

Dr Paramjit Wasu

Quality Report

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

Ratings

Overall rating for this service	Requires improvement	
Are services safe?	Requires improvement	
Are services effective?	Requires improvement	
Are services caring?	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 Paramjit Wasu on 7 October 2015. Overall the practice is rated as requires improvement. The practice was closed for six months from January to July 2015.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. However, the procedure for taking appropriate action and sharing learning from significant event analysis required improvement.
- Risks to patients were assessed and well managed.
- There was no evidence of completed clinical audits being undertaken and improvement in performance of patient outcomes as a result.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.

- Information about the services available was limited, how to access support groups and organisations. We could not see any information about bereavement services.
- Patients said they were treated with compassion, dignity and respect.
- Urgent appointments were usually available on the day they were requested.
- The practice had proactively sought feedback from patients and had an active patient participation group.

The areas where the provider must make improvements are:

- Carry out clinical audits and re-audits to improve patient outcomes.

In addition the provider should:

- Embed access and knowledge of all practice's governance policies and procedures.
- Ensure that there is a comprehensive business plan in place to deal with major incidents.

Summary of findings

- Ensure processes are in place to check medicines are within their expiry date.
- Systems to ensure patients information is kept confidential at all times.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as requires improvement for providing safe.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice carried out a thorough analysis of the significant events. However, the practice protocol for significant event analysis had not been followed. Four of the significant events did not record who would follow up the action plan, or if a review was carried out six months later to confirm the validity of the actions as per the practice protocol.
- We found that there had been a breach of patient confidential information by the practice when submitting documents as part of the inspection process. When this was raised with the practice manager action was taken to contact patients still registered with the practice and offer an apology.
- There were notices in the waiting room advising patients of a nurse being available as a chaperone.
- Annual infection control audits were undertaken prior to the practice closing, we noted that action had not been undertaken to remove carpet in two consultation rooms.
- The practice did not have a comprehensive business continuity plan in place for major incidents such as power failures or building damage.

Requires improvement



Are services effective?

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

- There was no evidence that audit was driving improvement in performance to improve patient outcomes.
- The most up to date data we looked at prior to closure of the practice, showed patient outcomes were average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff told us prior to the closure of the practice their appraisals had been completed. We were able to review one staff member's appraisal that had been completed.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Requires improvement



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data showed that patients rated the practice as comparable 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.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Information for patients about the services available was limited about how to access a number of support groups and organisations. We could not see any information about bereavement support.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It 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. The practice offered a 'Commuter Clinic' for working patients who could not attend during normal working hours.
- Patients said they found it easy to make an appointment with a named GP and that 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Requires improvement



- It had a vision and a strategy and staff were aware of this and their responsibilities in relation to it.
- There was a staffing structure and staff were aware of their own roles and responsibilities.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review to ensure the most recent policies were being used.
- There was a lack of oversight in risk assessment and records to evidence what had been done in the practice.
- The practice proactively sought feedback from patients and had an active patient participation group (PPG).

Summary of findings

- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.

Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The provider was rated requires improvement for providing safe, effective and well-led services, the concerns that led to these ratings apply to everyone using the practice including this population group. There were, however, some examples of good practice:

The practice is rated as requires improvement for the care of older people.

- Nationally reported data to show outcomes for patients for conditions commonly found in older people were not available due to the practice closure.
- The data for people aged over 65 years or over who received a seasonal flu vaccination was not available due to closure of the practice.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Requires improvement



People with long term conditions

The provider was rated requires improvement for providing safe, effective and well-led services, the concerns that led to these ratings apply to everyone using the practice including this population group. There were, however, some examples of good practice:

The practice is rated as requires improvement 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.
- Longer appointments and home visits were available when needed.

Requires improvement



Families, children and young people

The provider was rated requires improvement for providing safe, effective and well-led services, the concerns that led to these ratings apply to everyone using the practice including this population group. There were, however, some examples of good practice:

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

Requires improvement



Summary of findings

- Immunisation rates were comparable with CCG and national averages 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were baby changing facilities available in the practice.
- However, reception staff would not give an appointment to young people without a parent being present or would ask the GP.

Working age people (including those recently retired and students)

The provider was rated requires improvement for providing safe, effective and well-led services, the concerns that led to these ratings apply to everyone using the practice including this population group. There were, however, some examples of good practice:

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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 extended opening hours for appointments on Monday and Friday evenings from 6.30pm to 7.30pm.

Requires improvement



People whose circumstances may make them vulnerable

The provider was rated requires improvement for providing safe, effective and well-led services, the concerns that led to these ratings apply to everyone using the practice including this population group. There were, however, some examples of good practice:

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

- 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.

Requires improvement



Summary of findings

- It offered longer appointments to people with a learning disability.
- The practice had a flagging system for vulnerable people and could run a register to identify them. The practice had no experience of homeless persons asking to be seen but said they would if anyone requested to be seen.

People experiencing poor mental health (including people with dementia)

The provider was rated requires improvement for providing safe, effective and well-led services, the concerns that led to these ratings apply to everyone using the practice including this population group. There were, however, some examples of good practice:

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

- The practice had information about support and help groups displayed for patients experiencing poor mental health.
- Patients being assessed for dementia were referred for screening including blood tests and a scan.
- There was limited information due to the practice closure.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published on 4 July 2015. The results showed the practice was performing in line with local and national averages. Four hundred and seventeen survey forms were distributed and 19.4% were returned.

- 63% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 74%.
- 86% found the receptionists at this surgery helpful (CCG average 84%, national average 87%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 80%, national average 85%).
- 83% said the last appointment they got was convenient (CCG average 88%, national average 92%).

- 63% described their experience of making an appointment as good (CCG average 66%, national average 74%).
- 53% usually waited 15 minutes or less after their appointment time to be seen (CCG average 51%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received.

We spoke with nineteen patients during the inspection, including two members of the patient participation group (PPG). All nineteen patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. One patient we spoke with felt that staff were empathic, time is taken and they did not feel rushed during their consultation with the GP.

Areas for improvement

Action the service **MUST** take to improve

The areas where the provider must make improvements are:

- Carry out clinical audits and re-audits to improve patient outcomes.

Action the service **SHOULD** take to improve

In addition the provider should:

- Embed access and knowledge of all practice's governance policies and procedures.
- Ensure that there is a comprehensive business plan in place to deal with major incidents.
- Ensure processes are in place to check medicines are within their expiry date.
- Systems to ensure patients information is kept confidential at all times.

Dr Paramjit Wasu

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

Background to Dr Paramjit Wasu

The practice is a single location surgery which provides a primary medical service through a Personal Medical Services (PMS) contract. The practice is based in a residential area within Harrow, in north west London, part of Harrow CCG. The practice is based in a house that has been modified and is accessible to people with mobility needs on the ground floor. Consultation and treatments are provided across the ground and first floor, which is only accessible by stairs.

The population groups served by the practice included a cross-section of socio-economic and ethnic groups. A relatively low proportion of patients (5.5% of the practice population) were aged over 75. There were also below average numbers of children under 4 (5.5% of the practice population), for under 18s it was higher at (18.2%). The practice population of working age adults was (68%) compared to 60.2% of the practice average across England.

The practice is registered to carry on the following regulated activities: Diagnostic and screening procedures; Family planning; Treatment of disease, disorder or injury; and Surgical procedures. At the time of our inspection there was one GP (male) who does nine sessions per week, one locum GP (female) who does one to two sessions per

week and a practice manager (female). There was also practice nurse (female), a health care assistant/phlebotomist (female) and three administrative/reception staff in post.

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9.00am to 12pm every morning and 4pm to 6pm daily. Extended hours surgeries were offered on Monday and Friday from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

During January 2015 NHS England terminated the contract with Dr Paramjit Wasu's practice, due to insolvency issues. The patient list was reallocated to other local practices. In July 2015 the practice reopened, during the inspection we were told that the patient list was approximately 1500. Prior to closure of the practice the list size was 3532.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 7 October 2015. During our visit we:

- Spoke with a range of staff including the GP, practice nurse, practice manager and reception/administration staff and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events; we reviewed five significant events that occurred in 2014. The practice protocol for significant event analysis had not been followed. Four of the significant events did not record who would follow up the action plan, or if a review was carried out six months later to confirm the validity of the actions as per the practice protocol.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a referral letter to the local hospital had been sent with the incorrect patient details. The practice was contacted by the hospital that identified the mistake; the practice sent the correct patient details for the referral. Following the event an action plan identified that GPs only signed their own referrals, ensuring all the patients' details were correct.

We found there had been a breach of confidential patient information by the practice, when submitting documents as part of the inspection process. When this was raised with the practice manager during the inspection. Action was taken by the practice to contact patients still registered with the practice and offer an apology.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The practice used alerts on the computer

system for children or vulnerable adults who were identified as at risk. There had been no safeguarding events since the practice had reopened in July 2015. Staff demonstrated they understood their responsibilities and staff had previously received training relevant to their role. Level 3 Safeguarding training had been completed by both the GP and practice nurse.

- There was a notice in the waiting room advising patients that a nurse would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The health care assistant was the infection control 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 that had no completion date, signature or review date. Annual infection control audits were undertaken, the audits undertaken in February 2013 and February 2014 were recorded and countersigned on the same document. We noted that action had not been taken to remove carpets in two consultation rooms as identified in the infection control audits. We saw an action plan that staff required training in reporting incidents involving medical devices to the Medicines and Healthcare Regulatory Agency (MHRA). However, there was no indication of timescales for completion or how training would be delivered. There was personal protective equipment, including gloves but the nurse's room did not have aprons or protective goggles in place, they were in a separate area.
- 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 had 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 prior to the practice closing in January 2015. Prescription pads were securely stored and there

Are services safe?

were systems in place to monitor their use. We found 19 bottles of liquid food supplement stored in a cupboard which was expired. This was highlighted to the practice manager, who informed us this was due to the practice being closed.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. We saw one example of a repeat prescription that had been reviewed and signed by the GP, for a patient requiring regular injections.
- During the inspection we saw the box for requesting repeat prescriptions was at the front entrance to the practice. The box was unlocked and, out of the sight of reception staff which meant the confidential information from repeat prescription requests could be accessed by unauthorised persons.
- We reviewed five personnel files and found that 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. We found that induction forms had not been dated and signed.

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. The practice staff were aware of the fire evacuation plan. There was a named fire marshal and first aider. The staff had not carried out regular fire drills; the fire alarm had been checked on the 6 October 2015. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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. There was a legionella certificate seen, that had been completed in June 2015.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice manager felt that with a reduced practice size list, staffing levels and skill-mix within the practice was sufficient. This would be reviewed if the list size increased.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- The last annual basic life support (BLS) training for staff was April 2014. The practice had organised an annual BLS update for staff prior to the inspection, which had been booked for the week following the inspection. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises with adult pads only and oxygen with adult and children's masks, which was not portable. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency medicines we checked were in date and fit for use.

The practice did not have a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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 GP we spoke with could outline the rationale for their approaches to treatment. They were familiar with current best practice guidance, and accessed guidelines from NICE and local commissioners.
- The GP discussed clinical guidelines at multi-disciplinary team meetings.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 for 2013-2014 were 94.1% of the total number of points available, with 1.8% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 was not available due to closure of the practice.

There was no evidence of recent clinical audit due to the practice closure. The practice had submitted evidence of a Urine Analysis Audit in Children aged 0-5 years that had been started in January 2014. This documentation did not constitute a completed clinical audit. The audit did not contain a formal analysis of the findings or a conclusion. The audit was not repeated to demonstrate that any improvements made were implemented and monitored.

- During 2014-15 the Medicines Management Team were conducting quarterly Prescribing Reviews as part of the Local Improvement Scheme (LIS). The practice was

required to submit the completed audit to the CCG by March 2015, however as this practice closed down in January 2015 the Medicines Management Team did not receive the completed audits.

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 e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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, clinical supervision and facilitation and support for the revalidation of doctors. Staff told us prior to the closure of the practice their appraisals had been completed. We reviewed one staff member's appraisal that had been completed since the practice had re-opened.
- Staff had received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. The practice manager had organised future updates for staff. Staff had access to and made use of e-learning training modules.

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.

Are services effective?

(for example, treatment is effective)

- Clinical letters sent to the practice via email or in the post were actioned by the GP daily. Reception staff arranged follow-ups for the patients. Referrals were arranged electronically, two week referrals were faxed through to the hospital. Staff called the hospital to confirm that the referral had been received.

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 are discharged from hospital.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. Staff told us young people up to the age of 16 had to have a parent or carer attend appointments with them.

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.
- New patients were given a health questionnaire to complete information about their smoking and alcohol history. The practice nurse and GP run a smoking cessation clinic.
- A dietician attends the practice monthly, referrals are made by the GP and practice staff booked patient appointments.

The practice had a failsafe 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 in 2013-2014 was 84%, which was comparable to the CCG average of 82%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 48.5% to 78.8% and five year olds from 55.3% to 86.8%.

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

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. Reception staff could close the reception desk window to ensure privacy for telephone calls.

All of the 33 patient CQC 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 also spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. The GP was described as being kind and empathic with patients. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 78% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 78% said the GP gave them enough time (CCG average 83%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 76% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84% national average 90%).
- 86% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

Care planning and involvement in decisions about care and treatment

Patients told us 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.

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:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care (CCG average 77%, national average 82%)

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.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room were limited about informing patients how to access a number of support groups and organisations. We could not see any information about bereavement services.

Staff told us that if families had suffered bereavement, their usual GP contacted them and sent them a sympathy card. This call was either followed by a patient consultation at a

Are services caring?

flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. There was a message flagged on the practice computer system to alert staff to the bereavement.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on a Monday and Friday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these, they were asked to telephone the surgery before 10am.
- The GP was available after morning surgery to provide telephone consultations to patients.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities including a toilet on the ground floor. But no specific disabled access facilities, the front door was automatic with push buttons. Internal doors had handles that had to be turned and pushed open. There was a sign advertising a hearing loop being available in reception, staff told us that it had been misplaced when the practice was closed. Staff could arrange translation services from an external provider.
- There was a touch screen available for patients to log in for their appointments upon arrival at the practice. The practice had a display screen that announced patient's appointment times, as well as information or if appointments are running late.
- If patients did not attend for appointments the practice would telephone them.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9.00am to 12pm every morning and 4pm to 6pm daily. Extended hours surgeries were offered at the following times on 6.30pm to 7.30pm Monday and Friday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 76%.
- 63% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 74%).
- 63% patients described their experience of making an appointment as good (CCG average 66%, national average 74%).
- 53% patients said they usually waited 15 minutes or less after their appointment time (CCG average 51%, national average 65%).

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person, the practice manager who handled all complaints in the practice. The practice conducted an annual complaints review each September.
- We saw that information was available to help patients understand the complaints system in the practice leaflet. Patients were advised that there was an in-house complaints procedure. There was also the contact details for an external complaints procedure.

We looked at four complaints received in 2014 as this was the most up to date information since the practice was closed. We found in two of the complaints that staff recorded patient's details, which were dealt with by either the practice manager or GP ringing patients back. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, there was written evidence of discussions and learning points when a complaint came in. We saw one

Are services responsive to people's needs?

(for example, to feedback?)

example where, staff who dealt with repeat prescriptions had to ensure that patient's on insulin, who forgot to request a repeat prescription in time, had a prescription issued.

Are services well-led?

Requires improvement 

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

Our findings

Vision and strategy

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

- The practice had a statement about the practice philosophy which was written in the practice leaflet and accessible on the practice website and staff knew and understood the values.

Governance arrangements

The practice governance framework to support the delivery of good quality care required improvement.

- There was a staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were being implemented and some were available to staff. The policies were not dated or signed and review dates recorded to ensure the most recent policies were being used were not recorded.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, there was a lack of oversight in risk assessment and records to evidence what had been done in the practice.

The practice used the Quality and Outcomes Framework to measure its performance. Due to the closure of the practice the QOF data was limited to access performance against national standards.

Leadership, openness and transparency

The GP did not have an understanding of the day to day management of the practice as this responsibility had been delegated to the practice manager. The GP prioritised high quality and compassionate care. The GP was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The GP encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

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

- Staff told us that the practice the last team meeting had been held on 6 October 2015.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the GP 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 encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, a meeting had been held in August 2015, the first since the practice had reopened. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, how to increase the availability of appointments by reducing the number of patients who did not attend appointments (DNA).
- There was a suggestion box for patient's feedback in reception that was unsecured. Patients were able to access the Friends and Family Test on line, there was also a feedback questionnaire available in reception.
- There was no information on display about the performance of the practice, as it had recently re-opened following a six month closure.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures	Regulation 17 HSCA (RA) Regulations 2014 Good governance The provider did not have a programme of continuous clinical and internal audit. Providers must have systems and processes such as regular audits of the service provided and must assess, monitor and improve the quality and safety of the service.
Family planning services	
Surgical procedures	
Treatment of disease, disorder or injury	