

Dr Srinivasan Subash Chandran

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?		Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Srinivasan Subash Chandran on 24 May 2016. Overall the practice is rated Good.

This inspection was a follow-up of our previous comprehensive inspection which took place in May 2015 when we rated the practice as inadequate overall. In particular the practice was rated as inadequate for providing safe and well-led services, requires improvement for effective and responsive services and good for providing caring services. The practice was placed in special measures for six months.

The inspection carried out on 24 May 2016 found that the practice had made significant progress in addressing breaches of the legal requirements that had been identified at the May 2015 inspection. The practice was able to demonstrate that they had met the legal requirements for all requirement notices issued.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Governance processes, procedures and systems had been implemented effectively, in order to help ensure that risks to patients were assessed and well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements had been made to the quality of care as a direct result of complaints procedures being improved.
- Clinical audits were in progress and there were plans to complete these and embark on second audit cycles, in order to improve patient care and outcomes.

Summary of findings

- 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.
- There was a clear leadership structure, the staff team felt supported by management and told us that the system for training and appraisals encouraged them to develop within their role.
- The practice had improved how they sought feedback from staff and patients and a patient participation group had been established.

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Continue to revise the system that identifies patients who are also carers, to help ensure that all patients on the practice list who are carers are offered relevant support if required.

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



- Following our previous inspection in May 2015 the practice had made significant improvements to safety, particularly in the areas of; reporting and recording significant events, medicines management, managing and assessing risks to patients and ensuring lessons were shared to make sure action was taken to improve safety.
- Staff had received appropriate levels of training to perform their duties safely.
- The practice had clearly defined and embedded systems, processes and practices to help keep patients safe and safeguarded from abuse. The lead for safeguarding had received the appropriate training and was able to demonstrate insight and awareness of their responsibility in this area.
- Following our previous inspection in May 2015 the practice had made improvements to help ensure that when things went wrong, patients received reasonable support, truthful information and a written apology. Patients were told about any actions to improve processes to prevent the same thing happening again.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were in progress and there were plans to complete these and embark on second audit cycles, in order to improve patient care and outcomes.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Following our previous inspection in May 2015 the practice had made improvements to help ensure 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 patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders. Following our previous inspection in May 2015 the practice had made improvements to help ensure that records relating to complaints were maintained for all complaints received and showed what the complaints related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- Following our previous inspection in May 2015 the practice had made improvements to help ensure that policies and procedures, to govern activity, had been revised and updated.

Summary of findings

- The practice held regular governance meetings, which following our previous inspection in May 2015, were now being appropriately recorded.
- The practice had made significant improvements to help ensure that there was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- Significant improvements had been made to help ensure that the practice had systems for notifiable safety incidents and this information was shared with staff to help ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The newly established 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

Good



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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with other health and social care professionals, such as the district nursing and local neighbourhood teams, to help ensure housebound patients received the care and support they needed.

People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators were slightly below the local and national average. For example, 66% of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 79% and national average 74%).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good



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

Summary of findings

- There were systems 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 accident and emergency (A&E) attendances. Immunisation rates were comparable for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good



- 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 help ensure these were accessible, flexible and offered continuity of care.
- 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 offered an early evening clinic every Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- 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.

People experiencing poor mental health (including people with dementia)

Good



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

- 80% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months, which was comparable to the national average of 84%.
- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which is comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency (A&E) 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Three hundred and twenty eight survey forms were distributed and 101 were returned. This represented 2% of the practice's patient list.

- 78% of respondents found it easy to get through to this practice by telephone compared to the clinical commissioning group (CCG) average of 66% and the national average of 73%.
- 68% of respondents were able to get an appointment to see or speak with someone the last time they tried compared to the CCG average of 70% and the national average of 76%.
- 89% of respondents described the overall experience of this GP practice as good compared to the CCG average of 78% and the national average of 85%.

- 86% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards all of which were positive about the standard of care received. Patients said that staff at the practice were professional, welcoming and very caring. Patients said that receptionists were polite and that clinical staff listened to their concerns.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

Continue to revise the system that identifies patients who are also carers, to help ensure that all patients on the practice list who are carers are offered relevant support if required.

Dr Srinivasan Subash Chandran

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 and a practice manager specialist adviser.

Background to Dr Srinivasan Subash Chandran

Dr Srinivasan Subash Chandran's practice is based in Sheerness Health Centre and there is a branch practice in Queensborough, on the Isle of Sheppey in Kent. There are approximately 4,253 patients on the practice list.

The practice is in a relatively disadvantaged area with high levels of deprivation. The practice is similar to the national averages for each patient population group. For example, 7% of patients are aged 0 - 4 years of age compared to the clinical commissioning group (CCG) average of 7% and the national average of 6% and 35% are 5 to 18 years of age compared to the CCG average of 35% and the national average of 32%. Scores were similar for patients aged 65, 75 and 85 years and over. Patients with long term conditions, make up 49% of the patient list.

The practice holds a Personal Medical Service (PMS) contract with NHS England for delivering primary care services to local communities and is led by one GP (male). The practice are in the process of changing to a General Medical Service (GMS) contract, which will take effect from 1 July 2016.

The GP is supported by a salaried GP (male), an assistant practitioner – previously a healthcare assistant who has attained a Level 4 Health and Social care Foundation Degree (female), a practice nurse (female), a practice manager, a deputy practice manager and a team of administration and reception staff. A range of services and clinics are offered by the practice including asthma and diabetes.

The practice and its branch practice are open from 8am to 6.30pm on Monday to Friday. Extended hours appointments are offered at both practices every Tuesday from 6.30pm to 8.30pm.

An out of hour's service is provided by Medway On Call Care (known as MEDOCC), outside of the practices' open hours. There is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from;

- Sheerness Health Centre, 250-262 High Street, Sheerness, Kent, ME12 1UP.
- Dr S S Chandran, High Street, Queensborough, Kent, ME11 5AQ.

Why we carried out this inspection

This comprehensive inspection was carried out in order to ascertain what progress had been made since the inspection in May 2015, when the practice was found to be inadequate and placed into special measures. We carried out this inspection under Section 60 of the Health and

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 May 2016.

During our visit we:

- Spoke with a range of staff including the principle GP, the salaried GP, the practice manager, the deputy practice manager, the practice nurse, the assistant practitioner and three administrative staff and spoke with six patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 24 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

At our previous comprehensive inspection on 24 May 2015 the practice had been rated as inadequate for providing safe services, as there were areas where it should make improvements. For example, reporting and recording significant events, medicines management, managing and assessing risks to patients and ensuring lessons were shared to make sure action was taken to improve safety.

Since our previous inspection the practice had implemented improved systems in order to ensure they provided safe services.

Safe track record and learning

Significant improvements had been made to help ensure there was an effective system for reporting and recording significant events.

- The practice had improved its significant event/critical event policy. The policy was now signed and dated to show how current it was. Records showed that staff had read and understood it.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that there had been significant events recorded in relation to a parent not bringing their child's 'red book' (a child's health and development recording

book) or consent letter from the child's parent to an immunisation appointment, as well as incidents where immunisations were administered by entered into the system incorrectly placing patients at risk of being given an immunisation twice. Systems had been revised so that immunisations were no longer administered to children in the practice unless parents presented the child's red book and to ensure patients records were checked for previous immunisations having been administered. We saw evidence that these changes had been communicated to the relevant staff, as well as parents of children registered at the practice.

Overview of safety systems and processes

The practice had made significant improvements to help ensure there were clearly defined and embedded systems, processes and practices to help keep patients safe and safeguarded from abuse, which included:

- Arrangements to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. Staff had received recent and appropriate training updates. The practice displayed flowcharts describing the required action and local contact details for referral. 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 the majority of the time. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.
- 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 (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had established that 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. All staff were now

Are services safe?

aware that the practice nurse conducted this lead role. There was an infection control protocol 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 infection control policy included details of who was responsible for the cleaning of the premises. Any concerns or cleaning issues with the premises were reported by the practice to this person. Weekly cleaning audits were conducted and the practice manager held copies of these reports. There had been no actions required from the last three audits that we reviewed. A formal system to underpin what we were told by staff in relation to the tasks they conducted, to help ensure the risk of infection was minimised, had been implemented following our previous visit in May 2015. Material privacy curtains in consultations rooms had been removed and replaced with disposable curtains. We saw records to show that a system for checking and routinely changing them had been established.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice that helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal) had been improved following our previous visit in May 2015. A formal system had been implemented to routinely check the medicines held within GPs' home visit bags, which had previously been lacking. We found that one GP held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) in their home visit bag. We asked the practice manager to check with the medicines optimisation team whether this was appropriate. The day after our inspection we received documentary evidence to show that all controlled drugs had been removed and destroyed, as a consequence of the practice's discussion. There were processes for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms

and pads were securely stored and there were systems to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures 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 was checked to help ensure the equipment was safe to use and clinical equipment was checked to help ensure it was working properly. The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely. Staff told us these were checked regularly to help ensure they were within their expiry date and records confirmed this. All emergency medicines that we looked at were within their expiry date. The procedure for checking and recording stock levels of emergency medicines held at the practice had been improved.
- The practice had a comprehensive business continuity plan 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

At our previous comprehensive inspection on 24 May 2015 the practice had been rated as requires improvement for providing effective services, as there were areas where it should make improvements. For example, the appraisals of and personal development plans for all staff.

Since our previous inspection the practice had implemented improved systems in order to ensure they provided effective services.

Effective needs assessment

The practice had made significant improvements to help ensure they 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 implemented systems to help keep all clinical staff up to date. Evidence showed that the practice used national guidance and professional guidelines to promote best practice in the care it provided. Staff were familiar with current best practice guidance, and accessed guidelines from NICE and from local commissioners. Minutes were now available for staff to access after staff and clinical meetings.
- 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 93% of the total number of points available with 9% 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 2014/15 showed in most areas, the practice was comparable to other practices indicators. For example:

- Performance for mental health related indicators were similar to the national average. For example, 89% of patients with schizophrenia, bipolar affective disorder and other psychoses who have had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (local average 85% and national average 88%).
- Performance for dementia related indicators were comparable to the local and national average. For example, 80% of patients diagnosed with dementia had had their care reviewed in a face-to-face review in the preceding 12 months (local average 83% and national average 84%).

However the practice scored lower than other practices in relation to diabetes indicators. For example:

- Performance for diabetes related indicators were slightly below the local and national average. For example, 66% of patients with diabetes, on the register, in whom the last IFCC HbA1c was 64 mmol/mol (a blood test to check blood sugar levels) or less in the preceding 12 months (local average 79% and national average 74%).

Unverified QOF data from 2015/16 showed that the practice sustained above averages scores and in some areas had made significant improvement.

There was evidence of quality improvement including clinical audit.

- Clinical audits were in progress and there were plans to complete these and embark on second audit cycles.
- For example, a medicine audit. Records demonstrated that the audit was in progress and there were plans to analyse its results and develop an action plan to address its findings.
- Other clinical audits had been carried out. For example, an audit of the coding of childhood immunisations administered in the practice. The practice had analysed the results and produced an action plan to address its

Are services effective?

(for example, treatment is effective)

findings. Where a revisit to the practice, within six months of being placed into special measures, records showed the audit had not been repeated as yet. However, a date had been scheduled for the future.

- The practice also participated in local audits. For example, medicine management audits supported by the local clinical commissioning group (CCG).
- The practice had previously scored 58% in an audit to check compliance with the MCA 2005 and Deprivation of Liberty Safeguards (amendments to the MCA 2005). In the most recent audit, the practice had improved this score to 84%. This was as a direct result of improved staff training and systems and processes implemented by the practice.

Effective staffing

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

- We noted a good skill mix among the GPs both had an additional qualification in carrying out minor surgery.
- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, diabetes, asthma, family planning, travel vaccines, coronary heart disease, chronic obstructive pulmonary disease (a long-term respiratory disease) and updates in childhood immunisations.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes. For example, by access to on line resources.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

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

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 (MCA) 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Reviews of patients records sampled, confirmed that consent was appropriately obtained and recorded. Consent forms had been updated to help ensure they included space to indicate where a patient's carer or parent/guardian had signed on the patients' behalf.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and healthy living. Patients were signposted to the relevant service.
- A dietician and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 82%. The practice contacted patients who did not attend to remind them of the importance of the test. There were systems to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice achieved slightly lower results in relation to its patients attending national screening programmes for

bowel cancer screening. For example, 51% of eligible patients had been screened for bowel cancer, which was slightly lower than the CCG average of 56% and the national average of 58%. The practice achieved similar results in relation to its patients attending national screening programmes for breast cancer screening. For example, 72% percent of eligible patients had been screened for breast cancer, compared to the CCG average of 74% and the national average of 72%.

Childhood immunisation rates for the vaccinations given were lower than CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 81% to 98% (CCG average 83% to 96%). Rates for five year olds ranged from 75% to 86% (CCG average 88% to 94%). The practice had an action plan, to address the low rates and audits of immunisation records had been conducted to see why the results were such.

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.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of patient participation group (PPG). 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 were similar or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 86%.
- 87% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 86%.
- 92% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 84% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the CCG average of 78% and the national average of 85%.

When asked the same question about nursing staff the results were:

- 92% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the CCG average of 87% and the national average of 90%.
- 92% of respondents said the last nurse they saw gave them enough time compared to the CCG average of 90% and the national average of 91%.
- 96% of respondents said they had confidence and trust in the last nurse they saw compared to the CCG average of 97% and the national average of 97%.

The practice scored better than average for the helpfulness of reception staff:

- 90% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 86%.

Care planning and involvement in decisions about care and treatment

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

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

- 81% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.

Are services caring?

- 80% of respondents said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 76% and the national average of 81%.
- 88% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to CCG average of 83% and the national average of 85%.

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

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

Patient and carer support to cope emotionally with care and treatment

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

The practice did not have an appropriate system to alert GPs if a patient was also a carer. The practice had conducted a review of the number of carers identified and had recognised that these had been recorded incorrectly. For example, a number of patients identified as unpaid carers were not, instead these were patients who were employed as care workers. As a result, the practice was in the process of reviewing their carer's register, in order to help ensure all carers were identified and their records updated accordingly. Written information was available to direct carers to the various avenues of support available to them. The patient participation group had received guidance from a local carers support group and as a consequence, the practice had initiated drop in clinics at the practice for carers to attend and access support. We spoke with patients who told us they had benefited from this and were now aware of the entitlements/benefits available to carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a 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 comprehensive inspection on 24 May 2015 the practice had been rated as requires improvement for providing responsive services, as there were areas where it should make improvements. For example, records relating to complaints were not maintained for all complaints received and did not show what the complaints related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant.

Since our previous inspection the practice had implemented improved systems in order to ensure they provided responsive services.

Responding to and meeting people's needs

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

- The practice offered an early evening clinic every Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

Access to the service

The practice and its branch practice were open from 8am to 6.30pm on Monday to Friday. Extended hours appointments are offered at both practices every Tuesday from 6.30pm to 8.30pm. Extended appointments were offered to patients with long-term conditions, for example. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, there were also urgent appointments for people that needed them.

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

- 72% of respondents were satisfied with the practice's opening hours compared to the CCG average of 70% and the national average of 78%.
- 78% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 64% and the national average of 73%.

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

The practice had a system to assess:

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

Listening and learning from concerns and complaints

The practice had made significant improvements to help ensure there was an effective system for handling complaints and concerns.

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

We looked at three complaints received in the last 12 months. We found that the practice had improved the records maintained for all complaints received to show what the complaint related to, how they were investigated, the outcome of each investigation and whether feedback was sent to the respective complainant. Minutes of practice meetings held had also been improved to establish how particular issues, that required change as a result of complaints received, were shared with staff to help ensure they learnt from the complaints made.

Are services well-led?

Good 

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

Our findings

At our previous comprehensive inspection on 24 May 2015 the practice had been rated as inadequate for providing well-led services, as there were areas where it should make improvements. For example, policies and procedures, to govern activity, had not been revised and updated, governance meetings were not being recorded and there was no overarching governance framework which supported the delivery of the strategy and good quality care.

Since our previous inspection the practice had implemented improved systems in order to ensure they provided well-led services.

Vision and strategy

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

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

Governance arrangements

The practice had made significant improvements to help ensure there was an overarching governance framework which supported the delivery of the strategy and good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. A formal system for staff supervision had been implemented and written records showed that staff were met in a formal manner to discuss performance, quality and risks.
- Practice specific policies had been updated and revised (where required) and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit to monitor quality and to make improvements had been implemented. The practice management team were using the results to test that the newly implemented process worked effectively.

- The practice had implemented formal systems to underpin how significant events, incidents and concerns were monitored, reported and recorded. Information about safety was used to promote learning and improvement. Additionally, formal arrangements for monitoring safety, using information from audits, risk assessments and routine checks, had been carried out.

Leadership and culture

Since our previous inspection the GP and practice management team had become more proactive in ensuring they achieved good quality outcomes for their patients. This was supported by staff who told us there had been a shift in the way the practice was managed in respect of driving forward change and improvement.

On the day of inspection the principal GP demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the principle GP and practice management team were approachable and always took the time to listen to all members of staff.

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

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

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

- The practice had improved the way in which it held regular team meetings, in order to help ensure these were minuted and disseminated to the staff team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.

Are services well-led?

Good 

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

- 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 GPs and practice management team encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice has improved how it valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the newly established patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out analysis of national GP patient survey results and submitted proposals for improvements to the practice management team. For example, improving access to support for carers.

- Formal systems to gain feedback from staff had been established, which included the introduction of: an annual staff survey, staff meetings and discussions during formal supervision sessions. 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 and were encouraged to develop within their role.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team had responded to being placed in special measures with an evident commitment to effect positive change through listening and consulting with partner agencies and stakeholders. We saw that there had been significant improvement across all areas with a clear strategic plan to sustain and add to this improvement.