised approach to the stocking of emergency medicines. In particular they had not carried out a risk assessment with regard to emergency medicines they had not included in the GP's bags or within the surgery.

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. We were told by the practice that the plan was updated on a twice yearly basis.

Monitoring risks to patients

Risks to patients were assessed and managed and some controls were in place.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and the practice had up to date fire risk assessments. However, we saw that fire drills/evacuations had not been carried out, and fire alarm tests which the practice had decided should have been carried out on a weekly basis were frequently being held at two to three week intervals.

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. We were told that the practice cascaded information with regard to guidance updates to staff.
- There was only limited evidence that 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 the practice had achieved 86% of the total number of points available compared to a CCG average attainment of 96% and a national average attainment 95%. Overall exception reporting for the practice was 4% compared to a CCG average of 8% and a national average of 9%. (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). The principal GP acted as the lead for QOF and worked with the practice manager to monitor performance.

This practice was generally comparable to other practices locally and nationally in relation to QOF (or other national) clinical targets. However data from 2014/2015 showed an area where the practice had lower than average performance:

- 65% of patients with diabetes, on the register, whose last measured total cholesterol was 5mmol/l or less compared to a CCG average of 80% and a national average of 81%.

We discussed this area of lower than average performance with the practice and they told us that they had reviewed

this and had recently implemented improvements to the recall process to increase the numbers of patients being called to the practice for testing and review. They told us that uptake for appointments remained low; however they saw this as work in progress.

There was evidence of quality improvement including clinical audits.

- There had been three clinical audits completed in the last two years one of which was linked to the Aspire regional project which looked to improve safe prescribing with regard to NSAIDS (Nonsteroidal anti-inflammatory drugs, used for treating conditions such as arthritis). The two in-house audits identified areas for improvement and action, though both were single cycle and could not demonstrate that improvement had had effect. The ASPIRE project however was able to demonstrate a 7% improvement in safe prescribing in relation to NSAIDS

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. They had also developed a locum pack which gave details to locums with regard to standard operating procedures within the practice.
- 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. At the time of inspection the practice health care assistant was undergoing additional training to allow them to carry out a wider range of tasks.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate

Are services effective?

(for example, treatment is effective)

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. Staff told us that they felt that they could raise specific training needs and that these were met.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice kept records of training completed by staff.

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.
- The practice offered online consultations with secondary care specialist consultants. In addition the practice used electronic referrals.
- The practice also used the Electronic Palliative Care Co-ordination System (EPaCCS); this provided a shared locality record for health and social care professionals which allowed rapid access across care boundaries to key information about an individual.

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 quarterly basis when care plans were reviewed and updated for patients with complex needs. The practice was able to share information with other health professionals via a common IT system.

The practice kept detailed registers of people with long term conditions and those who received palliative care. These registers supported the delivery of services and in

particular the care planning and review process. For example, at the time of inspection the practice had three patients on its palliative care register and 18 patients on the dementia register.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 and we saw evidence that staff had received training in this area of work.

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.
- We saw evidence that written consent was recorded with regard to minor surgery conducted in the practice.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted those to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition
- who required healthy lifestyle advice, such as in relation to diet and weight management and alcohol reduction

The practice's uptake for the cervical screening programme was 86%, which was above the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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. Data with regard both bowel and breast cancer screening showed that the practice performance

Are services effective?

(for example, treatment is effective)

was above the CCG and national averages. For example, 68% of practice patients aged 60 to 69 years had been screened for bowel cancer in the previous 30 months compared to a CCG average of 58% and a national average of 58%.

Childhood immunisation rates for the vaccinations given were generally above or comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% (CCG averages ranged from 86% to 98% and

national averages ranged from 73% to 95%) and for five year olds ranged from 83% to 96% (CCG averages ranged from 88% to 97% and national averages ranged from 81% to 95%).

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

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.

- Screening was 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 area to discuss their needs. Members of the reception team had received additional training in order to deliver improved services and had attained Level Two BTEC (qualifications in customer care).

All of the three 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.

The practice told us that they prioritised the individual and their specific needs. As an example they told us of a time when they had arranged to deliver a service to a patient who was unable to come to the surgery (this was a service which was usually only delivered in the environment of a surgery).

We spoke with four members of the patient participation group (PPG). They also told us they were highly satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff were helpful and were responsive to their needs.

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

- 92% of patients said the GP was good at listening to them compared to the CCG and national averages of 89%

- 95% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national averages of 91%
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG and the national averages 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.

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 either above or significantly above local and national averages in certain areas of care. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG and national averages of 86%
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 82%
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%

Are services caring?

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

- Staff told us that translation and interpretation services were available for patients who did not have English as a first language.
- Information leaflets were available and some of these were available in easy read formats.
- The practice had a hearing loop installed to assist those with a hearing impairment.

Patient and carer support to cope emotionally with care and treatment

A wide range of 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 such as those for carers was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 28 patients as carers (over 1% of the practice list). We were told carers could access support from the practice such as access to flu vaccinations or signposting and referral to other organisations should this be required. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the practice would be available to meet their ongoing needs such as consultations at a flexible time and location and/or by giving them advice on how to find a support service.

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.

- There were longer appointments available for patients with a learning disability and for those with specific needs such as the frail elderly with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice carried out routine home visits to all housebound patients. These patients were also able to receive flu vaccinations from the GP during these visits. In 2015/2016 the practice achieved an uptake rate of 83% for those aged 65 years and over.
- The practice had recently extended appointment times so that pre-bookable appointments were available before 9am and after 5.30pm on most days for GP consultations.
- Same day appointments were available for children under five and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities available, these included toilet facilities, the provision of dedicated parking bays, a ramp for wheelchair access, a lowered reception desk and a hearing loop.
- The practice held a joint diabetes clinic with a secondary care specialist diabetes nurse. This service offered level three diabetic services which included reviews and management for patients with complex needs.
- The practice hosted a weekly physiotherapy clinic which was delivered in conjunction with community services.
- Patients could access a range of online services such as prescriptions, appointments and access to medical records.
- The practice had taken steps to comply with the Accessible Information Standard (the standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with health and social care services). As a result the practice had:
 - Inserted coded prompts on the patient record to alert staff that patients had specific communication or information needs
 - Displayed an easy read poster in the waiting room asking patients to inform them if they had specific needs
 - Utilised a larger font size of 14 point and inserted a standard paragraph into letters which offered patients access to other formats of receiving information
 - Inserted a section in the new patient leaflet dealing with the Accessible Information Standard
- The practice offered Abdominal Aortic Aneurysm (AAA) screening to male patients over 65 years of age (AAA is a swelling of the aorta, the main blood vessel that leads away from the heart, down through the abdomen to the rest of the body). In 2015/2016 ten of eleven eligible patients were screened (91%); no aneurysms were detected by this screening.
- The practice delivered an avoiding unplanned admissions service which provided proactive care management for patients who had complex needs and were at risk of an unplanned hospital admission. At the time of inspection the practice had 37 patients (under 2% of the practice list) on their avoiding unplanned admissions register.
- Pain relief which included joint injections were available to patients.
- The GP provided services to 11 patients who lived in residential care settings.
- The practice had received Young Persons accreditation in 2015 for delivering accessible services to younger service users. For example, the practice had an area of the website dedicated to providing information to this group of people. In addition the practice was a c-card distribution centre, this which gave local, confidential access to condoms to young people.

Access to the service

The practice offered the following appointments;

- Book on the day/urgent

Are services responsive to people's needs?

(for example, to feedback?)

- Pre-bookable
- Telephone triage and consultations - where patients could speak to a duty GP to ask advice and if identified as being required obtain an appointment
- Home visits

Appointments could be made in person, via the telephone or online. The practice also sent text reminders to patients regarding appointments following Friends and Family Test feedback.

The practice was open between 8am to 6.30pm Monday to Friday.

Appointments were available with a GP:

Monday, Tuesday and Wednesday 8.30am to 10.30am and between 4pm to 6pm

Thursday 8.30am to 11.30am and between 3.30pm to 6pm

Friday 8.30am to 10.30am and between 3.30pm to 6pm

Appointments were available with the practice nurse:

Monday, Wednesday and Friday 8.40am to 11.00am and between 3pm to 5.30pm

Appointments were available with the health care assistant;

Thursday 12.30pm to 5.30pm

Friday 8.15am to 1.15pm.

The practice did not offer extended hours appointments. Urgent appointments were available for people that needed them. For example, to palliative care patients, vulnerable patients and children aged under five.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 95% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and a national average of 73%.

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.

These requests for home visits were assessed by a GP who made an informed decision on prioritisation made on clinical need. 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 effective systems in place for handling complaints and concerns.

- Its complaints policy and procedures was in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example the practice leaflet and website contained information explaining the complaints process.
- The practice listened to feedback derived from the Friends and Family Test and as a consequence of this had improved the advertising of the availability of flu vaccinations to patients.

We looked at four complaints received in the last 12 months and found that these had been dealt with in a satisfactory manner. 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; we noted that complaints were discussed at team meetings.

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 deliver high quality care and promote good outcomes for patients.

- The practice had developed an ethos “to provide evidence-based, cost effective and up to date medical care” for its patients and sought to maintain “a traditional family doctor – patient relationship”. When we discussed this with staff they all knew, understood and embraced these values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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 on the practice IT system.
- An understanding of the performance of the practice was maintained and this was led by the principal GP and practice manager.
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However some issues highlighted during the inspection indicated that some governance arrangements relating to patient and staff safety required improvement. For example:
 - Patient Group Directions (PGDs) were not being effectively managed
 - Fire drills had not taken place and fire alarm testing was not been carried out on a regular basis.
 - The practice had not developed a formalised approach to the stocking of emergency medicines.

Leadership and culture

All staff told us they prioritised safe, high quality and compassionate care. Staff told us the principal GP and practice manager were approachable and always took the time to listen to 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 and training for all staff on communicating with patients about notifiable safety incidents. The provider 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 team meetings and we saw minutes of meetings which confirmed this.
- 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 management team in the practice. Staff were involved in discussions about how to run and develop the practice and were encouraged to identify opportunities to improve the service delivered by the practice.

The practice worked closely with other health professionals and had developed buddy relationships with nearby practices. In addition the practice was an active member of the local clinical network and federation (networks and federations support joint collaborative working across a locality).

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

Are services well-led?

Good 

(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 gathered feedback from patients through the patient participation group (PPG) and through complaints received and surveys. For example, the practice had received feedback from surveys in relation to long term conditions in 2016. The PPG met regularly, and discussed key areas of patient related work within the practice; they also submitted proposals for improvements to the practice management team. As an example of this the practice had adopted a number of PPG suggestions which included widening online access and making child appointments available on the day for children under five.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice:

- Participated into the regional Aspire programme which looked at improving the safe prescribing of NSAIDs.
- Had applied for and received Young Persons accreditation in 2015 for delivering accessible services to younger service users. In addition the practice was a c-card distribution centre, this which gave local, confidential access to condoms to young people.
- The practice had previously been inspected in July 2014. This report highlighted some areas for improvement with regard to Disclosure and Barring Service (DBS) checks and the need to obtain two references for new starters. The practice had accepted these points and had made improvements to their internal processes and procedures in light of this.

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 Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The provider did not ensure that Patient Group Directions were properly authorised, and that the authorising manager fully understood the process and gave the necessary level of scrutiny and oversight to this area of work.• The provider did not hold fire drills/evacuations, and fire alarm tests (which the practice had decided should have been carried out on a weekly basis) were frequently being held at two to three week intervals.• The provider had not developed a formalised approach to the stocking of emergency medicines. In particular they had not carry out a risk assessment with regard to emergency medicines they had decided not to have available either in the GP's bags or within the surgery. <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>