

Dr Vipul Masharani

Quality Report

The Masharani Practice
Lutterworth Medical Centre
Gilmorton Road
Lutterworth, Leicestershire.
LE17 4EB

Tel: 01455 552346

Website: www.lutterworthhealthcentre.org

Date of inspection visit: 16 March 2016

Date of publication: 10/06/2016

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?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr Vipul Masharani	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15
Action we have told the provider to take	25

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Vipul Masharani (The Masharani Practice) on 16 March 2016. Overall the practice is rated as requires improvement.

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

- There was a system in place for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. However we found some inconsistencies in the reporting process.
- 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.
- Feedback from patients about their care was consistently positive and they said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice did not have a robust system in place to manage and monitor risks to patients, staff and visitors to the practice.
- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with an open surgery and minor illness clinic available on a daily basis.
- 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.

Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a number of policies and procedures in place to govern activity.

The areas where the provider must make improvements are:

- Ensure there is an effective governance system in place to identify and mitigate risks to patients and staff including those relating to fire safety.

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure all staff are up to date with mandatory training.
- Take action to address identified concerns with the infection prevention and control practice.

In addition the provider should:

- Ensure consistency in the recording of significant events.

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.

- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice. However we found some inconsistencies in the reporting process.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safeguarded from abuse.

Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe, for example in the areas of fire safety, recruitment and infection control.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for all 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.

Good



Summary of findings

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

The provider was a previous winner and runner up of the Farley award which recognises an individual GP in Leicestershire who has demonstrated exceptional dedication to the care of their patients.

Are services responsive to people's needs?

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. This had included initiating and operating a clinic at the local secondary school (although this was no longer provided by the practice due to the change to GMS contract),
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care.
- There was a daily open surgery which meant patients could always be seen by a GP on the same day. There was also a daily minor illness clinic led by the nurse practitioner who was able to prescribe medicines for specific conditions.
- The practice had purchased a piece of equipment called Mole Mate. It was a non-invasive, rapid and painless mole-screening technology which enabled GPs to quickly scan a patient's moles. At the appointment the GP would be able to make a decision on whether treatment or a referral was required at an appointment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice engaged with the wider community. They had held a 'Healthfest'. This was to thank patients for supporting the practice and there were exhibitors in preventing illness and promoting healthy lifestyles.
- 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.
- In the waiting room there was an enclosed, well equipped children's' play area.

Good



Are services well-led?

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

Requires improvement



Summary of findings

- 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 this.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures in place to govern activity.
- The practice held regular governance meetings.
- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.
- Recruitment arrangements did not include all necessary employment checks for all staff.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from patients which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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 provider was rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. The practice is therefore rated as requires improvement for the care of older people.

There were, however, examples of good practice.

- 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.
- The practice had increased the numbers of health checks offered to older patients by actively searching for patients not being seen and accordingly increased the number of appointments available for health checks.
- The lead GP had particularly focused on cardiovascular outcomes and primary prevention so those patients identified at a high risk of cardiovascular disease were sent information outlining suggested lifestyle changes and invited back three months later for a review.
- Around 3% of patients have care plans in place. For patients who are too frail to come to the practice, a practice nurse visited the patient at home to discuss their care plan. They would also review long term conditions at the same time.
- The practice held regular multi-disciplinary palliative care meetings to discuss co-ordinated patient care.
- The practice participated in the local integrated care scheme and one of the GPs was the clinical lead. The service provided a multi-disciplinary co-ordinated approach to health and social care. This meant that patients' needs were addressed holistically to include support for emotional issues, mental health, finances and environmental issues such as provision of mobility items, assessment of risks, falls and the strain of being a carer.
- Local services were provided wherever possible in order to reduce the need for patients to travel further afield.
- The practice offered in house hearing screening tests.

Requires improvement



Summary of findings

People with long term conditions

The provider was rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. The practice is therefore rated as requires improvement for the care of people with long-term conditions.

There were, however, examples of good practice.

- Nursing staff were well qualified and had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was similar to the CCG and national average. The practice achieved 90% overall for diabetes indicators which was 0.1% below the CCG average but 0.9% above the national average.
- Longer appointments and home visits were available when needed.
- 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.
- The practice had equipment enabling them to carry out ambulatory ECG and blood pressure monitoring.
- The practice had access to a visiting cardiologist at the adjacent cottage hospital. This considerably reduced travel distance and time for patients.
- The practice used a direct access service to talk to a consultant on their mobile phone regarding the conditions; diabetes, endocrinology and haematology (general and malignant).

Requires improvement



Families, children and young people

The provider was rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. The practice is therefore rated as requires improvement for the care of families, children and young people.

There were, however, examples of good practice.

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Children's immunisation rates were lower

Requires improvement



Summary of findings

than average in some areas and the practice told us this was due to difficulties in getting travellers on their register to attend immunisation appointments. They liaised with a support worker to address this.

- The practice's uptake for the cervical screening programme was 83%, which was in line with the CCG average of 83% and the national average of 82%.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- There was a daily minor illness clinic led by the nurse practitioner who was able to prescribe medicines for specific conditions. Children could access fast track appointments if necessary.
- The practice offered chlamydia testing.
- The practice had access to a community paediatrician who attended the local cottage hospital which ensured that parents could access specialist opinions closer to home.
- The practice were in the process of developing a scheme whereby parents of under-fives could attend a training course to learn about resuscitation and management of emergencies in the home at a subsidised cost.
- The practice had been instrumental in setting up "Strictly Confidential" a counselling and health service based at one of the senior schools in Lutterworth. This terminated when the GP contract changed but the practice trained a school nurse to take over the role.

Working age people (including those recently retired and students)

The provider was rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. The practice is therefore rated as requires improvement for the care of working-age people (including those recently retired and students).

There were, however, examples of good practice.

- 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 provided an open access consulting scheme each weekday morning which starts at 8:30 am to enable working people to attend the surgery prior to going to work. They also encouraged telephone consultations if patients were unable to attend the early morning surgery.

Requires improvement



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice hoped to reintroduce a Saturday surgery once they had recruited another GP.

People whose circumstances may make them vulnerable

The provider was rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. The practice is therefore rated as requires improvement for the care of people whose circumstances may make them vulnerable.

There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including travellers. Within the practice catchment area were two approved residential/parking sites for travellers. The practice held a learning event for some staff and PPG members to increase understanding regarding specific issues travellers faced and how this impacted on their ability to access medical care.
- The practice held a register of patients with a learning disability and offered longer appointments and annual health checks for these patients. They liaised with the CCG learning disability support worker.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- Patients were encouraged to attend the morning open surgery without notice or having to make an appointment if they felt the need to talk to a clinician.

Requires improvement



People experiencing poor mental health (including people with dementia)

The provider was rated as requiring improvement for safety and for being well-led and good for being effective, caring and responsive.

Requires improvement



Summary of findings

The issues identified as requiring improvement overall affected all patients including this population group. The practice is therefore rated as requires improvement for the care of people experiencing poor mental health (including people with dementia).

There were, however, examples of good practice.

- Performance overall for mental health related indicators was 91% which was 5.5% lower than the CCG Average and 2% lower than the national average. These figures related to 2014-15 and the practice provided data which showed there had been a significant improvement in their performance in this area in the year to date.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- On site counselling was available and there was a weekly clinic provided by the community psychiatric nurse.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. They had attended a Dementia friends presentation to educate staff on the condition and the impact on the patient and relatives and support needed for carers. Following this some members of staff became Dementia friends.
- The practice had developed a self-assessment questionnaire based on the General Practitioner Assessment of Cognition dementia screening tool to enable patients and relatives to self-assess whether they may be developing memory problems. Patients were encouraged to attend the morning open surgery without notice if they felt the need to talk to a clinician.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 258 survey forms were distributed and 157 were returned. This represented a 49% return rate.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 98% were able to get an appointment to see or speak to someone the last time they tried (CCG average 77%, national average 76%).
- 100% described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).

- 99% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 81%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all very positive about the standard of care received. Patients described the practice as having the principles of a proper family doctor but with modern healthcare. Patients said staff were professional, caring, friendly and had the ability to 'think outside the box'. They felt the service received went above and beyond what was expected.

We spoke with two patients during the inspection. Both said they were happy with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **MUST** take to improve

- Ensure there is an effective governance system in place to identify and mitigate risks to patients and staff including those relating to fire safety.
- Ensure recruitment arrangements include all necessary employment checks for all staff.

- Ensure all staff are up to date with mandatory training.
- Take action to address identified concerns with the infection prevention and control practice.

Action the service **SHOULD** take to improve

- Ensure consistency in the recording of significant events.

Dr Vipul Masharani

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, a second CQC inspector and a practice manager specialist adviser.

Background to Dr Vipul Masharani

The Lutterworth Medical Centre comprises of two GP surgeries - Dr Vipul Masharani (The Masharani Practice) and The Wycliffe Medical Practice. The building also houses the local ambulance station and a private pharmacy.

At Dr Vipul Masharani (The Masharani Practice) the service is provided by the senior GP and a combination of five salaried or regular locum GPs, providing a total of 26 sessions per week. They are supported by one practice manager, an associate manager, one advanced nurse practitioner/prescriber, one practice nurse, two health care assistants and a team of administration and reception staff.

The practice has 5700 patients and the practice's services are commissioned by East Leicestershire and Rutland Clinical Commissioning Group (CCG). The practice has a General Medical Services Contract (GMS). The HMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Local community health teams support the GPs in provision of maternity and health visitor services.

The practice had a website which was easy to navigate and provided information about the healthcare services provided by the practice.

The provider has one location registered with the Care Quality Commission which we inspected on 16 March 2016; Dr Vipul Masharani, Lutterworth Medical Centre, Gilmorton Road, Lutterworth, Leics. LE17 4EB.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments were from 08.30am to 11.30am every morning and in the afternoon from 3.00pm to 6.00pm daily. The practice offered an open surgery every day between 08.30am and 11.30am. Telephone consultations and home visits are also available on the day. There was also a nurse practitioner led minor illness clinic available on a daily basis.

The practice has opted out of the requirement to provide GP consultations when the surgery is closed. The out-of-hours service is provided to Leicester City, Leicestershire and Rutland by Central Nottinghamshire Clinical Services. There were arrangements in place for services to be provided when the practice is closed and these are displayed on their practice website.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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.

Detailed findings

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 March 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Spoke with two members of the patient participation group (PPG).
- Observed how patients were being interacted with.
- 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.

Are services safe?

Our findings

Safe track record and learning

There was 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, one significant event we looked at related to some information being dropped in the surgery car park. We saw that the learning from this was to use document wallets which we saw were now held in reception. This was reflected in meeting minutes we viewed. We found there were some inconsistencies in the significant event reports such as some records showed the date of the incident and the date it was reviewed at a meeting whereas others did not include this information. During the course of our inspection we found there had been a needle stick injury which had not been raised as a significant event. However a report was completed on the day of our inspection.

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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the lead member of staff for safeguarding. The practice 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 relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room and consultation rooms advised patients that chaperones were available if

required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (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 had some systems in place to maintain standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The practice had not carried out annual infection control audits in order to identify any areas that required improvement. The practice carried out minor surgery. However there was no schedule for cleaning the room where minor surgery took place and no record of cleaning specifically for minor surgery. There were no spot checks of cleaning recorded by the practice although we were told this was done regularly.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were some systems in place to monitor their use.
- One of the nurses had qualified as a nurse prescriber and could therefore prescribe medicines for specific clinical conditions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed six personnel files but found inconsistencies in all the files. We spoke with the practice manager who told us and we saw evidence that an external company was going to visit the practice and provide advice and support in order for the practice to ensure that all appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body.

Monitoring risks to patients

Some risks to patients were assessed and managed.

Are services safe?

- There were some 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. The practice did not have a fire risk assessment in place but participated in annual full medical centre fire evacuation drills. The majority of staff within the practice had not received any fire safety training. The practice had two fire marshals who had not received any training in how to carry out this role.
- 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 lead GP had completed a comprehensive assessment of risk to be used as a control measure. However it had not been dated. There had been no further assessment of any risks, actions identified or an action plan put in place. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health. There were also risk assessments for Lutterworth Medical Centre such as fire alarm and emergency lighting testing and those relating to external areas such as the car park.
- We were told and we saw evidence that a legionella risk assessment had been undertaken by the landlords of the building when it had been built. It had been deemed low risk and water temperature checks were to be

carried out on a regular basis. We saw that the practice carried out monthly water checks. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had a lift and the last service took place in July 2015.

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 alarm system which alerted staff to any emergency.
- All staff received regular basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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 fit for use.

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice 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 peoples' needs. We saw evidence that guidelines were discussed at clinical meetings and disseminated appropriately.
- 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 were 95% of the total number of points available, with 9.2% exception reporting. (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 2015-2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. The practice achieved 90% overall for diabetes indicators which was 0.1% below the CCG Average but 0.9% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 86% which was better than the CCG average of 84% and the national average of 84%.

- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma, was 73%. This was slightly below the CCG average of 74.5% and the national average of 75%.
- Performance overall for mental health related indicators was 91% which was 5.5% lower than the CCG Average and 2% lower than the national average.

Clinical audits demonstrated quality improvement.

- We saw evidence of four clinical audits completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, benchmarking and peer review.
- Findings were used by the practice to improve services. For example, an antibiotic audit demonstrated that there had been a reduction in the number of antibiotics prescribed which were not in line with national guidance.
- The practice had carried out a minor surgery questionnaire to gain feedback from patients. 18 out of 19 responses gave excellent feedback whilst one was overall good. However we were unable to ascertain when the survey had been carried out.

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. It 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- The practice did not have a training matrix in place to identify when training was due therefore we could not be assured that the learning needs of all staff had been identified.
- Staff had received some training which included: safeguarding, fire procedures, basic life support and infection control procedures. Staff had access to and made use of e-learning training modules and in-house training. However we found that not all staff had received fire safety training and designated fire marshals had not had relevant 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

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.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those experiencing poor mental health. Patients were then signposted to the relevant service.

On site counselling was available and there was a weekly clinic provided by the community psychiatric nurse.

The practice had developed a self-assessment questionnaire based on the General Practitioner Assessment of Cognition dementia screening tool to enable patients and relatives to self-assess whether they may be developing memory problems. Both practice nurses have been trained to carry out mini-mental state examinations and to order initial screening investigations prior to referral to the memory clinic for further assessment.

There was also a substance misuse clinic at the practice.

The practice's uptake for the cervical screening programme was 83%, which was in line with the CCG average of 83% and the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were variable compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 98% to 100% and were higher than CCG averages but the rates for five year olds ranged from 91% to 94% which was lower than CCG averages. The

Are services effective?

(for example, treatment is effective)

practice told us they felt the achievement for the older age group of children was due to having a number of patients who were travellers and the practice had found it difficult to engage them in the immunisation programme.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. From 2015 the practice had increased the number of health checks offered to older patients by actively searching for patients not being seen.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous, caring 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 had the facility to offer patients a private room to discuss their needs if they required greater privacy.

All of the 32 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said staff were professional, caring, friendly and had the ability to 'think outside the box'. They felt the service was above and beyond what was expected and they were treated with dignity and respect.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 99% said the GP was good at listening to them compared to the CCG average of 91% and national average of 87%.
- 98% said the GP gave them enough time (CCG average 88%, national average 87%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).

- 99% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 98% said they found the receptionists at the practice helpful (CCG average 84%, national average 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 on 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 much higher than local and national averages. For example:

- 100% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 97 % said the last GP they saw was good at involving them in decisions about their care (CCG average 82%, national average 82%).
- 96% said the last nurse they saw was good at involving them in decisions about their care (CCG average 82%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. There was also a hearing loop available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

The practice manager told us that if families had suffered bereavement, either a letter was sent to them from the senior GP, offering support or they were visited by him.

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 to secure improvements to services where these were identified. This had included initiating and operating a clinic at the local secondary school (although this was no longer provided by the practice due to change the change to GMS contract). They were currently investigating the possibility of providing an in house ultrasound service in order to save patients having to travel as far and also to reduce waiting times to two weeks or less.
- The practice offered a daily open surgery from 08.30am until 11.30am.
- A minor illness clinic run by the nurse prescriber was available on a daily basis.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There were disabled facilities, a hearing loop and translation services available.
- In the waiting room there was an enclosed, well equipped children's' play area.
- The practice had purchased a piece of equipment called Mole Mate. It was a non-invasive, rapid and painless mole-screening technology which enabled GPs to quickly scan a patient's moles. This enabled the GP to make a decision on whether treatment or a referral was required at the appointment.
- The practice had a blood centrifuge which gave greater flexibility as to when blood samples could be taken from patients. It meant blood samples did not have to be ready to be collected by a courier at a set time each day.
- Hearing tests were available in house.
- The practice had organised low cost access to resuscitation and emergency first aid training for parents of children less than five years old.

- The practice offered ambulatory blood pressure monitoring and 24 and 48 hour ambulatory ECG.

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. Appointments were from 08.30am to 11.30am every morning and in the afternoon from 3.00pm to 6.00pm daily. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them. The practice offered an open surgery every day between 08.30am and 11.30am but the GPs carried on after this until all patients attending the open surgery had been seen.

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

- 97% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 78%.
- 100% of patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 66% of patients said they always or almost always see or speak to the GP they prefer (CCG average 36%, national average 36%).

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

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 on request to help patients understand the complaints system. There was a summary leaflet available.

We looked at four of the eight complaints received in the last 12 months and found these had been satisfactorily handled in a timely way and apologies had been given

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

when necessary. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, we were told that customer care training was being arranged for reception staff following a complaint about rudeness.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had aims which were stated in their statement of purpose and included the aim of providing safe and effective primary care services to patients, delivered by clinical staff with the appropriate training and skills and with the support of appropriately trained administrative staff. It was clear that staff shared this goal.
- The practice had a strategy and supporting plans which reflected their aims and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework with the purpose of supporting the delivery of the strategy and good quality care overall. We found that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- The practice had systems in place for cleaning of toys and equipment but we found on the day of the inspection that there were gaps in the records where the cleaning had not taken place.
- Practice specific policies were implemented and were available to all staff.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- Although some risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe.

Leadership and culture

The senior GP in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. They were visible in the practice and staff told us they were always approachable and took the time to listen and involve members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The practice encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us the practice held regular team meetings, including clinical meetings, nurse meetings, reception meetings and whole practice meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings or informally and felt confident in doing so and felt supported if they did.
- Staff we spoke with said they felt respected, valued and supported, by others in the practice.

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

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 a virtual patient group (vPPG) through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, implementation of staff name badges, an electronic notice board to inform patients which doctors were staffing the open access clinics, a review of do not attend (DNA) appointments and a new practice website.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussions. However from the appraisals we looked at responses to staff feedback had not always been documented.
- Staff told us they felt confident to give feedback and discuss any concerns or issues with colleagues or management. They also told us they felt involved to improve how the practice was run.

Are services well-led?

Requires improvement



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

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice had until recently been a training practice and hoped to reinstate this when staffing allowed. They were forward thinking and part of local pilot schemes to improve

outcomes for patients in the area such as a clinic at the local secondary school for teenagers, the implementation of subsidised resuscitation and first aid classes for parents of under five year olds and providing on site facilities such as hearing tests and diagnosis equipment to reduce travelling for patients.

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	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. This was in breach of regulation 12(1) (2) (a) (b) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed 19 (1) - The registered person did not have a system in place to demonstrate that potential employees were:- 19 (3) – the following information must be available in relation to each such person employed – 1. – the information specified in Schedule 3, and 2. Such other information as is required under any enactment to be kept by the registered person in relation to such persons employed. This was in breach of Regulation 19)(1),(3) of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014)