

# Dr SM Bhate and Dr H El-Shakankery

## Quality Report

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

## Ratings

|                                            |  |                      |                                                                                       |
|--------------------------------------------|--|----------------------|---------------------------------------------------------------------------------------|
| Overall rating for this service            |  | Good                 |  |
| Are services safe?                         |  | Good                 |  |
| 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr SM Bhate and Dr H El-Shakankery on 21 January 2016, when we rated the practice as requiring improvement overall. The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for Dr SM Bhate and Dr H El-Shakankery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook this comprehensive inspection on 12 December 2016 to check the practice had improved since the previous inspections, they had followed their plan to improve, and to confirm that they now met legal requirements. Overall, the practice is now rated as good.

Our key findings were as follows:

- The practice had made improvements in some areas, but we identified continuing concerns relating to the effectiveness of governance arrangements within the practice. The practice did not demonstrate an open and proactive approach to learning and improving.

Although the practice made improvements, these were reactive and focused on individual concerns, rather than looking at the wider context for improvement of the practice overall.

- There was a system in place for reporting and recording significant events; however this was not always effective in supporting the practice to learn and improve.
- 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.
- There were mixed views on patient satisfaction in terms of being treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.

# Summary of findings

- 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.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again. However, the practice did not complete this process by confirming this in writing.
- There was an overarching governance framework, however, this lacked some arrangements to monitor and improve quality and identify risk. For example, staff remained unsure of what constituted a significant event and had therefore identified very few.

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

Importantly, the provider must:

- Ensure systems and processes operate effectively to ensure the practice can assess, monitor and improve the quality and safety of the service provided, including making good use of the significant events and complaints to gain insight into areas for improvement.

In addition the provider should:

- Check they are following their own policies and procedures if and when they need to recruit staff.
- Undertake regular checks that clinical staff are appropriately registered with the relevant professional organisations, such as the Nursing and Midwifery Council (NMC).

**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 good for providing safe services.

Good



- There was system in place for reporting and recording significant events; however this was not always effective in supporting the practice to learn and improve.
- The process for cascading safety alerts within the practice had improved.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal apology and were told about any actions to improve processes to prevent the same thing happening again. However, the practice did not complete this process by confirming this in writing.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The arrangements to deal with emergencies and major incidents needed improving. There were no documentary checks made of the defibrillator. The oxygen cylinder available on site was significantly out of date. The practice confirmed with us after the inspection that they had purchased an oxygen cylinder to manage this risk going forward.

### 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 at or above average compared to the national average. For 13 of the 19 clinical domains within QOF the practice had achieved 100% of the points available.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed mixed views on patient satisfaction, but generally better results for the nurses rather than the GPs in terms of respect of being treated with compassion, dignity and respect. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice had responded to the concerns raised in the January 2016 inspection about availability of information on how to make a complaint. Information was now displayed within the patient waiting area and on the practice website.
- There was no patient participation group in place, but the practice had taken reasonable steps to encourage patients to join a group.
- 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. For example, the practice was part of the multi-disciplinary team working to reduce avoidable admissions for the most vulnerable patients within the practice population.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

## Are services well-led?

The practice is rated as requires improvement for being well-led. The practice had made some improvements to arrangements since our January 2016 inspection, but concerns remained in some areas when we undertook a follow up inspection on 12 December 2016.

Requires improvement



- The practice did not have a formal business plan.
- The practice had made improvements in some areas, but we identified continuing concerns relating to the effectiveness of governance arrangements within the practice. The practice did not demonstrate an open and proactive approach to learning

# Summary of findings

and improving. Although the practice made improvements, these were reactive and focused on individual concerns, rather than looking at the wider context for improvement of the practice overall.

- There was an overarching governance framework, however this lacked some arrangements to monitor and improve quality and identify risk. For example, the practice identified low numbers of significant events and complaints. They had recategorised complaints which came into the practice as something else.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice encouraged feedback from staff. They had gathered patients' feedback through the Friends and Family Test and the National GP Patient Survey. The practice had attempted to form their own patient participation group (PPG), however at the time of inspection there was not an active practice PPG.

# 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, all patients over the age of 75 had a named GP. Patients at high risk of hospital admission and those in vulnerable circumstances had care plans.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- A palliative care register was maintained and the practice offered immunisations for pneumonia and shingles to older people.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of admission to hospital were identified as a priority.
- Longer appointments and home visits were available when needed. The practice's electronic system was used to flag when patients were due for review. This helped to ensure the staff with responsibility for inviting people in for review managed this effectively.
- Patients had regular reviews to check health and medicines needs were being met.
- For those people with the most complex needs, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- The practice had identified the needs of families, children and young people, and put plans in place to meet them.
- 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. For example, childhood immunisation rates

Good



# Summary of findings

for the vaccinations given to under two year olds ranged from 90.9% to 95.5% and five year olds from 95% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 93.7% to 98.6% and five year olds from 94.7% to 98.9%.

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's uptake for the cervical screening programme was 80.3%, which was slightly lower than the CCG average of 81.4%.
- Pregnant women were able to access an antenatal clinic provided by healthcare staff attached to the practice.

## **Working age people (including those recently retired and students)**

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

- Extended opening times were offered to meet the needs of the working age population, those recently retired and students.
- The practice offered online services, such as online appointment booking and repeat prescription ordering, as well as a full range of health promotion and screening that reflects the needs for this age group.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients those who needed them, including patients with a learning disability.
- 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.

**Good**



# 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).

- 93.8% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months (April 2014 to March 2015), compared to a national average of 83.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- A psychiatrist was offered the use of a room in the practice to see patients.
- The practice carried out dementia screening.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

Generally, the GP Patient Survey published in July 2016 showed patients were satisfied with the service they received. For the practice, 93.6% of patients who responded were satisfied with their overall experience of the GP surgery. This was higher than the local clinical commissioning group (CCG) average of 88% and the England average at 85.2%. There were 337 survey forms distributed for Dr SM Bhate and Dr H Shakankery and 110 forms returned. This is a response rate of 32.6% and equated to 3.3% of the practice population.

Of those patients who responded:

- 83.4% stated they would recommend their GP Practice to someone who has just moved to the local area. This compared with a CCG average of 78.4% and a national average of 79.5%.
- 89.7% found it easy to get through to this surgery by phone. This compared with a CCG average of 78.5% and a national average of 72.9%.
- 97.5% found the receptionists at this surgery helpful. This compared with a CCG average of 89.6% and a national average of 86.8%.
- 83.6% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 76.6% and a national average of 75.7%.
- 99.1% said the last appointment they got was convenient. This compared with a CCG average of 93.8% and a national average of 91.8%.
- 85.9% described their experience of making an appointment as good. This compared with a CCG average of 75.2% and a national average of 73.3%.
- 58.5% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 61.8% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were mostly positive about the standard of care received.

Respondents used words such as good, caring, safe, hygienic, welcoming, friendly and brilliant, to describe the practice. Respondents described staff as thoughtful, accommodating, helpful, responsive and trying to do the best for patients. Two cards included negative responses related to appointment availability.

We spoke with three patients during the inspection. They were mostly happy with the service provided. However, they told us they are sometimes kept waiting past their appointment time and are not given an update about how long the wait will be. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring.

The practice collected responses to the national friends and family test (FFT) but did not publish the results on their website. (The FFT is a tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience that can be used to improve services. It is a continuous feedback loop between patients and practices). The recent results were as follows:

- August 2016, five patients (100%) completing the test said they were either 'likely' or 'extremely likely' to recommend the service to family and friends.
- September 2016, five patients (71.4%) completing the test said they were either 'likely' or 'extremely likely' to recommend the service to family and friends. Two patients (28.6%) said they were either 'unlikely' or 'extremely unlikely' to recommend the service to family and friends.
- October 2016, three of the patients (100%) completing the test said they were 'extremely likely' to recommend the service to family and friends.

# Summary of findings

## Areas for improvement

### Action the service **MUST** take to improve

- Ensure systems and processes operate effectively to ensure the practice can assess, monitor and improve the quality and safety of the service provided, including making good use of the significant events and complaints to gain insight into areas for improvement.

### Action the service **SHOULD** take to improve

- Check they are following their own policies and procedures if and when they need to recruit staff.
- Undertake regular checks that clinical staff are appropriately registered with the relevant professional organisations, such as the Nursing and Midwifery Council (NMC).

# Dr SM Bhate and Dr H El-Shakankery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist advisor.

## Background to Dr SM Bhate and Dr H El-Shakankery

The Care Quality Commission has registered Dr SM Bhate and Dr H El-Shakankery to provide primary care services.

The practice provides services to just under 3,300 patients from one location, Riverview Health Centre, Borough Rd, Sunderland, Tyne and Wear, SR1 2HJ. We visited this location on the day of our inspection.

The practice is part of Sunderland clinical commissioning group (CCG) and provides services to patients of all ages based on a Personal Medical Services (PMS) contract agreement for general practice. The practice population broadly reflects national averages for age distribution. There are however slightly more patients than average between the ages of 60-69 and slightly fewer than average under the age of 10.

The practice is located in a purpose-built surgery shared with one other GP practice and other local healthcare services, such as podiatry, district nurses and health visitors. The building is owned and managed by NHS

Property Services Limited and has level-entry access and a car park for patients to use. All the services provided to patients by Dr SM Bhate and Dr H El-Shakankery are on the ground floor.

Information taken from Public Health England placed the area in which the practice was located in the most deprived decile. (A decile is a method of splitting up a set of ranked data into 10 equally large subsections). In general, people living in more deprived areas tend to have greater need for health services. The average male life expectancy is 74 years, which is five years lower than the England average and the average female life expectancy is 80 years, which is three years lower than the England average.

The percentage of patients reporting with a long-standing health condition is much higher than the national average (practice population is 58.5 % compared to a national average of 54.0%). The practice has a higher percentage of patients between the ages of 18 and 65 at 43.3%, compared to a national average of 34.8%.

The catchment area of the practice also includes five homeless refuges (one of which is especially for residents with psychotic conditions), two assisted living homes and the European Centre For Autism, which offers residential care for young people with Autism up to the age of 21.

The practice has two GP partners (both male). There is one nurse practitioner (female), two practice nurses (both female), a practice manager and a team of six administrative and reception staff.

The surgery is open from 8.30am until 6pm from Monday to Friday, with extended opening hours until 8pm on Mondays. The telephone lines operate at all times during

# Detailed findings

these opening hours. Outside of these times, a message on the surgery phone line directs patients to out of hours care, NHS 111 or 999 emergency services as appropriate. Appointments with a GP are available as follows:

- Monday: 9am to 11am, 4pm to 5.30pm and 6.30pm to 8pm
- Tuesday to Friday: 9am to 11am and 4pm to 5.30pm

The NHS 111 service and Vocare, known locally as Northern Doctors Urgent Care Limited (NDUC), provide the service for patients requiring urgent medical attention out of hours. Additional out of hours provision is available in the practice building from 6pm to 8pm Monday to Friday and 9am to 2pm on Saturday and Sunday. This is available to all patients in the locality.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. We previously carried out a full rated comprehensive inspection on 21 January 2016. The practice was rated as requiring improvement for providing safe, responsive and well led services and was rated as requiring improvement overall. The full comprehensive report on the January 2016 inspection can be found by selecting the 'all reports' link for SM Bhate and Dr H Shakankery on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The purpose of this most recent inspection was to check that further improvements had been made.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered 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, such as the local clinical commissioning group, to share what they knew. We carried out an announced visit on 12 December 2016. During our visit we:

- Spoke with a range of staff (two GP Partners, a nurse practitioner, a practice nurse, the practice manager, two reception and administrative staff) and spoke with patients who used the service. We spoke with members of the extended community healthcare team who were not employed by, but worked closely with the practice.
- Observed how patients were being cared for in the reception area 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.
- Looked at information the practice used to deliver care and treatment plans.

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).

## Detailed findings

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

At our previous inspection on 21 January 2016, we rated the practice as requiring improvement for providing safe services as there were a number of arrangements to make sure the practice was safe which were either not in place or not operating effectively. This included arrangements relating to significant events, recruitment and medicines.

The practice had made some improvements to these arrangements, but concerns remained in some areas when we undertook a follow up inspection on 12 December 2016.

### Safe track record and learning

There was system in place for reporting and recording significant events, however this was not always effective in supporting the practice to learn and improve. At the January 2016 inspection we found the practice had identified a low number of significant events, staff were unsure what constituted a significant event and learning points identified were often non-specific. At this inspection in December 2016 we found the practice had not made improvements in this area. The practice had identified two significant events since the last inspection.

We found that, rather than identifying incidents, both positive and negative, from which they could learn, the practice only considered those at a higher level, which fitted more closely with the definition of a serious and untoward incident through their significant events process. This limited the learning potential for the practice. Most staff were unable to recall examples of significant events where improvements had been made to their area of work. However, we found:

- 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 used the local clinical commissioning group (CCG) wide Safeguard Incident Reporting Management System (SIRMS). They used this to record incidents and provide feedback on patient's experiences of care within other services in the local area.
- For those events identified, the practice carried out a thorough analysis.
- It was not clear from the two significant events identified over the last year as to how the process supported the practice in 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). However, the practice confirmed verbally the actions they took to keep patients informed when things went wrong with care and treatment, how they informed patients of the incident, how they supported patients and gave them a truthful information about the incident and told them about any actions to improve processes to prevent the same thing happening again. The practice did not provide this in writing unless requested to do so by the patient.

In January 2016, we found there was no system in place to ensure that staff had read medicine and equipment safety alerts. Safety alerts inform the practice of problems with equipment or medicines or give guidance on clinical practice. In this inspection (December 2016) we found the practice had improved in this area. Alerts were disseminated by the practice manager to the clinicians. The clinicians then reviewed the alerts during clinical meetings and decided what action should be taken to ensure continuing patient safety, and mitigate risks.

### 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 clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three and practice nurses level two.
- A notice in the waiting room 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).

## Are services safe?

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
  - The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored 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 mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) We did find one vial of water for injection in one of the GPs bag that was out of date, but action was taken to address this during the inspection.
  - In January 2016 we found appropriate recruitment checks, as outlined in the practice's recruitment policy, had not been undertaken prior to employment. The practice had not recruited any new staff member since and so we were unable to verify the improvements made by the practice in this area. The practice had not undertaken any post recruitment checks to address the concerns we identified at the inspection in January 2016.
- Monitoring risks to patients**
- Risks to patients were assessed and well managed.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment for which the practice was responsible 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 term for a particular bacterium which can contaminate water systems in buildings).
  - Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.
  - In January 2016, we found ineffective arrangements for ensuring clinicians had in place appropriate medical indemnity. The practice addressed this immediately and provided us with evidence of this. (Medical indemnity ensures that if a patient is harmed in some way because of the negligence of a registered healthcare professional, they will be able to recover any compensation they may be entitled to.) At this inspection (December 2016) we verified the practice had maintained these improvements and all clinical staff had appropriate medical indemnity in place.
  - In January 2016 we found there was no process for checking the immunisation status of staff, and no record of this was not kept by the practice. In December 2016, we found the practice had implemented a process and a record was now maintained of staff immunisation status.
  - Although all nursing staff were appropriately registered with the Nursing and Midwifery Council (NMC), we found the practice did not have in place arrangements to check this on an ongoing basis. Staff confirmed the practice did not keep an independent record of this, but relied on clinicians to keep them up to date with any changes to registration status. In January 2016, we found the practice had taken a similar approach to medical indemnity. This had resulted in a clinical staff being without medical indemnity until we identified this as a concern. We found the practice did not demonstrate a proactive approach to ensuring they continue to learn and improve.

# Are services safe?

## Arrangements to deal with emergencies and major incidents

At our previous inspection on 21 January 2016, the practice kept only a limited range of medicines to treat patients or visitors in the event of a medical emergency. They were not kept together to ease staff access to these in an emergency. The practice had made improvements to these arrangements when we undertook a follow up inspection on 12 December 2016. They now maintained a wider set of emergency medicines, in line with guidance from the Resuscitation Council (UK)

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, the defibrillator was maintained by another service within the building and there was no documentary evidence to demonstrate this was

checked on a regular basis, although staff told us it was. Similarly the oxygen within the building was out of date as of February 2014. The practice confirmed after the inspection they had taken over responsibility for oxygen provision within the building and provided us with an invoice to demonstrate this was now in date and in place. 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. At the inspection in January 2016 the practice told us no copies were maintained off site in case staff were unable to access the building in the event of an emergency. In December 2016, the practice confirmed the plan had been cascaded to key staff members, who maintained both an electronic copy and a printed copy accessible off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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.
- 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

Nationally reported data taken from the Quality Outcomes Framework (QOF) for 2015/16 showed the practice had achieved 91.8% of the points available to them for providing recommended treatments for the most commonly found clinical conditions. This was lower than the local clinical commissioning group (CCG) average of 95.8% and the England average of 95.3%. The practice had a lower than average clinical exception reporting at 5.1%. This compared to a CCG average of 10.4% and an England average of 9.8%. (The QOF scheme includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side effect.)

This practice was not an outlier for any QOF clinical targets.

Data from 2015/16 showed for 13 of the 19 clinical domains within QOF the practice had achieved 100% of the points available. However, the practice achieved lower-than-average results for indicators relating to asthma; diabetes; mental health; peripheral arterial disease and secondary prevention of coronary heart disease. For example:

- Performance for diabetes related indicators was lower than the clinical commissioning group (CCG) and national average. The practice achieved 79.8% of the points available. This compared to an average performance of 92.9% across the CCG and 89.9% national average.

- Performance for asthma related indicators was comparable to the CCG and national averages. The practice achieved 95.3% of the points available. This compared to an average performance of 96% across the CCG and 97.3% national average. For example, the percentage of patients on the asthma register who had an asthma review within the preceding 12 months that included an assessment of asthma control was 67.4%, this compared to a CCG average of 72.1% and a national average of 75.6%.
- The percentage of patients with hypertension having regular blood pressure tests within range was above the national average. 81.6% of patients had a reading measured within the last 12 months, compared to a CCG average of 82.3% and 82.9% nationally.
- The summary performance for mental health related indicators was lower than the CCG and national average. The practice achieved 86.7% of the points available. This compared to an average performance of 90.8% across the CCG and 92.8% national average. For the practice, 77.3% of patients with schizophrenia, bipolar affective disorder and other psychosis had a comprehensive agreed care plan documented within the preceding 12 months. This compared to a CCG average of 85.7% and a national average of 88.8%.
- The practice was also an outlier on the reported versus expected prevalence rate for coronary health disease. The practice had a rate of 0.66, which was lower than the CCG average of 0.86 and lower than the national average of 0.71.

Across these indicators, we found when the local deprivation levels and very low exception reporting were taken into account; the performance was more in line with comparators.

The practice performed higher than comparators in some areas. For example:

- The practice achieved 100% of the points available for groups of indicators in areas such as chronic kidney disease; depression; epilepsy and heart failure.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review within the preceding 12 months was better than the national average at 93.8% (compared to a CCG average of 80% and a national average of 83.8%).

Clinical audits demonstrated quality improvement.

# Are services effective?

## (for example, treatment is effective)

- There had been one clinical audit since the inspection in January 2016. This was a completed audit where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, the practice aimed to improve the care and treatment given to patients with chronic obstructive pulmonary disease (COPD). (COPD is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. People with COPD have difficulties breathing, primarily due to the narrowing of their airways.) This included more focus on promotion of self management of their illness for COPD patients and to prevent hospital admission with exacerbations. The audit evidenced the improvements made.
- The practice had also carried out exit questionnaires to capture evidence of the quality of patient experience whilst accessing the nurse practitioner and practice nurse services within the practice.
- The practice participated in applicable local audits, national benchmarking, accreditation, and peer review.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that 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, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these 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 the revalidation of doctors. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly 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. However, there was no practice policy in place for how the practice implemented the requirements under the Mental Capacity Act.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

# Are services effective?

(for example, treatment is effective)

- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

## Health promotion and prevention

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. Patients were then signposted to the relevant service.
- Patients assessed to be in the 2% most at risk of hospital admission were on a register and discussed weekly with other professionals at the East Locality Integrated Community team meeting.
- There was a counsellor available on the premises and drug and alcohol advice and smoking cessation advice were available from local support groups.

The practice had a system for ensuring results were received for every sample sent as part of the cervical

screening programme. The practice's uptake for the cervical screening programme was 80.3%, which was slightly lower than the national average of 81.2% and the CCG average of 81.4%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were in line with the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 90.9% to 95.5% and five year olds from 95% to 100%. The average percentage across the CCG for vaccinations given to under two year olds ranged from 93.7% to 98.6% and five year olds from 94.7% to 98.9%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. The practice nurse worked to encourage uptake of screening and immunisation programmes with the patients at the practice, for example, the nurse took samples opportunistically when this was possible.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Of the 29 patient CQC comment cards we received, most 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. Respondents described staff as thoughtful, accommodating, helpful, responsive and trying to do the best for patients.

We also spoke with three patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They thought staff were approachable, committed and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed mixed views on patient satisfaction, but generally better results for the nurses rather than the GPs in terms of respect of being treated with compassion, dignity and respect. For example, of the patients who responded:

- 81.6% said the GP was good at listening to them compared to the CCG average of 88.7% and national average of 88.6%.
- 84.8% said the GP gave them enough time compared to the CCG average of 87.3% and national average of 86.6%.
- 95.8% said they had confidence and trust in the last GP they saw compared to the CCG average of 95.7% and national average of 95.2%.

- 77.7% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85.7% and the national average of 85.4%.
- 98.3% said the nurse was good at listening to them compared to the CCG average of 93.5% and national average of 91%.
- 98.4% said the nurse gave them enough time compared to the CCG average of 94.4% and national average of 91.9%.
- 100% said they had confidence and trust in the last nurse they saw compared to the CCG average of 98.3% and national average of 97.1%.
- 97.5% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93.4% and the national average of 90.7%.
- 97.5% said they found the receptionists at the practice helpful compared to the CCG average of 89.6% and national average of 86.8%.

### Care planning and involvement in decisions about care and treatment

Patients told us that 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. We also saw that care plans were personalised.

Overall, results from the July 2016 National GP Patient Survey showed mixed results for patient experience of their involvement in planning and making decisions about their care and treatment. However, results were generally better for the nurses rather than the GPs. Of the patients who responded:

- 78.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.2% and national average of 86%.
- 76.6% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 81.8%.
- 98.6% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91.7% and national average of 89.6%.

## Are services caring?

- 93.4% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88.4% and the national average of 85.3%.

The practice had analysed and discussed the results as a practice, and considered the lower performance. However, we found there was not a clear action plan in place to demonstrate how the practice planned to improve on those areas where they performed lower than comparators.

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

- Staff told us that translation services were available for patients who did not have English as a first language.

### **Patient and carer support to cope emotionally with care and treatment**

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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 42 patients as carers (1.3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. A member of staff had taken on the role of carers lead and attended meetings with local carers' organisations.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

At our previous inspection on 21 January 2016, we rated the practice as requires improvement for providing responsive services as the arrangements in respect of recording, investigating and learning from complaints needed improving. There was also no patient participation group in place.

These arrangements had improved when we undertook a follow up inspection on 12 December 2016. The practice is now rated as good for providing responsive services.

### 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. For example, the practice was part of the multi-disciplinary team working to reduce avoidable admissions for the most vulnerable patients within the practice population.

- The practice offered evening appointments on a Monday until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed them, including those with patients with a learning disability.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice allowed a counsellor from a local mental health service to use a room at the practice without charge.
- The practice had a high number of patients with poor mental health.
- Homeless patients, travellers and asylum seekers could register at the practice. There were five homeless shelters in the practice catchment area, many of the residents of which were patients at the practice.

The practice did not have their own practice participation group (PPG). Since the last inspection they had taken further action to encourage patients to join a group. This included the local Healthwatch organisation attending the practice to speak to and encourage patients to join the practice group. The practice were considering setting up a joint PPG with another practice based at the same location.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday, with extended opening until 8pm on Mondays. Appointments were from 9am to 11am every morning and 4.30pm to 6pm in the afternoon. Extended surgery hours were 6.30pm to 8pm on a Monday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also

available for people that needed them.

The national GP patient survey results with how satisfied patients were with how they could access care and treatment were mostly in line with comparators. Of the patients who responded:

- 83.6% were able to get an appointment to see or speak to someone the last time they tried. This compared with a CCG average of 76.6% and a national average of 75.7%.
- 99.1% said the last appointment they got was convenient. This compared with a CCG average of 93.8% and a national average of 91.8%.
- 89.6% of patients were satisfied with opening hours. This compared with a CCG average of 82.7% and a national average of 79.5%.
- 89.7% found it easy to get through to this surgery by phone. This compared with a CCG average of 78.5% and a national average of 72.9%.
- 85.9% described their experience of making an appointment as good. This compared with a CCG average of 75.2% and a national average of 73.3%.
- 58.5% felt they do not normally have to wait too long to be seen. This compared with a CCG average of 61.8% and a national average of 57.7%.

Patients 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.

The GP or nurse practitioner triaged any urgent requests for home visits in advance to gather information to allow for an informed decision to be made on prioritisation according to 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.

# Are services responsive to people's needs?

(for example, to feedback?)

Just before the inspection, the practice had experienced a significant event involving a missed home visit. The practice intended to take this through the significant event process to ensure they captured any learning from this, to help them reduce the risk of any home visits being missed in the future.

## Listening and learning from concerns and complaints

In January 2016 we found there was little information provided to patients setting out how they could make a complaint. There was no information provided in the patient waiting area and no information provided on the practice website. In December 2016, we found the practice had addressed this. Information was now displayed within the patient waiting area and on the practice website.

- The practice complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice had received two complaints within the last twelve months. However, the practice told us these did not progress to formal complaints. For example, the practice responded after a long delay to one letter of concern which the practice did not take through their complaints process. The practice told us they were treating this as feedback about a patient rather than as a complaint.

We found the practice demonstrated a lack of willingness to change and improve as a result of complaints.

# Are services well-led?

Requires improvement 

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

## Our findings

At our previous inspection on 21 January 2016, we rated the practice as requiring improvement for providing well-led services as there was no formal business plan or strategy for the practice and an ineffective governance structure.

The practice had made some improvements to arrangements, but concerns remained in some areas when we undertook a follow up inspection on 12 December 2016. The practice is still rated as requiring improvement for providing well-led services. We identified continuing concerns relating to the effectiveness of governance arrangements within the practice.

### Vision and strategy

The practice had a mission statement for staff and patients, and staff we spoke to talked about making good patient care their priority. For patients the mission statement was:

- To improve health and wellbeing of patients by offering preventative medical practice and best advice.
- To be patient centred and to involve patients in decisions, especially about their own care.
- To support and co-operate with partners in the community.

The practice did not have a formal business plan but practice management told us that forward planning, including ongoing succession planning was regularly discussed at partners' meetings.

### Governance arrangements

In January 2016 we found systems and processes were not established nor did they operate effectively to assess, monitor and improve the quality and safety of the services provided. Appropriate records relating to staff were not maintained. Also, the practice did not seek and act on feedback from patients.

In December 2016, we found the practice had made some improvements, which included:

- A system had been implemented to regularly check the registration and medical indemnity of the clinicians at the practice was up-to-date.
- A formal risk assessment had been drawn up to formally document the amount and type of emergency medications stocked by the practice.

- The practice maintained an understanding of their clinical performance, including undertaking audits of infection rates and effectiveness of samples from minor surgeries.
- There was now a record maintained of staff immunity status.

However, we found some areas where governance arrangements continued to be ineffective. For example:

- Although the practice did respond to significant events and complaints, learning points were often non-specific. We saw evidence that some complaints from patients were recategorised as patient feedback, and therefore were not fully investigated following the complaints procedure.
- The practice had not improved their approach to significant events. There were still low numbers of significant events identified; the practice set a high bar for taking incidents through this process. This limited the learning potential for the practice.
- The practice did not make a written response to patients detailing the outcome of incidents and complaints, to demonstrate an open and transparent approach to accounting for the care and treatment provided, in line with the duty of candour.
- The practice did not make regular checks to ensure nursing staff were appropriately registered with the Nursing and Midwifery Council (NMC). This was despite at the January 2016 inspection we identified the medical indemnity had lapsed for a nurse.

The practice did not have a clear action plan in place in relation to the national GP patient survey, to demonstrate how they planned to improve on those areas where they performed lower than comparators.

The practice did not demonstrate an open and proactive approach to learning and improving. Although the practice made improvements, these were reactive and focused on individual concerns, rather than looking at the wider context for improvement of the practice overall.

### Leadership, openness and transparency

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

# Are services well-led?

Requires improvement 

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

- Staff told us the practice held bi-monthly team meetings.
- Administrative staff had been given lead roles for each of the Quality and Outcomes Framework (QOF) targets and was responsible for organising the clinics related to these.
- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- The practice had attempted to form their own patient participation group (PPG), however at the time of inspection there was not an active practice PPG. The practice was seeking to set up a joint PPG with another practice on site.
- The practice did not have their own dedicated website. Instead they used their profile on NHS Choices.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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

The practice encouraged feedback from staff. They had gathered patients' feedback through the Friends and Family Test and the National GP Patient Survey.

## Continuous improvement

The practice team was part of local pilot schemes to improve outcomes for patients in the area, such as the Community Integrated Care meetings which involved a weekly, multi-disciplinary review of the care of most vulnerable patients on the practice list.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

| Regulated activity                                                                                                                                                     | Regulation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Diagnostic and screening procedures<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Systems and processes were not established and operated effectively to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity; to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity. They did not effectively seek and act upon feedback from patients, for the purposes of continually evaluating and improving the service provided.</p> <p>This was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |